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**Return of Private Foundation** 

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

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

OMB No 1545-0052

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))  (a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income for chantable purposes (cash basis only)	Depar	tment	of the Treasury	_	▶ Do not en	iter So	cial Security numl	bers on	this form as it may be ma	ade publi	C.		LUIU
Name of foundation  VETONICH FAMILY FOUNDATION  VETONICH STATE THE CONTINUE OF	_							parate				111	Open to Public Inspec
Number of a street of P C loss, number of major not december to street addressed   Theorems				or tax year o	eginning S	EP	1, 2013		, and ending	γ	<b>'</b>		number
Temporary and starter by PO Dear Authority and 2P of foreign postal code   200   C/O W. FELOSAY, 26026 TELEGRAPH   200   C/O	Nan	ne ot	toundation							A Empi	uyer ideniini	;auun i	liuliluer
Temporary and starter by PO Dear Authority and 2P of foreign postal code   200   C/O W. FELOSAY, 26026 TELEGRAPH   200   C/O	77	ETT	אדכא ד	V.TTMA	FOUNDATT	ON				38	-67508	824	
C/O W. FELOSAK, 26026 TELECRAPH    200							ddress)		Room/suite				<del></del>
Control   Cont	С	/0	W. FEL	OSAK,	26026 TE	LEG	RAPH		200				51
SOUTHFIELD, MI 48033 6 Check all that apply   India return   Amended retur										C If exen	nption application	on is pe	nding, check here
Final return   Amended return   Amende						• •							-
Address change    Address change   Address change   Address change	G C	heck	all that apply		nitial return		Initial retur	n of a fo	rmer public charity	<b>D</b> 1. Fo	reign organiz	ations,	, check here 🕨 🕨
## Check type of organization				F	inal return		Amended r	eturn		2			streetha 950/ toot
Section 497(a)(1) nonexempt charitable itset										che	eck here and att	tach con	nputation
Farmantet value of all assets at end of year   Accounting method   Cash   Accounting from Part II, cot (c), fine 16)   Cher (specify)   Cher	H C	_								E If priv	ate foundation	on stati	us was terminated
Content   Cont										unde	r section 507	(b)(1)(	A), check here L
Name					d of year J Acc	_	-	Cash	Accrual				
Part	_ `		Part II, col. (c)	line 16)	O (Port I			ooch I	hadia )	unde	r section 507	(b)(1)(	B), check here
The total of amounts an oclame to   1,0 and (or may not	·		Analysis of P	avanua and		COIUIT	···		<u></u>	(-)			(d) Dishumamenta
1   Contributions, grifts, grants, etc., received   14,976.   N/A		n i	(The total of am	ounts in colum	ns (b), (c), and (d) may	not				(C)		·	for chantable purpose
2 C neach ▶ If the foundations not required to attach Sch B 3	<b>7</b> —	1			<del></del>	-+	<u> </u>			1-77-111-1	N/A		(Court Dasis Offly)
A Dividends and interest from securities  4 Dividends and interest from securities  5a Gross rents  5a Gross r	<u> </u>					, F				1			
4 Dividends and interest from securities 3,150. 3,150. Statement 2 3 Gross rents 5 Not rental income or (loss) 5 Not gain or (loss) how sate of assets not on ine 10 6 Not gain or (loss) how sate of assets not on ine 10 7 Capital gain and income (from Part IV, line 2) 8 Not short-term capital gain 9 Income modifications 103 Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 29,074. 14,098. 13 Compensation of officers, exection, fusities, etc 14 Other employee statems and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees Cott of professional fees Cott of professiona	_		Interest on savin	gs and tempor			3	69.	369.	,			Statement
### 1	n D	_			n securities	Ī	3,1	50.	3,150.				Statement
### 1		5a	Gross rents										
### 1	É	b	Net rental incom	e or (loss)						<u> </u>	·····		
### 1	<b>\bar{\bar{\bar{\bar{\bar{\bar{\bar{</b>	6a	Net gain or (loss)	from sale of as			10,5	79.		ļ			
8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of poods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 29,074. 14,098. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees Stmt 4 1,355. 1,355. 0 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (in require, enter -0-) c Adjusted net income (in require, enter -0-) 5 N/A	$\mathcal{D}_{\mathbf{a}}$	b	Gross sales pricassets on line 6a	e for all	49,482	<u>.</u>			10 570	<del></del>			
8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of poods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 29,074. 14,098. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees Stmt 4 1,355. 1,355. 0 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (in require, enter -0-) c Adjusted net income (in require, enter -0-) 5 N/A	ev.		, -	•					10,579	•			
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27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A		26			ırsements.		10 /	<b>1</b>	2 555				15 5/
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b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A		1					11 /	110					
c Adjusted net income (if negative, enter -0-)							11,	<b>У1</b> Э •	11.543	_	*********	******	<del></del>
• Majadida ilot ilivolilo (il mogamici) elimini e /								<del></del>	11,545	+	N/A		
	323	501	I HA For D			. see	instructions		<u></u>				Form <b>990-PF</b> (

