

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



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a conv of this return to eatisfy state reporting re

OMB No 1545-0052

	_		be able to use a copy of this				
		dar year 2011 or tax year beginning JUL	1, 2011	, and e	iaiuā	JUN 30, 2012	
Nar	ne of	foundation				A Employer identification	n number
7.7	T NT	TEMUTE FAMILY FOUNDATIO	N			45-6177617	7
_		nd street (or P O box number if mail is not delivered to street			Room/suite	B Telephone number	
		BOX 1711				(858)558-9	200
		own, state, and ZIP code				C If exemption application is	
		FORD, OR 97501				o il exemption application is i	perioring, orlean mare P C
		all that apply: X Initial return	Initial return of a fo	rmer public o	harity	D 1 Foreign organization	s, check here
-		Final return	Amended return	p	•		
		Address change	Name change			Foreign organizations m 2. check here and attach c	eeting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			 E If private foundation sta	atus was terminated
] Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		under section 507(b)(1	
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a	60-month termination
(fr	om F		her (specify)			under section 507(b)(1)(B), check here
			mn (d) must be on cash b	oasis)			T
Pa	ırt 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 in		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	54,355.			N/A	
	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	4.		4.		STATEMENT 1
	4	Dividends and interest from securities					
		Gross rents		-			
	_	Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)			0.	_	
т	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
	Ι.	and allowances					
	i	Less Cost of goods sold					
	1	Gross profit or (loss) Other income			·		
	12	Total. Add lines 1 through 11	54,359.		4.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	16a	Legal fees					
ĕ	Ь	Accounting fees STMT 2	3,500.		350.		3,150.
쯌	C	other professional rees/ED					
SEP ↑ © ∠U14 Operating and Administrative Expenses	17	nterest RECEIVED					
trati	18	taxos Aug. 2.7. 2012 STMT 3	850.		0.		850.
is	19	Hebteciation and depletion (%)					
<u>ä</u>	20	Occupancy					-
ע קיי	21	Travel, conferences, and meetings			· · · -		-
בֻּ בֻּ	22	Printing and poblications	5.		0.		
> ⊗ing	23	Other expenses STMT 4	5.		<u> </u>		5.
at 🚞	24	Total operating and administrative	4,355.		350.		4,005.
ച ര്	0.5	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	50,000.	-	330.		50,000.
بيا	25 26	Total expenses and disbursements.	30,000.				30,000.
	1	Add lines 24 and 25	54,355.		350.		54,005.
CANNED 12:0	27	Subtract line 26 from line 12.	32,333.				0 1 / 0 0 0 0
2	د	Excess of revenue over expenses and disbursements	4.				
2	h	Net investment income (if negative, enter -0-)			0.		
S	C	Adjusted net income (if negative, enter -0-)				N/A	
12-0	01 2-11	LHA For Paperwork Reduction Act Notice, see	instructions				Form 990-PF (2017)

Fo	m 99	0-PF (2011) WINTEMUTE FAMILY FOUNDA	TION		6177617	Page 2
Γο	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year	
	1	-	(a) Book Value	(b) Book Value	(c) Fair Market \	/alue
		Cash - non-interest-bearing			<u> </u>	
	2	Savings and temporary cash investments		4.		4.
	3	Accounts receivable ▶	1			
	{	Less: allowance for doubtful accounts				
	4	Pledges receivable -	<u> </u>			
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	1	disqualified persons				
	7	Other notes and loans receivable	_			
		Less; allowance for doubtful accounts ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		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)	0.	4.		4.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ý	19	Deferred revenue]	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons]	
abi	21	Mortgages and other notes payable				
	22	Other liabilities (describe]	
	İ]	
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
(0		and complete lines 24 through 26 and lines 30 and 31.				
ĕ	24	Unrestricted		<u> </u>		
<u>la</u>	25	Temporarily restricted				
Ba	26	Permanently restricted				
밑		Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31				
S	27	Capital stock, trust principal, or current funds	0.	4.		
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	0 <u>.</u>		
Š	30	Total net assets or fund balances	0.	4.]	
	31	Total liabilities and net assets/fund balances	0.	4.		
F	art	III Analysis of Changes in Net Assets or Fund E	Balances			
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	20		1	
'			5 00	1.	[0.
2		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	_	4.
		r increases not included in line 2 (itemize)		3		0.
		lines 1, 2, and 3	4	 	$\frac{0.}{4.}$	
		eases not included in line 2 (itemize)		5		0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6		4.
_				1.0	Form 990-P	

