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### form 990-PF

#### **Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990pf.

For o	alen	dar year 2014 or tax year beginning			, and e	nding		
Nan	ne of	foundation	<del></del> .				A Employer identification	on number
T	ΗE	DEWEY WILSON FAMILY						
C	HA.	RITABLE FOUNDATION					20-050105	1
		nd street (or P O box number if mail is not delivered to stree	t address)			Room/suite	B Telephone number	
3	84	8 MANZANITA HEIGHTS DRI	VE				· ·	-9141
		own, state or province, country, and ZIP or foreign p					C if exemption application is	
		FORD, OR 97504	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				o in exemplication is	ponding, dilock flore
		all that apply: Initial return	Init	ial return of a fo	rmer nuhlic c	harity	D 1. Foreign organizatio	ns check here
u o		Final return		ended return	minor public c	······································	D 1.1 oroign organizatio	no, onock nord
		Address change	==	ne change			Foreign organizations r check here and attach	meeting the 85% test,
<u> </u>	hack	type of organization: X Section 501(c)(3) e					7	
-	_	ction 4947(a)(1) nonexempt charitable trust		e private founda	tion		E If private foundation s under section 507(b)(	
<u> </u>		irket value of all assets at end of year   J   Account		X Cash	Accr	ual		
			ing memod. ther (specify)		Acci	uai	F If the foundation is in	_
•		Part II, col. (c), line 16)	uner (specity)	t ha an each	hacie I		under section 507(b)(	1)(B), check here
<b>P</b>		Analysis of Revenue and Expenses	T					(4)
ra	πI	" (The total of amounts in columns (b), (c), and (d) may not	(a) Rev	renue and es per books	(b) Net in inco		(c) Adjusted net income	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	<u> </u>	<u>'</u>	11100			(cash basis only)
	1	Contributions, gifts, grants, etc., received	<del></del>	30,355.			N/A	
	2	Check If the foundation is not required to attach Sch B Interest on savings and temporary						g = 2 =
	3	cash investments		3.		3.		STATEMENT 1
	4	Dividends and interest from securities						-
		Gross rents					-	
	b	Net rental income or (loss)	<u> </u>				<del> </del>	
e	6a	Net gain or (loss) from sale of assets not on line 10						
nu.	b	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)				0.		SEIVED
Ξ.	8	Net short-term capital gain .					# RE	
	9	Income modifications					988	180
	10a	Gross sales less returns and allowances					MAY MAY	2 0 2015
	b	Less Cost of goods sold	ļ					
	C	Gross profit or (loss)						TEN LITE
	11	Other income					OG	DEIN, CI
	12	Total. Add lines 1 through 11		<u>80,358.</u>		3.		
	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	b	Accounting fees STMT 2		295.		0.	,	0.
Expense	C	Other professional fees STMT 3		85.		0.	,	0.
	17	Interest						
Operating and Administrative	18	Taxes						
ist	19	Depreciation and depletion						
Ë	20	Occupancy						
Ad		Travel, conferences, and meetings						
5		Printing and publications				<del></del>		
ng and	23	Other expenses STMT 4	-	50.		50.	,	0.
Operatin		Total operating and administrative						
)er:		expenses. Add lines 13 through 23		430.		50.	.	0.
ŏ	25	Contributions, gifts, grants paid	•	70,000.	-			70,000
		Total expenses and disbursements.					<del> </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-	Add lines 24 and 25		70,430.		50.		70,000
_	27	Subtract line 26 from line 12:						70,000
				9,928.				
		Excess of revenue over expenses and disbursements		2,240.		0.	<del>                                     </del>	
		Net investment income (if negative, enter -0-)	<del></del>	<del></del>		<u> </u>	N/A	<del></del>
4235		Adjusted net income (if negative, enter -0-)					IN/M	Form <b>990-PE</b> (2014

LHA For Paperwork Reduction Act Notice, see instructions.