1	Pa	'n	A	2

n.	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End	of year
	art.	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	20,780.	· · · · · · · · · · · · · · · · · · ·	
	2	Savings and temporary cash investments			
		Accounts receivable ►			
		Less allowance for doubtful accounts ▶			-
	4	Pledges receivable ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 10 110 110 11 1 TS EST	
		Less allowance for doubtful accounts ▶	ĺ		
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	U				
	7	disqualified persons Other notes and loans receivable			
	′				
		Less allowance for doubtful accounts ▶		- <u></u>	<del> </del>
Assets	8	Inventories for sale or use		<del></del>	
ASS	9	Prepaid expenses and deferred charges			
•		Investments - U S and state government obligations	276,784.		
		Investments - corporate stock	270,784.		
	C	Investments - corporate bonds			<del></del>
	11	Investments - land, buildings, and equipment basis			1
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe )	·		
	16	Total assets (to be completed by all filers - see the			_
		instructions Also, see page 1, item 1)	297,564.	0	. 0.
	17	Accounts payable and accrued expenses			
	18	Grants payable			_
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable			
Ë	1	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0	•
_	1	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
Š	25				7
Sala	1	Temporarily restricted			-
Ď	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			1
Ē		,			
Assets or Fund Balanc		and complete lines 27 through 31.	241,321.	241,321	
ets	27	Capital stock, trust principal, or current funds	0.	0	
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	56,243.	67,262	-1
¥ A	29	Retained earnings, accumulated income, endowment, or other funds	297,564.	308,583	<del>-</del>
Ret	30	Total net assets or fund balances	291,304.	300,303	•
			297,564.	308,583	
_	31	Total liabilities and net assets/fund balances		300,303	-1
F	art	Analysis of Changes in Net Assets or Fund E	Balances		
			<del></del>		
1		il net assets or fund balances at beginning of year - Part II, column (a), line	30		297,564.
		st agree with end-of-year figure reported on prior year's return)			11 010
2		er amount from Part I, line 27a		F-	
3		er increases not included in line 2 (itemize)			
4		lines 1, 2, and 3		<u> </u>	308,583.
5		reases not included in line 2 (itemize)			0.
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30		308,583.
					Form <b>990-PF</b> (2013)