123511 12-02-11

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

8

	1990-PF (2011) WINTEMUTE FAMILY FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>45-</u> 948 -	6177 - see i	617 nstru	ction	age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ļ.				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ļ			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a]			
	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?			1a		<u>X</u> _
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities			İ		
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$O.			l		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			l		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	_ <u>X</u> _	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7_	X	
_	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			l		l
	OR CENTRAL CONTROL OF THE CONTROL OF					
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)			۱	3,0	
_	of each state as required by General Instruction G? If "No," attach explanation			8b	_ <u>X</u> _	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	noar		_		•
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	тмт		9	v	<u>X</u>
111	THE TAX DESCRIPTION OF THE PROPERTY OF THE PRO					

orm	990-PF (2011) WINTEMUTE FAMILY FOUNDATION	45-61776	617	F	Page 5
_	irt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory If "Yes," attach statement (see instructions)	privileges?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	[13	X	
14		<u>▶ (858)5</u> !		20	0
4-	Located at ▶P.O. BOX 1711, MEDFORD, OR	ZIP+4 ▶ <u>97</u> !	201		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	- 15	N	/ A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	10		Yes	No
10	securities, or other financial account in a foreign country?	1	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	Ī			
	country				
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1.	<u> </u>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		Yes	No
1 a	During the year did the foundation (either directly or indirectly):	res X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	es A No			
	a disqualified person?	res X No	ł	1	
		res X No			
		res X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	res 🗶 No 📗	ŀ		
	(6) Agree to pay money or property to a government official? (Exception Check "No"		İ	İ	
	if the foundation agreed to make a grant to or to employ the official for a period after			ŀ	
	· · · · · · · · · · · · · · · · · · ·	res 🗶 No		- 1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/-		1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	-'0-		
~	defined in section 4942(j)(3) or 4942(j)(5)):	'			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ng			
	before 2011?	Yes X No			
	If "Yes," list the years \blacktriangleright				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	ĺ		
9.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
38		Yes X No			
ŀ	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons a				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2011)	N/A	3ь		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b		X
		Forn	n 990 -	-PF (2011)

123541 12-02-11

orm 990-PF (2011) WINTEMUTE FAMILY FOUNDAT	ION		<u>45-61776</u>	<u> 17 </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		<u> </u>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (ectly,			
any voter registration drive?		Ye	s X No	ŀ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	9	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization				1	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary.	or educational nurnoses, or t				
the prevention of cruelty to children or animals?	, or oddodatonal parposos, or .		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the excentions described i				
		in riogalations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru				-	-
Organizations relying on a current notice regarding disaster assistance check to		inad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			s No		
expenditure responsibility for the grant?		I/A	S L NO		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[11]		
a personal benefit contract?		Ye	s X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	<u> X</u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es 🗓 No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?			7b	
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	ınagers, Highly	/		
Faid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		Lt. Componentian	(d) Contributions to		<u></u>
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allo	owances
SEE STATEMENT 6] .	0.	0.		0.
				-	
	1				
					
	_				
	_				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."	L	1	
Compensation of the highest paid employees totals than those in			(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other owances
170125	devoted to position	-	compensation	all	JWances
NONE	_				
	_				
		ļ		1	
	_				
		ļ			
		ļ			
		1			
Total number of other employees paid over \$50,000					0
			Form	990-F	PF (2011)

123551 12-02-11

orm 990-PF (2011) WINTEMUTE FAMILY FOUNDATION		177617 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
Five highest-paid independent contractors for professional services. If none, enter "NO		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fotal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	oformation such as the etc.	Expenses
N/A		
2		
	,	
		