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ane 9

Part II Balance Sheets	Attached schedules and amounts in the description	Beginning of year	End of	year
Part II 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			9,984.	9,984.
2 Savings and temporary cash	n investments	10,651.	10,595.	10,595.
3 Accounts receivable ►				
Less: allowance for doubtfu	accounts >			
4 Pledges receivable ►				
Less: allowance for doubtfu	accounts >			
5 Grants receivable				
6 Receivables due from office	rs, directors, trustees, and other			
disqualified persons				
7 Other notes and loans receivable	<b>&gt;</b>			<del></del>
Less: allowance for doubtfu	accounts >			
8 Inventories for sale or use				
9 Prepaid expenses and defer	red charges			
4 10a Investments - U.S. and state	*			<del></del>
b Investments - corporate sto			,	
c Investments - corporate bor	• •			
11 Investments - land, buildings, and equip	_			
Less accumulated depreciation	<b>•</b>			
12 Investments - mortgage loa	ns			
13 Investments - other				
14 Land, buildings, and equipm	nent: basis			
Less accumulated depreciation	<b>&gt;</b>			
15 Other assets (describe ▶	,			
16 Total assets (to be complet	ed by all filers - see the			
instructions. Also, see page	-	10,651.	20,579.	20,579.
17 Accounts payable and accru				
18 Grants payable				
40 D-4				
20 Loans from officers, directors, true 21 Mortgages and other notes	stees, and other disqualified persons			
21 Mortgages and other notes				
22 Other liabilities (describe	)			
, ,				
23 Total liabilities (add lines 1	7 through 22)	0.	0.	
Foundations that follow SF				
and complete lines 24 thro	ugh 26 and lines 30 and 31.			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not followed and complete lines 27 thro				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not fol	low SFAS 117, check here 🕨 🕱			
	ugh 31.			
27 Capital stock, trust principal	, or current funds	0.	0.	
28 Paid-in or capital surplus, o	r land, bldg., and equipment fund	0.	0.	
27 Capital stock, trust principal 28 Paid-in or capital surplus, o 29 Retained earnings, accumul 30 Total net assets or fund ba	ated income, endowment, or other funds	10,651.	20,579.	
30 Total net assets or fund ba	lances	10,651.	20,579.	
_				
31 Total liabilities and net ass	sets/fund balances	10,651.	20,579.	
Part III Analysis of Ch	anges in Net Assets or Fund B	alances		
	at beginning of year - Part II, column (a), line	<b>3</b> U		10 661
	re reported on prior year's return)	• •	1	10,651.
2 Enter amount from Part I, line 276	***	•		9,928.
3 Other increases not included in life	ie z (itelinize)	<del></del>	3	0. 20,579.
4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (			4	
5 Decreases not included in line 2 (	at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 20	5 6	<u>0.</u> 20,579.
6 Total net assets or fund balances	at end or year time 4 timins line 3) - Part II, Ci	טומוזווו לחלי ווווג אַט		Form <b>990-PF</b> (2014)