Part IV Capital Gains and Lo	sses for Tax on In	vestment	Income					
(a) List and describe the ki 2-story brick warehouse,	`P-Pi	acquired irchase onation	(c) Date a (mo , da		( <b>d)</b> Date sold (mo , day, yr )			
1a				ļ				
b See Attached Sta	tement			ļ			_	
<u>c</u>			<del></del>					
<u>d</u>				<del> </del>				
<u>e</u>				<u> </u>		41.4		
(e) Gross sales price (1)	Depreciation allowed (or allowable)	,	t or other basis epense of sale				ain or (loss) (f) minus (	
<u>a</u>								
<u>b</u>								
<u>C</u>			<del></del>					<del></del>
d 40 492			38,90	12				10,579.
e 49,482. Complete only for assets showing gain in	column (b) and award by	the foundation		3.		1) Caraa (C	al /b\ aasa	
		1					ol (h) gain iot less thai	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				(from col (	
<u>a</u>					<del></del>			
<u>b</u>			<del></del>	-				
<u>C</u>	***							
<u>d</u>								10,579.
8	<u> </u>				1			10,373.
2 Capital gain net income or (net capital loss	) If gain, also enter ) If (loss), enter -0	r in Part I, line 7 - in Part I, line	7 7	} <u>2</u>				10,579.
3 Net short-term capital gain or (loss) as def	ined in sections 1222(5) ar	nd (6)		5				
if gain, also enter in Part I, line 8, column (	c)			_			N/A	
Part V Qualification Under S	Section 4040/a) for	Poduood	Tay on Not		tmont in	0000	N/A	•
					unent in	COITIE		
(For optional use by domestic private foundat	ions subject to the section (	4940(a) tax on	net investment ii	ncome )				
If section 4940(d)(2) applies, leave this part b	lank							
Was the foundation liable for the section 4942	tay on the distributable an	nount of any ve	ar in the hace ne	riod?				Yes X No
If "Yes," the foundation does not qualify under				1100				
Enter the appropriate amount in each colu				entries				···
(a)	(b)			(c)	····		Dietril	(d) oution ratio
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying dis	stributions	Net value of no	onchárital	ole-use asset	s	(col (b) div	/ided by col (c))
2012	1	2,000.			320,71			.037416
2011		6,553.		2	84,66			.023020
2010		6,447.			48,75			.337326
2009		1,823.			22,34			.053175
2008	1	8,514.		2	238,37	0.	<del></del>	.077669
2 Total of line 1, column (d)						2		.528606
3 Average distribution ratio for the 5-year ba		on line 2 by 5,	or by the numbe	r of years				105701
the foundation has been in existence if les	s than 5 years					3		.105721
						1 .		276 171
4 Enter the net value of noncharitable-use a	ssets for 2013 from Part X,	, line 5				4_	<u> </u>	376,171.
						_		39,769.
5 Multiply line 4 by line 3						5		37,707.
C. Fatau 40/ of ast assessment income /40/ o	f Dort Livon 27h)					6		115.
6 Enter 1% of net investment income (1% o	ı rail i, iille 2/0)					-		
7 Add lines 5 and 6						7		39,884.
7 Add lines 5 and 6						<del>'</del>	-	22,001
8 Enter qualifying distributions from Part XI	I, line 4					8		15,500.
If line 8 is equal to or greater than line 7, o	check the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 1% l	ax rate			

323521 10-10-13

Form **990-PF** (2013)

Form 990-PF (2013)

X

3b

4a

during the year?

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

b if "Yes," did it have excess business holdings in 2013 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,

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

Form 990-PF (2013) VETOWICH FAMILY FOUNDATION	ON		38-67508	24 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	lequired (continu	ued)	
<ul> <li>5a During the year did the foundation pay or incur any amount to</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955), or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes?</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> </ul>	4945(e))? to carry on, directly or indire	yetty, Ye	s X No s X No s X No s X No	
<ul> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53 4945 or in a current notice regarding disaster assistance (see instructions).</li> <li>Organizations relying on a current notice regarding disaster assistance check here.</li> </ul>	er the exceptions described i	or Ye	s X No	5b
<ul> <li>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?</li> <li>If "Yes," attach the statement required by Regulations section 53.4945</li> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a pix.</li> </ul>	N -5(d). Pay premiums on	T/A Ye	s No	5b X
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sib if "Yes," did the foundation receive any proceeds or have any net income attributed the foundation About Officers, Directors, Truster Paid Employees, and Contractors	nelter transaction? table to the transaction?		s X No N/A	7b
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 5		0.	0.	0.
	luded on line 4). If none	enter "NONE "	L	<u> </u>
Compensation of five highest-paid employees (other than those inc     (a) Name and address of each employee paid more than \$50,000  NONE	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000		<u> </u>	<b>•</b>	0

Form 990-PF (2013)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	332,400. 49,500.
b	Average of monthly cash balances	1b	49,500.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	381,900.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	381,900.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,729.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	376,171.
6	Minimum investment return. Enter 5% of line 5	6	18,809.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here   and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	18,809.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	231. 18,578.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	18,578.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,578.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,578.
P	Qualifying Distributions (see Instructions)	······	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		15 500
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,500. 0.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	15 500
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,500.
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	5	15 500
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies foi	r the section
	4040(a) reduction of tay in those years		