Part IX-B Summary of Program-Related Investments	1 and 0	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines	i and z.	Amount
N/A		
	, <u>, , , , , , , , , , , , , , , , , , </u>	
All other program-related investments. See instructions.		
3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1 Fai	r market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Av	erage monthly fair market value of securities	1a	0.
b Av	erage of monthly cash balances	1b	7,187.
c Fai	r market value of all other assets	1c	
d To	tal (add lines 1a, b, and c)	1d	7,187.
e Re	duction claimed for blockage or other factors reported on lines 1a and		
1c	(attach detailed explanation) 1e 0.		
2 Ac	quisition indebtedness applicable to line 1 assets	2	0.
3 Su	btract line 2 from line 1d	3	7,187.
4 Ca	sh deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	108.
5 Ne	t value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,079.
<u>6 Mi</u>	nimum investment return. Enter 5% of line 5	6	354.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1 Mi	nimum investment return from Part X, line 6	1	354.
2a Ta:	x on investment income for 2011 from Part VI, line 5		
	come tax for 2011. (This does not include the tax from Part VI.)]	
c Ad	d lines 2a and 2b	2c	0.
3 Dis	stributable amount before adjustments. Subtract line 2c from line 1	3	354.
4 Re	coveries of amounts treated as qualifying distributions	4	0.
5 Ad	d lines 3 and 4	5	354.
6 De	duction from distributable amount (see instructions)	6	0.
7 Dis	stributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	354.
Part	XII Qualifying Distributions (see instructions)	_	
1 An	nounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Ex	penses, contributions, gifts, etc total from Part I, column (d), line 26	1a	54,005.
b Pro	ogram-related investments - total from Part IX-B	1b	0.
2 An	nounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Am	nounts set aside for specific charitable projects that satisfy the:		
	itability test (prior IRS approval required)	3a	
b Ca	sh distribution test (attach the required schedule)	3b	
	alifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	54,005.
	undations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ome. Enter 1% of Part I, line 27b	5	0.
	justed qualifying distributions Subtract line 5 from line 4	6	<u>0.</u> 54,005.
	te The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	
	4940(e) reduction of tax in those years.		

Part XIII Undiştributed Income (see instructions)

	(a)	(b)	(c)	(d) 2011
Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	
line 7				<u>354.</u>
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 54,005.	ĺ	İ	0.	
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount				354.
e Remaining amount distributed out of corpus	53,651.			334.
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>	-		
6 Enter the net total of each column as indicated below:				
Corpus Add lines 3f, 4c, and 4e Subtract line 5	53,651.			
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.	i	
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2011. Subtract	}			
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				<u> </u>
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 2006	_]			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	53,651.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 53,651.	<u> </u>			

Form 990-PF (2011) WINTEMU	TE FAMILY F	OUNDATION	1.4		5-6177617 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		=	▶ L		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 2010	Prior 3 years	(d) 2008	(e) Total
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(0) 2000	(6) 10(4)
investment return from Part X for	,				
each year listed	ļ				
b 85% of line 2a	ļ				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of					
exempt activities		}			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				1	
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets				İ	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			 		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross	į				
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			<u> </u>		
(3) Largest amount of support from					
an exempt organization			-		
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundati	on had \$5.000	or more in assets
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed r			tributions received by	the foundation before	e the close of any tax
SEE STATEMENT 7	11016 than 40,000). (000 t	5000011 307 (4)(2).)			
b List any managers of the foundation wh	o own 10% or more of the	ne stock of a corporation	(or an equally large p	ortion of the ownersh	ip of a partnership or
other entity) of which the foundation ha			(or an equally large p		, por a paramorom por
NONE					
2 Information Regarding Contribut			-		
Check here X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	` 	-		·	<u> </u>
h The form in which applications should h	oo submitted and informa	ition and materials they s	poniq nacinde.		
b The form in which applications should t	anominien and illio(1118	mon and materials tiley S	modiu moluuc.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions,	or other factors:	
					