		nd(s) of property sold (e.g. or common stock, 200 shs			1 · P	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a							·	
b N	ONE							
<u>C</u>	<del></del>			<del></del>	_			<del> </del>
d <u> </u>					<del> </del>			
(e) Gross sales price	les price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			(h) Gain or (loss) (e) plus (f) minus (g)				
8								· <del></del>
b c						<del> </del>		
d						<del></del>		
e								
Complete only for assets show	ving gain in	column (h) and owned by t	he foundation	on 12/31/69			I) Gains (Col. (h) ga	
(i) F.M.V. as of 12/31/69	(	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		co	l. (k), but not less th Losses (from col	nan -0-) <b>or</b> . (h)) 
<u>8.                                    </u>								
<u>b</u>	-							<del></del>
<u>c                                    </u>	1						<del></del>	
e	1							·
Capital gain net income or (net	capital loss)	If gain, also enter  If (loss), enter -0-			}	2		
Net short-term capital gain or (		(, ,, ,,			ا `			
If gain, also enter in Part I, line			u (o).		JI			
If (loss), enter -0- in Part I, line	8	,	<u> </u>	<del></del>	الب	3		
		section 4940(e) for				<del>· · · · · · · · · · · · · · · · · · · </del>	come	<del> </del>
For optional use by domestic priv	ate foundation	ons subject to the section 4	1940(a) tax on	net investment in	ncome	9.)		
section 4940(d)(2) applies, leave	this part bl	ank.						
/as the foundation liable for the s	ection 4942	tax on the distributable am	ount of any ye	ar in the base per	riod?			Yes X No
"Yes," the foundation does not qu								
Enter the appropriate amount		inition odon your, ooo tho n	istructions bei	fore making any e	entries	<b>3.</b>		<del></del>
(a) Base period years		(b)		<del></del>	(c)		Dist	(d) ribution ratio
(a) Base period years Calendar year (or tax year begin	ining in)		tributions	<del></del>	(c)	ritable-use assets	s (col. (b) (	divided by col. (c))
(a) Base period years Calendar year (or tax year begir 2013	ining in)	(b)	tributions	<del></del>	(c)	ritable-use assets	) (col. (b) (	divided by col. (c))  • 0 0 0 0 0 0
(a) Base period years Calendar year (or tax year begin 2013 2012	ining in)	(b)	tributions 0. 0.	<del></del>	(c)	ritable-use assets (	(col. (b) (	. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Base period years Calendar year (or tax year begin 2013 2012 2011	ining in)	(b)	0 • 0 • 0 •	<del></del>	(c)	ritable-use assets (	(col. (b) (	. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Base period years Calendar year (or tax year begin 2013 2012	ining in)	(b)	tributions 0. 0.	<del></del>	(c)	ritable-use assets ( (	(col. (b) (	. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d)		(b) Adjusted qualifying dist	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) (	. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for th	ne 5-year ba	(b) Adjusted qualifying dist	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) o	.000000 .000000 .000000 .000000
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d)	ne 5-year ba	(b) Adjusted qualifying dist	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) (col. (col. (b) (col. (b) (col. (col. (b) (col. (col. (col. (b) (col. (c	. 000000 . 000000 . 000000 . 000000
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for th	ne 5-year bastence if less	(b) Adjusted qualifying dist se period - divide the total of than 5 years	on line 2 by 5,	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) o	.000000 .000000 .000000 .000000
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the foundation has been in existence.	ne 5-year bastence if less	(b) Adjusted qualifying dist se period - divide the total of than 5 years	on line 2 by 5,	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) (col. (col. (b) (col. (b) (col. (col. (b) (col. (b) (col. (col. (b) (col. (c	.000000 .000000 .000000 .000000 .000000
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the foundation has been in existence in the foundation of the column (d)	ne 5-year bastence if less	se period - divide the total of than 5 years sets for 2014 from Part X,	on line 2 by 5,	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) (col. (col. (b) (col. (col. (b) (col. (col. (col. (b) (col. (col	.000000 .000000 .000000 .000000 .000000 .000000
Base period years Calendar year (or tax year begin 2013 2012 2011 2010 2009  Total of line 1, column (d) Average distribution ratio for the foundation has been in exist. Enter the net value of noncharic. Multiply line 4 by line 3	ne 5-year bastence if less	se period - divide the total of than 5 years sets for 2014 from Part X,	on line 2 by 5,	Net value of no	(c) pnchar	ritable-use assets ( ( ( (	(col. (b) (col. (col. (b) (col. (col. (col. (b) (col.	.000000 .000000 .000000 .000000 .000000 .000000

THE DEWEY WILSON FAMILY

_	990-PF (2014) CHARITABLE FOUNDATION			01051		Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 494	<u>8 - se</u>	e instru	ctior	ns)
	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)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1	<u>-</u>			0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). $\supset$					_
	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.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_5	5			0.
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld		_			_
	Total credits and payments. Add lines 6a through 6d	. —	7			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	• • •	B			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	d ▶ 1	1	_		
	rt VII-A   Statements Regarding Activities			<del></del> -	Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	ervene in			105	
	any political campaign?	£ \ 0		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the de			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials po	JDIISNEA C	)r	ı		
	distributed by the foundation in connection with the activities.					v
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				
	(1) On the foundation.  \$\int 0. (2) On foundation managers.  \$\int \frac{1}{2} \text{ (2) On foundation managers.}	0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	11		1		
	managers. > \$0.  Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
				-		_
	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	auon, or		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
_	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	٠	-1,	5		X
-	If "Yes," attach the statement required by General Instruction T.			-		
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	he state lav	v			
	remain in the governing instrument?			6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and F	art XV		7	X	
•	bid the fedition have at least popular in according to your or the process and the process and the process are the process and the process are the process and the process are					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OR	_		_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_		
-	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for calenda	ar			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	ST1	MT 5	10_	Х	
				Form <b>990</b>	-PF	(2014)

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

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of 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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

Form 4720, to determine if the foundation had excess business holdings in 2014.) .....