Part XIII	Undistributed	Income	(see instructions
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	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,		Todio prior to 2012	2012	2013
line 7				18,578.
2 Undistributed income, if any, as of the end of 2013	H': 1.1: '   *,1:44141		· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2012 only			0.	
h Total for prior years	- <del> </del>	!		**************************************
,,		0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010 9,382.				
d From 2011				
e From 2012				
f Total of lines 3a through e	9,382.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 15,500.				
a Applied to 2012, but not more than line 2a	II-III-II		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	11		
d Applied to 2013 distributable amount		77 77 77 77 77 77 77 77 77 77 77 77 77		15,500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a) )	3,078.			3,078.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,304.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	***************************************			
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable				***************************************
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				***************************************
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014	i			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	6,304.			
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010 6,304.	1			
c Excess from 2011				
d Excess from 2012	1			
e Excess from 2013				
				Form <b>990-PF</b> (2013)

323581 10-10-13

3 Grants and Contributions Paid During the Y		Payment		·
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del> -
a Paid during the year				
DETROIT COUNTRY DAY SCHOOL ADDRESS ON	NONE	TAX-EXEMPT	EDUCATIONAL	
FILE				
26026 TELEGRAPH, SUITE 200				2 500
SOUTHFIELD, MI 48033				2,500
EVAN DEROEDT ADDRESS ON FILE	NONE		SCHOLARSHIP	
26026 TELEGRAPH, SUITE 200				
SOUTHFIELD, MI 48033				2,500
MADELYN GRANT ADDRESS ON FILE AT	NONE		SCHOLARSHIP	
26026 TELEGRAPH, SUITE 200			Demodration	
SOUTHFIELD, MI 48033				2,500
BRIAN H ADDRESS ON FILE AT 26026 TELEGRAPH, SUITE 200	NONE		SCHOLARSHIP	
SOUTHFIELD, MI 48033				2,500
QUISHAWN COYLE ADDRESS ON FILE AT	NONE			
26026 TELEGRAPH, SUITE 200 SOUTHFIELD, MI 48033				
			SCHOLARSHIP	2,500
Total See COI	ntinuation she	et(s)	<b>▶</b> 3a	15,500
b Approved for future payment				·
None				
Total			<b>▶</b> 3b	0

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
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Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	Amount	code	Aillouit	Tunction income
a		<del></del>			
	-				
	_				
			-		
•	_	<u> </u>			
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments			1 1		369.
4 Dividends and interest from securities			14		369. 3,150.
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					
8 Gain or (loss) from sales of assets other					
than inventory			18		10,579.
9 Net income or (loss) from special events		·····			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b	-				
<u> </u>			+		<del></del>
d	-				==
6	-		).	0.	14,098.
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		<u>/ •  </u>	13	1 4 0 0 0
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	14,000.
Part XVI. P Polationship of Activities	•				

the foundation's exempt purposes (other than by providing funds for such purposes)  INVESTMENT INCOME IS USED TO FUND ACTIVITIES  INVESTMENT INCOME IS USED TO FUND ACTIVITIES	Line No.							(e) of Part XVI-A contributed importantly to the accomplishment of
	$\blacksquare$	the foundation's ex-	empt purposes (d	other t	han by prov	viding 1	funds for su	ch purposes)
8 INVESTMENT INCOME IS USED TO FUND ACTIVITIES	4	INVESTMENT	INCOME	IS	USED	ТО	FUND	ACTIVITIES
	8	INVESTMENT	INCOME	IS	USED	TO	FUND	ACTIVITIES
	•		•					
								····
							-	
· · · · · · · · · · · · · · · · · · ·								

Form **990-PF** (2013)