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oom loudion	
a Paid during the year				
ASANTE FOUNDATION 2600 SISKIYOU BLVD SUITE #100	NONE	PUBLIC	GENERAL	
MEDFORD, OR 97504				7,000
KIVA FOUNDATION NORTHSTAR 1000 WINTER ST BOX 203	NONE	PUBLIC	GENERAL	
WALTHAM, MA 02451				5,000
MOBILITY UNLIMITED	NONE	PUBLIC	GENERAL	
1214 STOWE AVE MEDFORD, OR 97501			1	3,000
MINDS MATTER P.O. BOX 820023	NONE	PUBLIC	GENERAL	
PORTLAND, OR 97282				4,000
READING LEGACIES 12707 HIGH BLUFF DRIVE, SUITE 200	NONE	PUBLIC	GENERAL	
SAN DIEGO CA 92130 Total SEE COI	TINUATION SHE	ET (S)	▶ 3a	10,000 50,000
b Approved for future payment	TINOXIION SIIII		04	30,000
NONE				
Total			▶ 3b	0
			For	m 990-PF (2011)

ter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
or group amounts amount of the management	(a) Business	(b)	(C) Exclu-	(d)	Related or exemp
Program service revenue:	code	Amount	code	Amount	function income
· · · · · · · · · · · · · · · · · · ·					
	1				
Fees and contracts from government agencies					
Membership dues and assessments		· 			
nterest on savings and temporary cash					
nvestments			14	4.	
Dividends and interest from securities					
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory			_		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
<u> </u>					
b					
d					
cde					
Gubtotal. Add columns (b), (d), and (e)		(),	4.	·
c d G E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)		(),		
c d G D Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations.	.)			13	·
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations.	.)			13	·
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Art XVI-B Relationship of Activities	s to the Accor	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations. THE Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations. THE TOTAL RELATIONSHIP OF ACTIVITIES END Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations. THE TOTAL RELATIONSHIP OF ACTIVITIES END Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. THE Relationship of Activities E No Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Relationship of Activities	s to the Accom	nplishment of	Exempt P	13	
Subtotal. Add columns (b), (d), and (e) Fotal Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations. Bart XVI-B Relationship of Activities Explain below how each activity for which in	s to the Accom	nplishment of	Exempt P	13	

		Exempt Organi	izations							
1	Did the org	anization directly or indire	ectly engage in any o	of the following	g with any other organization	on described in sectio	n 501(c) of		Yes	No
			other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
а		rom the reporting founda								İ
	(1) Cash	, ,						1a(1)		X
	(2) Other	assets						1a(2)		X
h	Other trans									
Ĭ		of assets to a noncharitat	ble exempt organizat	ION				16(1)		X
		ases of assets from a nor						1b(2)		Х
		of facilities, equipment, (gamzanon				1b(3)		X
		oursement arrangements	of Office account					1b(4)	_	X X X
	• •							1b(5)		X
		or loan guarantees	mharchin ar fundrais	rina calicitatia	ne			1b(6)		X
_	• •	mance of services or mei						1c		X
		facilities, equipment, mai			dule. Column (b) should alv	wave chow the fair ma	arket value of the goods of		L	
0					ed less than fair market valu				, ,	
					eu 1855 tildir idii ilidiket valt	de ili ariy transaction t	n snainiy arrangement, si	OWILL		
٠١.) the value of the goods, (exempt organization	(d) Description of	of transfers transactions and c	haring ar	rangeme	
a j L	ine no	(b) Amount involved	(c) Name of		exempt organization	(u) Description o	of transfers, transactions, and s		angente	
				N/A	 					
										