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

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

before the first day of the tax year beginning in 2014?

defined in section 4942(j)(3) or 4942(j)(5)):

before 2014?

during the year?

If "Yes." list the years

statement - see instructions.)

423541

X

X

1c

2b

3h

4a

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N/A

N/A

Yes X No

Form **990-PF** (2014)

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

Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) 1300 01 0011100	(c) compensation
21012		
		-
——————————————————————————————————————		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<u> </u>
· · · · · · · · · · · · · · · · · · ·	tion such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tuon such as the	Expenses
1 N/A		
1		
2		
3		
4		
Port IV P C		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	····	Amount
	<u></u>	Amount
1 <u>N/A</u>		
	<del></del>	
2		<del> </del>
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	<b>&gt;</b>	0.

_ <u>ra</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
a	Average monthly fair market value of securities	1a	0.
Ь	Average of monthly cash balances	1b	1,715.
c I	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	1,715.
e	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	Ic (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,715.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,689.
6	Minimum investment return. Enter 5% of line 5	6	84.
Pa	rt XI 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.)	d certain	· · · · · · · ·
1	Minimum investment return from Part X, line 6	1	84.
2a -	Fax on investment income for 2014 from Part VI, line 5		<u> </u>
	ncome tax for 2014. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	84.
4	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	84.
6	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	84.
Pa	rt XII Qualifying Distributions (see instructions)		
1 .	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	70,000.
b	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
	Sultability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	70,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome. Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	70,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for th	e section

Form **990-PF** (2014)

#### THE DEWEY WILSON FAMILY CHARITABLE FOUNDATION

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
tine 7		· · · · · · · · · · · · · · · · · · ·		84.
2 Undistributed income, if any, as of the end of 2014.			_	
a Enter amount for 2013 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 70,000.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</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.			:
d Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·		84.
e Remaining amount distributed out of corpus	69,916.			<del></del>
5 Excess distributions carryover applied to 2014	0.	· · · · · · · · · · · · · · · · · · ·		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	69,916.			
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.		<u> </u>
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.			1	
Subtract lines 7 and 8 from line 6a	69,916.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 e Excess from 2014 69,916.				
e Excess from 2014 69,916.			<u></u>	Form <b>990-PF</b> (2014)

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 6

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

c Any submission deadlines:

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

Form **990-PF** (2014)

20-0501051 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient Recipient	If recipient is an individual,			· · · · · · · · · · · · · · · · · · ·
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		· · · · · · · · · · · · · · · · · · ·		<del></del>
CENTRAL POINT SCHOOL DISTRICT 6	NONE	NOT APPLICABLE	PROMOTE HIGHER	
300 ASH STREET			EDUCATION	
CENTRAL POINT, OR 97502				70,000,
	<del>-</del>	<del> </del>		
				<del></del>
	-			<del></del>
Total		-	<b>▶</b> 3a	70,000.
<b>b</b> Approved for future payment				
NONE				
		-		
		<del> </del>		
Total .			<b>▶</b> 3b	0.

Form 990-PF (2014)