Did the organization directly or indirectly engage in any of the following with any other organization discorbed in section 501(c) of organizations or in section 501(c) organizations organization of the Code clother flam section 501(c) organizations organization of the Code clother flam section 501(c) organization	Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	and Relation	nships With Nonch	aritable		ge 10
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  I cranifiers from the reporting foundation to a noncharitable exempt organization of 1(1) Cash  (1) Cash  (2) Other assats  Other transactions  (1) Sizes of assets to a noncharitable exempt organization  (2) Picrosaves of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Exembliarizement arrangements  (5) Loans or loan quarantees  (5) Loans or loan quarantees  (5) Loans or loan quarantees  (6) Performance of services or membership or fundraising solicitations  (5) Silons or loan quarantees  (6) Performance of services or membership or fundraising solicitations  (6) Performance of services or membership or fundraising solicitations  (8) The services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods of the assets of the services given by the reporting foundation if the foundation according to the services of the services o	1 Did the org			of the followin	g with any other organization	on described in s	ection 501(c) of		Yes	No
(1) Cash (2) Cither assets b. Differ transactions (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (1) Sales of a noncharitable exempt organization (2) Sales of a noncharitable exempt organization (3) Sales of a noncharitable exempt organization (4) Description of transfers, transactions, and paragrament, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c)(3) or in sec										
(2) Other assets the other transactions (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Lears or long quarantees (5) Lears or long quarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sales of a state, equipment, making lists, other assets, or paid employes (8) Interest or any of the above is "Yes," complete the following schedule Column (g) this value of the goods, other assets, or services (secreted)  10 Liva no (g) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship  10 Liva no (g) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship  11 "Yes," complete the following schedule (a) Name of organization (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship  11 "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship  12 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any ordinary involved propagation as any incontrology  12 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any incontrology  13 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any incontrology  14 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any incontrology  15 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any incontrology  15 Involve proparties of paragraphy, Lecolare that here premised type elium, including accordingly in based or any incontrology  15 Involve preparter's name  15 Involve preparter'	a Transfers from the reporting foundation to a noncharitable exempt organization of									İ
b. Other transactions (1) Siase of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Stans or loan guarantees (8) Performance of services or membership or fundraising solicitations (8) Sharing of facilities, equipment, making lists, other assets, or part demployees (9) Performance of services or services services or services given by the reporting foundation if the flowing schedule Column (b) should always show the fair market value of the goods, other assets, or services received  Liu-in-in-in-in-in-in-in-in-in-in-in-in-in-										<u> X</u>
(1) Sales of assets from a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rembursement arrangements  (5) Loans or found guarantes  (5) Loans or found guarantes  (6) Performance of services or membership or fundrasing solicitations  (6) Reformance of services or membership or fundrasing solicitations  (7) Submight of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or shaming arrangement, show in column (b) the value of the goods, other assets or services received  (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (c) I famount involved (d) Description of freesitient, transactions, and sheining arrangements.  I famount involved (d) I famount involved (d) I famount involved (e) I famount invo										<u> X</u>
12  Purchases of assets from a noncharitable exempt organization   15(2)   X   15(3)   X   X   15(3)   X   15(3)   X   15(3)   X   15(3)   X   15(3)   X   X   15(3)   X   15(3)   X   15(3)   X   15(3)   X   15(3)   X   X   X   X   X   X   X   X   X				<b>.</b>				45/41		v
(a) Reinbursement arrangements (b) Lears or loan guarantees (c) Lears or loan guarantees (d) Reinbursement arrangements (e) Lears or loan guarantees (f) Lears or loan guarantees (f) Lears or loan guarantees (g) Lears or loan guarantees (h) Amount involved (c) Name of nonchardable exempt organization (d) Description of transfers, transactions, and sharing arrangements (h) Lears or loan guarantees (h) Amount involved (g) Am										Y
(5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrating solicitations (7) Remarks of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundration general performance of services or services or services govern by the reporting foundation if the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (a) Amount involved (c) Name of noncharidable exempt organization (d) Description of transfers, transactions, and sharing amangaments  a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship  W/A  Under persatives of person, specialise that have paymined tight return, including accompanying schedules are statements, and to the best of my knowledge  and belief if y type fycial and company digitation of repayment in tax payed abuseg on all ybornation of which programmer as my knowledge  and belief if y type fycial and company digitation of repayment in tax payed abuseg on all ybornation of which programmer has any knowledge  and belief if y type preparer's name  PrientType preparer's name  PrientTy		· ·								