					'					
				–						
2 a	Is the four	dation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
	in section	501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?			Yes	X	No
b		mplete the following sch								
_		(a) Name of org			(b) Type of organization	(0) Description of relationsh	ıp		
		N/A								
							=			
	Under	penalties of perjury, I declare	that I have examined this	s return, includin	ig accompanying schedules and	statements, and to the b	est of my knowledge	45 - IDC		41
Qi.					n taxpayer) is based on all inform		nas any knowledge retur	the IRS on with th	e prepa	rer
	ere	Vatter Ning	KMInton	nuto	18-71-12	Ammain		vn below Ves		No No
	 	ature of officer or trustee	1.1011	WILL	Date	Title	ng ombac	. res	· L.	NO
	lsigil	Print/Type preparer's na		Preparer's s			Check If PTIN			
		Triniviye preparer Sila	11116	1 Topalol 5 S	11 11 -	1	self- employed			
.	.;	W. D	3.0037	Phill	ILV WYORIA.	8/10/17.		1725	101	
	id	MARY MCGRO		MUNITED T	T THE T	19/2/10		735		
	eparer	Firm's name ► LIN	DSAY & BR	COMNETT	ı' ππΩ ()	•	Firm's EIN ► 33-08	, o ⊃ g	75	
U	se Only	F - 1 - 11 - 1 = 1 = 1	AF			1150				
					UARE, SUITE	1120	0.00	^ ^		
		LA	JOLLA, C	:A 9203	·7		Phone no. 858 5			
							For	m 990)-PF	(2011)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

45 6199619

W	VINTEMUTE FAMILY FOUNDATION	45-61//61/				
Organization type (check						
Filers of:	Section:					
Form 990 or 990-EZ	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					
Note. Only a section 501(General Rule	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe					
-	mplete Parts I and II	e (in money or property) normally one				
Special Rules						
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of (70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
total contribution	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 the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributions for If this box is che purpose Do not	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 lf 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 religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or c eet 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) (2011)

Name of organization

Employer identification number

WINTEMUTE FAMILY FOUNDATION

45-6177617

	, , , , , , , , , , , , , , , , , , , ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLENN & PATRICIA WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	\$54,355.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

WINTEMUTE FAMILY FOUNDATION

45-6177617

art II	Noncash Property (see instructions) Use duplicate copies of P	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
Part I			
(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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Employer identification number Name of organization WINTEMUTE FAMILY FOUNDATION <u>45-6177617</u> Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) 'Recipient 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 FELINE FIX NONE PUBLIC GENERAL 807 SOUTH HOOSIER AVE. EVANSVILLE IN 47715 5,000. THE NATURE CONSERVANCY NONE PUBLIC GENERAL 201 MISSION STREET, 4TH FLOOR SAN FRANCISCO, CA 94105 10,000. GENERAL NONE PUBLIC THE WILD ANIMAL SANCTUARY 1946 COUNTY ROAD 53 KEENESBURG, CO 80643 1,000. GENERAL X PRIZE FOUNDATION NONE PUBLIC 5510 LINCOLN BLVD #100 PLAYA VISTA CA 90094 5,000. Total from continuation sheets 21 000

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT
SOURCE				AMOUNT
MERRILL LYNCH #04273			_	4
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	4
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
ACCOUNTING FEES	3,500.	350.		3,150
TO FORM 990-PF, PG 1, LN 16B	3,500.	350.		3,150
FORM 990-PF	TAX	ES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
FILING FEES	850.	0.		850
TO FORM 990-PF, PG 1, LN 18	850.	0.		850
FORM 990-PF	OTHER E	XPENSES		STATEMENT
DESCRIPTION		(B) NET INVEST- MENT INCOME		
				
POSTAGE	5.	0.		5

	SUBSTANTIAL CONTRIBURT VII-A, LINE 10	JTORS	STATI	EMENT 5
NAME OF CONTRIBUTOR	ADDRESS			
GLENN & PATRICIA WINTEMUTE	P.O. BOX 1711 MEDFORD, OR 97	7501		
	LIST OF OFFICERS, DI		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
GLENN A. WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	FOUNDING TRUSTS	3E 0.	0.	0.
PATRICIA L. WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	FOUNDING TRUSTE	3E 0.	0.	0.
GAREN J. WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	TRUSTEE 1.00	0.	0.	0.
ERIC G. WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	TRUSTEE 1.00	0.	0.	0.
MITCHELL R. WINTEMUTE P.O. BOX 1711 MEDFORD, OR 97501	TRUSTEE 1.00	0.	0.	0.
ANNE K. WINTEMUTE TOFEL P.O. BOX 1711 MEDFORD, OR 97501	TRUSTEE 1.00	0.	0.	0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

FORM 990-PF •

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

GLENN A. WINTEMUTE PATRICIA L. WINTEMUTE