Part XVI-A Analysis of Income-Producing Activities

Fata- succe assertate tralege otherwise reducated	Unrelated	ousiness income	Evelu	ded by section 512, 513, or 514	(2)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7 inount	Tarrottors intomic
<b>a</b>	<del> </del>		$\vdash$		
b			+		
<u> </u>		<del></del>			
d			<del> </del>		
e	<del> </del>		$\vdash$		
Econ and contracts from accordance to according	+	<del></del>			
g Fees and contracts from government agencies			<del>                                     </del>	<u> </u>	
2 Membership dues and assessments	+				
3 Interest on savings and temporary cash			1 1	2	
investments	-		14	3.	
4 Dividends and interest from securities	<u> </u>		ļ		
5 Net rental income or (loss) from real estate:			-		<del></del>
a Debt-financed property					
<b>b</b> Not debt-financed property			-		
6 Net rental income or (loss) from personal					
property	ļ	<u></u> _	L		
7 Other investment income					
8 Gain or (loss) from sales of assets other	1				
than inventory		<u>- · · · · · · · · · · · · · · · · · · ·</u>			
9 Net income or (loss) from special events		······································			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					· · · · · · · · · · · · · · · · · · ·
e				·· ·· · · · · · · · · · · · · · · · ·	
12 Subtotal. Add columns (b), (d), and (e)		0.		3.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>		·		3.
(See worksheet in line 13 instructions to verify calculations.)		• • •			
Part XVI-B Relationship of Activities t	to the Accor	nlishment of Fx	(emn	t Purnoses	
· · · · · · · · · · · · · · · · · · ·					
Line No. Explain below how each activity for which inco			contrib	uted importantly to the acco	mplishment of
▼ the foundation's exempt purposes (other than	by providing fund	s for such purposes).			
				·	<del></del>
1					
				. <u> </u>	
423021					Form <b>990-PF</b> (2014

			EMEI MITP							
orm 990		14) CHARI	TABLE FOU	NDATIO	<u>N</u>			<u> 01051</u>	Pa	ige 13
Part X	(VII			sfers To a	and Transactions a	and Relations	hips With Nonc	haritable	•	
		Exempt Organ								
	-	-			g with any other organizati		on 501(c) of		Yes	No
the (	Code (o	ther than section 501(c)	)(3) organizations) or	r in section 52	7, relating to political organ	nizations?				ĺ
a Tran	isfers fr	om the reporting founda	ation to a noncharitat	ble exempt org	ganization of:					
(1)	Cash							1a(1)		X
(2)	Other a	ssets						1a(2)		X
<b>b</b> Othe	er trans	actions:								
(1)	Sales o	of assets to a noncharital	ble exempt organizat	tion				16(1)		X
		ises of assets from a no			•	•	·	1b(2)		X
, ,		of facilities, equipment,		<b>Q</b>				1b(3)		Х
		ursement arrangements			• • •	•	•	1b(4)		Х
		or loan guarantees	• • • • • • • • • • • • • • • • • • • •	•	•••		• •	1b(5)		Х
		mance of services or me	mbershin or fundrais	 sina solicitatio	ns .	• •	•	1b(6)		X
		facilities, equipment, ma	-	_		•	•	10		X
					dule. Column (b) should al	wavs show the fair n	narket value of the noo		ets	
					ed less than fair market val				,	
		the value of the goods,			ou lood than tall that to	ao in any aran-aran-ara	or onaring arrangeme	,		
(a) Line no	<del>_ ` ` `</del>	b) Amount involved			exempt organization	(d) Description	of transfers, transactions,	and sharing an	rangeme	ents
(u) cirio ric	+	<u></u>	(0)	N/A		(-/				
	+	<del> </del>	·	N/ A	<del></del>					
	+									
	+									
	+	<del></del>			<del></del>					
-	-					-				
	+							<del></del>		
	+				<del></del>					
	+-									
<del></del>	-				<del></del>		<del></del>			
	+		<del> </del>							
	_	···	·							
		··········								
	_				<del>-</del>					
	<u> </u>						<del></del>		· · ·	
			<u> </u>							
					or more tax-exempt organ	izations described			F	<b>.</b>
		501(c) of the Code (othe		)(3)) or in sect	tion 527?			Yes	LX	No
b If "Y	'es," co	mplete the following sch			<del>.</del>	1				
		(a) Name of org	janization		(b) Type of organization		(c) Description of relat	ionsnip		
		N/A					<del></del>			
						ļ				
				•						
	Under	penalties of perjury, I declare	that I have examined thi	is return, includir	ng accompanying schedules and	d statements, and to the mation of which prepare	best of my knowledge	May the IRS		
Sign	and be				n taxpayer) is based on all infor			return with the shown below	/ (see ins	
Here		M. Jew	ey Wil		0/1//5	DIRECT	ror	X Yes	; L	No ل∟
_	Sign	ature of officer or trustee		т	Dåte	Title	Ob 1			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		TIN		
		FREDERIC C	;		/	1 -1	self- employed		=	
Paid		JOHANNSEN		$\perp /\!$		5/4/15		P00164	<u> 371</u>	
Prepa		Firm's name ► JOH	LANNSEN, D	YE & P	URKEYPILE C	PAS LLP	Firm's EIN ► 93	-60870	66	
Use C	Only			<u>-</u>				_		

423622 11-24-14

Phone no. (541) 772-8666

Form **990-PF** (2014)

Firm's address ▶ 920 E. JACKSON ST.