(S) Lans or loan guarantees (S) Performance of services or membership or fundratising solicitations (S) Performance of services or membership or fundratising solicitations (S) Performance of services or membership or fundratising solicitations (II) Performance of services or membership or fundratising issts, other assets, or paid employees (III) A season of the above is "vis", complete the following schedule Column (III) should always show the fair market value of the goods, other assets, or services received (III) Amount involved (III) Amount									-	X
(6) Performance of services or membership or fund raising solicitations  Shaning of facilities, equipment, mailing lists, other assets, or paid employees  If I X X  It X X  I		•	•							X
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greened in the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    Dive no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements   N / A	* -	<del>-</del>	embership or fundrai	sing solicitatio	ns					Х
or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (D) Almount involved (C) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N / A    N / A				-						X
Dune no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements   N / A	or services	given by the reporting t	foundation If the fou	ndation receive			_		sets,	
In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					exempt organization	(d) Descri	ntion of transfers, transactions, an	d sharing ar	rangeme	
a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X   No	a) cine no	(b) Amount involved	(b) Namo o		oxompt organization	(a) beschi	phony or transfers, transactions, and	a starting at	angeme	1113
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/						<del>                                     </del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/				•••						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/								<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ Yes X No ☐ If "Yes," complete the following schedule  ☐ (a) Name of organization ☐ (b) Type of organization ☐ (c) Description of relationship ☐ N/A ☐ Under penalties of perjury. Declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripstyphect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst ?? ☐ Yes ☐ No ☐ Print/Type preparer's name ☐ Print/							·	•		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Name of organization  N/A  Under penalties of perjury, declare that I have exprimed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripperfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst !? No Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Primt's address  Primt's address  Phone no			-						-	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Name of organization  N/A  Under penalties of perjury, declare that I have exprimed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tripperfect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst !? No Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Primt's address  Primt's address  Phone no	-				<del></del>					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Name of organization  N/A  Under penalties of perjury, declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tribufulfied, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst if self—employed  Print/Type preparer's name  Preparer's signature  Primt's address  Phone no		··						<del></del>		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Name of organization  N/A  Under penalties of perjury, declare that I have exprained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tribufulfied, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see inst if self—employed  Print/Type preparer's name  Preparer's signature  Primt's address  Phone no			<del> </del>							
N/A  Sign derive and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent, and complete process and belief, it is trepresent with the preparer shown below (see instr.)?  Yes No  Print/Type preparer's name  Preparer's signature  Date  Check if self- employed  Firm's EIN  Firm's EIN  Phone no	ın section	501(c) of the Code (other	er than section 501(c		tion 527?	izations describe			X	] No
Under penalties of perjury, declare that I have experiment this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is trips befrect, and complete perjury and belief, it is trips befrect, and complete perjury and belief, it is trips befrect, and complete perjury and belief. It is trips befrect, and complete perjury and belief, it is trips befrect, and complete perjury in the preparer shown below (see instr.)?    Yes   No   Yes   No		<u> </u>	ganization		(b) Type of organization		(c) Description of relation	nship		
Sign lere Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Prim's name  Firm's address  Phone no		N/A								
Sign lere Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Prim's name  Firm's address  Phone no										
Sign lere Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Prim's name  Firm's address  Phone no										
Sign lere Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Prim's name  Firm's address  Phone no					*****					
Print/Type preparer's name  Preparer's signature  Date  Check if self- employed  Print/Type preparer's name  Print	Sign Here	elief, it is true confect, and co	omplete Decignation of	us return, includir reparer (other tha	ng accompanying schedules and in taxpayer) is based on all inform	mation of which pre	parer has any knowledge	etum with the hown below	ne prepa v (see ins	rer
Paid Preparer Use Only Firm's name Firm's address Phone no	Sign	<del></del>	<del></del>	Prenarer's o	Date /	1	Check of PTIN	N.		
Paid Preparer Jse Only Firm's name ► Firm's EIN ► Phone no		i initi i ype piepaiei S i	TO THE	i iopaici s s	191141414	50.0		-		
Preparer Jse Only Firm's address ▶  Firm's eln ▶  Phone no	Paid									
Firm's address Phone no	Preparer Use Only	Firm's name		<u></u>	-	1	Firm's EIN			
		Firm's address		···						
							Phone no			
								Form 99	0-PF	(2013

#### Schedule B (Form 990, 990-EZ, or 990-RF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No 1545-0047

**Employer identification number** 

▶ \$

2013

VETOWICH FAMILY FOUNDATION 38-6750824 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_ا 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections

509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

## VETOWICH FAMILY FOUNDATION

38-6750824

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORRELL ASSOCIATES  26026 TELEGRAPH, SUITE 200  SOUTHFIELD, MI 48033		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER AND CONNIE VETOWICH  3650 MAXWELL COURT  BLOOMFIELD HLLSI, MI 48301	\$13,776.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## VETOWICH FAMILY FOUNDATION

38-6750824

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1613 SHARES SAFEWAY COMMON STOCK		
ļ		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del> .			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

Name of orga	inization		-	Employer identification number			
VETOWI	CH FAMILY FOUNDATION  Exclusively religious, charitable, etc., indivi	dual contributions to section 501	c)(7), (8), or (10) or	38-6750824 ganizations that total more than \$1,000 for the			
	year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc	, contributions of \$1,000 or less fo	ions completing Part or the year (Enterthis inf	omation once) > \$			
(a) No.	Use duplicate copies of Part III if additiona	space is needed.	<del></del>				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			<del></del>				
	——————————————————————————————————————	(e) Transfer of g	ft				
-	Transferee's name, address, and	3 ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No.			··				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
İ	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee 3 name, address, an	J 211 + 4	Treatments.	inp of transfer of to transfer co			
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I	(b) Furpose of gift	(c) Use of gift		(d) Description of now girt is field			
}			<del></del>	<del></del>			
-							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
_							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_Part I	(a) to peak at give						
			<del>-</del>				
<u> </u>							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relations	nip of transferor to transferee			
Γ				·			

Form 990-PF Intere	st on Savir	ngs and Temp	porary Cas	h Investments	Statement 1
Source	(a) Rever Per Bo	nue Ne	(b) t Investment Income	(c) Adjusted Net Income	
RAYMOND JAMES			369.	369.	
Total to Part I, li	ne 3		369.		
Form 990-PF	Dividends	s and Intere	est from S	ecurities	Statement 2
Source	Gross Amount	Capital Gains Dividends	(a) Reven s Per Bo		
RAYMOND JAMES	7,933	4,783	3. 3,	150. 3,1	50.
To Part I, line 4	7,933	4,783	3,150. 3,15		50.
Form 990-PF		Accounti	ng Fees		Statement 3
Description		(a) Expenses Per Books	(b) Net Inves ment Inco		
ACCOUNTING	_	1,200.	1,2	00.	0.
To Form 990-PF, Pg	1, ln 16b	1,200.	1,2	00.	0.
Form 990-PF	0	ther Profes	sional Fee	s	Statement 4
Description		(a) Expenses Per Books	(b) Net Inves ment Inco	_	
INVESTMENT ADVISOR	_	1,355.	1,3	55.	0.
To Form 990-PF, Pg	1, ln 16c	1,355.	1,3	55.	0.
	=				

	st of Officers, Di d Foundation Manag	State	Statement 5	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
PETER C. VETOWICH 3650 MAXWELL COURT BLOOMFIELD HILLS, MI 48301	PRESIDENT 0.00	0.	0.	0.
CONNIE L. VETOWICH 3650 MAXWELL COURT BLOOMFIELD HILLS, MI 48301	SECRETARY 0.00	0.	0.	0.
PETER M. VETOWICH 2176 EAGLES REST DRIVE APOPKA, FL 32712	VICE-PRESIDENT 0.00	0.	0.	0.
DR. LEANNE VETOWICH-WEINERTH 4130 HIGHFIELD ROYAL OAK, MI 48073	VICE-PRESIDENT 0.00	0.	0.	0.
WILLIAM R. FELOSAK 26026 TELEGRAPH, SUITE 200 SOUTHFIELD, MI 48033	VICE-PRESIDENT 0.00	0.	0.	0.
Totals included on 990-PF, Page	6, Part VIII	0.	0.	0.

Part IV   Capital Gains and Los	ses for Tax on Investment Income				
	describe the kind(s) of property sol- ck warehouse, or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 87.232 SH COLUM			P	07/17/12	10/28/13
b 285.445 SH JOHN		P		10/30/13	
c 333.919 SH JOHN		P		02/07/14	
d 9.181 SH JOHN I			P		02/07/14
e 120.842 SH JOHN		BAL	P		$\frac{02/07/14}{10/30/13}$
1 10000 BOND ALLY			P	06/07/04	10/30/13
g Capital Gains I	Dividends				
<u>h</u>					<u> </u>
1					
k				·	
1					-
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)	
a 3,300.		2,570.			730.
b 12,100.		9,625.			2,475.
c 13,891.		12,312.			1,579.
d 381.		321.			60.
e 5,027.		4,075.			952.
$\frac{10,000}{0}$		10,000.			4,783.
Ja					4,703.
<u>h</u>					
1					
<u>k</u>					
m					
n					
0					
Complete only for assets showing	ig gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from col (h))	)
(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	Gains (excess but i	of col (h) gain ove not less than "-0-")	rcol (k),
a					730.
b					2,475.
<u>c</u>	·				1,579.
<u>d</u>					60.
<u>e</u>					952. 0.
<u>f</u>				·	4,783.
<u>g</u>					4,703.
<u>h</u>		<del>                                     </del>	<del></del>		<del></del>
1					
<u> </u>					
1					
m					
n					
0					
	r If gain also ente	er in Part I, line 7			10 530
2 Capital gain net income or (net ca	apital loss) ( if (loss), enter "-	er in Part I, line 7 0-" in Part I, line 7	2		10,579.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) a	nd (6)			
If gain, also enter in Part I, line 8,		<b>/</b>	3	N/A	