MEDFORD, OR 97504

### 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.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its Instructions is at www.lrs.gov/form990.

2014

Name of the organization

THE DEWEY WILSON FAMILY CHARITABLE FOUNDATION

**Employer identification number** 

20-0501051

Organization type (check one):								
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. On	ly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special F	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \(\)						
but it mu	st answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990·EZ, or 990·PF), Part IV, line 2, of its Form 990·PF, Part I, line 2, to 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 8 (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
THE DEWEY WILSON FAMILY
CHARITABLE FOUNDATION

Employer identification number

20-0501051

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	H. DEWEY WILSON  3848 MANZANITA HEIGHTS DRIVE  MEDFORD, OR 97504	\$80,355.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash 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 Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE DEWEY WILSON FAMILY CHARITABLE FOUNDATION

20-0501051

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
---------	------------------	--

Nonc	cash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
-	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
_	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(c) FMV (or estimate)	99

Name of orga	anization WEY WILSON FAMILY		Employer identification number					
CHARIT	ABLE FOUNDATION		20-0501051					
Part III	Exclusively religious, charitable, etc., contributers from any one contributor. Complete completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additional	olumns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations sess for the year (Enterthis info once)					
(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, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(h) Diverges of sift	(c) Use of gift	(d) Description of how wift is hold					
Part I	(b) Purpose of gift	(c) ose or grit	(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 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							
	Transferee's flame, address, at	IU ZIF T T	netationship of dansieror to dansieree					
(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							

FORM 990-PF INTEREST ON SAVI	NGS AND	TEMP	ORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A) REVEN ER BC	WE	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
PERSHING LLC	3.		3.				
TOTAL TO PART I, LINE 3		3.			3.		
FORM 990-PF	ACCOU	JNTIN	IG FEES	3		STATEMENT	2
DESCRIPTION	(A) EXPENSI PER BOO		NET IN	WEST-	(C) ADJUSTED NET INCOM	CHARITA:	
JOHANNSEN, DYE & PURKEYPILE	2	295.	. 0.				0.
TO FORM 990-PF, PG 1, LN 16B	2	295.		O			0.
FORM 990-PF C	THER PRO	OFESS	SIONAL	FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSI PER BOO		NET IN	VEST-	(C) ADJUSTED NET INCOM	CHARITA	
OREGON DEPARTMENT OF JUSTICE OREGON SECRETARY OF STATE BANK CHARGES		10. 50. 25.		C	•		0. 0.
TO FORM 990-PF, PG 1, LN 16C		85.			<u> </u>	<del></del> <del></del>	0.

FORM 990-PF	OTHER EXPENSES		STATEMENT 4				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES			
BROKERAGE ACCOUNT FEES	50.	50.		0.			
TO FORM 990-PF, PG 1, LN 23	50.	50.		0.			
	SUBSTANTIA	L CONTRIBUTORS	S S'	гатемент 5			
NAME OF CONTRIBUTOR	ADDR	ADDRESS					
H. DEWEY WILSON		3848 MANZANITA HEIGHTS DRIVE MEDFORD, OR 97504					

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE DEWEY WILSON FAMILY CHARITABLE FOUNDATION 3848 MANZANITA HEIGHTS DRIVE MEDFORD, OR 97504

TELEPHONE NUMBER

(541) 734-9141

### FORM AND CONTENT OF APPLICATIONS

SCHOLARSHIP/GRANT APPLICATION FORM. INDICATING FUNDS REQUESTED; OTHER SOURCES OF FUNDS; HOW THE FUNDS WOULD PROMOTE THE EDUCATION AND ADVANCEMENT OF CHILDREN AND YOUNG ADULTS; AND REFERNCES.

ANY SUBMISSION DEADLINES

NONE AT THIS TIME.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NOT ESTABLISHED AT THIS TIME.