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor INDIANA UNIVERSITY ADDRESS ON FILE AT EDUCATIONAL 26026 TELEGRAPH, SUITE 200 SOUTHFIELD, MI 48033 200. EDUCATIONAL ST REGIS CHURCH ADDRESS ON FILE AT NONE RELIGIOUS 26026 TELEGRAPH, SUITE 200 SOUTHFIELD, MI 48033 2,000. DETROIT SYMPHONY ADDRESS ON FILE AT NONE EDUCATIONAL 26026 TELEGRAPH, SUITE 200 600. SOUTHFIELD, MI 48033 CONSERVANCY OF SW FL ADDRESS ON FILE NONE EDUCATIONAL 26026 TELEGRAPH, SUITE 200 200. SOUTHFIELD, MI 48033 3,000. Total from continuation sheets

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box	·	·	<b>▶</b> X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	hıs form).		
	complete Part II unless you have already been granted a				m 8868.	
	ic filing (e-file) You can electronically file Form 8868 if y					a corporation
	to file Form 990-T), or an additional (not automatic) 3-mor					
	ofile any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	virs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	eded).		
	ation required to file Form 990-T and requesting an auton					
Part I on	·					<b>▶</b> □
	, corporations (including 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
	ome tax returns.					ing number
Type or	Name of exempt organization or other filer, see instru-	ctions.				on number (EIN) or
orint	Hamb of oxompt organization of other morpess metre					(- ,
J	VETOWICH FAMILY FOUNDATION				38-67	50824
ile by the	Number street and ream available of the DO box of	ee instriic	tions	Social sec	curity numb	
due date fo filing your	C/O W. FELOSAK, 26026 TELEC			000,0,00	, , , , , , , , , , , , , , , , , , ,	0. (00.1)
retum See						
nstructions	SOUTHFIELD, MI 48033	neigh add	ress, see instructions.			
	5001H11EED, H1 40033	•				
F - 4 4L	Distriction of the state of the		to application for each return)			0 1
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			UţI
		D.4	A !! A!			Return
Applicat	tion	Return	Application			1
ls For		Code	Is For	<del>-</del>		Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (Individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	WILLIAM R. FELO		TER 200 COLUMNETES	р мт	4.0	3033
	books are in the care of $\triangleright$ 26026 TELEGRAP	H, SU		D, MI	- 40	1033
	shone No. ► 248-355-5151		Fax No. ►		<del></del>	<b>.</b> —
	organization does not have an office or place of busines					
	is for a Group Return, enter the organization's four digit					
	If it is for part of the group, check this box				ers the exte	ension is for.
1 ir	equest an automatic 3-month (6 months for a corporation				_	
_	April 15, 2015 , to file the exemp	ot organiza	ition return for the organization name	ed above.	The extens	ion
IS	for the organization's return for:					
<b>&gt;</b>			2014			
<b>&gt;</b>	X tax year beginning SEP 1, 2013	, ar	nd ending AUG 31, 2014		_ •	
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return	Final retur	n	
L	Change in accounting period			<del></del>	r	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•
	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606					_
es	stimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b_	\$	0.
с В	alance due. Subtract line 3b from line 3a Include your p	ayment wi	th this form, if required,			_
b	using EFTPS (Electronic Federal Tax Payment System)	See instru	uctions.	3c	\$	0.
	n. If you are going to make an electronic funds withdrawa			8453-EO a	nd Form 88	79-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see insti	ructions.		Form	8868 (Rev. 1-2014)
323841 12-31-13						