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## Form **990-PF**

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

Depart	ment 1 Reve	of the Treasury	Do not enter s ► Do not enter s	social security numbers on m 990-PF and its separate	this form as instructions i	it may be ma is at <i>www.ir</i> s.	gov/form990pf.	Open to Public Inspection
		iar year 2015 or tax year begin			, and e			
Nam	e of	foundation					A Employer identification	number
TI	ΙE	DEWEY WILSON	FAMILY					
		RITABLE FOUNDA'					20-0501051	
Numi	er an	d street (or P O box number if mail is	s not delivered to street	address)		Room/suite	<b>B</b> Telephone number	
_ 38	348	MANZANITA HE	IGHTS DRI	VE			(541) 734-	9141
City	or to	wn, state or province, country,		ostal code			C If exemption application is p	ending, check here
_ <u>M</u> ]	EDI	FORD, OR 9750	4	·····				
G C	neck	all that apply: Initia	l return	Initial return of a fo	ormer public o	harity	D 1. Foreign organization	s, check here
		=	return	Amended return			2. Foreign organizations mi	seting the 85% test.
		[	ess change	Name change			<ol><li>Foreign organizations me check here and attach co</li></ol>	omputation
H C				cempt private foundation			E If private foundation sta	
ب		tion 4947(a)(1) nonexempt cha		Other taxable private founda			under section 507(b)(1	
		rket value of all assets at end of			Accr	uai	F If the foundation is in a	
(ird		Part II, col. (c), line 16)		ther (specify) mn (d) must be on cash i	hasis )		under section 507(b)(1	)(b), check here
Pa				(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
Га		Analysis of Revenue and Exp (The total of amounts in columns (b) necessarily equal the amounts in co	), (c), and (d) may not	expenses per books	Inco		income	for charitable purposes (cash basis only)
$\neg$	1	Contributions, gifts, grants, etc		372.			N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Check X if the foundation is not in				-		
		Interest on savings and temporary cash investments		3.		3.		STATEMENT 1
ļ		Dividends and interest from sec	curities					
-	-	Gross rents						
ŀ	b	Net rental income or (loss)				•		
6	6a	Net gain or (loss) from sale of assets	not on line 10					
Ž	b	Gross sales price for all assets on line 8a					R	ECEIVED
Revenue	7	Capital gain net income (from Part IV	, line 2)			0.		-OLIVED '
ا تت	8	Net short-term capital gain					8	4Y 0 9 2016 6
	9	Income modifications Gross sales less returns					ii M	4Y 0 9 2016   0
	10a	and allowances					1 252	RS RS
	b	Less Cost of goods sold						DEN HT
		Gross profit or (loss)					A The second sec	
	11	Other income		375.		3.		
_	12	Total Add lines 1 through 11		3/3.		0.		0.
Ì	13	Compensation of officers, directors, Other employee salaries and w	•	<u>.</u>		0.		•
	14 15	Pension plans, employee bene	-					
⊇ s		Legal fees	111.5				· ·	
sua N 3		Accounting fees	STMT 2	325.		0.		0.
્યું દુ⊍ા⊍ Expenses		Other professional fees	STMT 3	97.		0.		0.
% å	17	Interest						
rati	18	Taxes						
	19	Depreciation and depletion						
	20	Occupancy						
<b>#</b>	21	Travel, conferences, and meet	ings ,					
	22	Printing and publications	_					
Operating and Administrative I	23	Other expenses	STMT 4	50.		50.	<del> </del>	0.
<b>E</b>	24	Total operating and administr		450		F 0		
adc		expenses. Add lines 13 throug		472.	ļ	50.		0.
		Contributions, gifts, grants pai		0.				<del>                                     </del>
	26	Total expenses and disburser	ments.	472.		50.		0.
	07	Add lines 24 and 25 Subtract line 26 from line 12:		4/4.	-	<u> </u>		<del> </del>
	27			<97.	<b>L</b>			
		Excess of revenue over expenses ar Net investment income (if nega		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>	0.		
		Adjusted net income (if negative			1	<u> </u>	N/A	
5235			<u> </u>					5 000 DE (0045)

Par	t II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
rar	til Balance Streets 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.	9,934.	9,934.
	2 Savings and temporary cash investments	10,595.	10,548.	10,548.
	3 Accounts receivable ►	•		
	Less: allowance for doubtful accounts			
,	4 Pledges receivable			
	Less; allowance for doubtful accounts			
-   ,	5 Grants receivable			<del></del>
	6 Receivables due from officers, directors, trustees, and other	· <del>-</del>		<del></del>
'	disqualified persons			
.	7 Other notes and loans receivable			<del></del>
	Less: allowance for doubtful accounts			
Assets	B Inventories for sale or use	<del></del>		
Ass	9 Prepaid expenses and deferred charges			
_   10	Da Investments - U.S. and state government obligations			
ŀ	b Investments - corporate stock			
	c Investments - corporate bonds			·
1	1 Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
1				
1:	· · · · · · · · · · · · · · · · · · ·			
1.		ł		
	Less accumulated depreciation			
1:	5 Other assets (describe ►)			
1	6 Total assets (to be completed by all filers - see the			
$\perp$	instructions. Also, see page 1, item i)	20,579.	20,482.	20,482.
1	7 Accounts payable and accrued expenses			
1.	8 Grants payable			
g 1				
Liabilities 5 2 2	U Loans from officers, directors, trustees, and other disqualified persons			
를 2				
ت   <sub>2</sub>	2 Other liabilities (describe ▶ )			
	,			
12	3 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.			
8 2	4 Unrestricted			
auc 2	ſ			
) M	:			
Net Assets or Fund Balanc	Foundations that do not follow SFAS 117, check here			
돌				•
٦ ٥	and complete lines 27 through 31.	0.	0.	•
ets o		0.	0.	
988	The state of the s	20,579.	20,482.	
÷  2	9 Retained earnings, accumulated income, endowment, or other funds		20,482.	
$\check{z} \mid ^3$	O Total net assets or fund balances	20,579.	40,404.	
		20 570	20 402	
	1 Total liabilities and net assets/fund balances	20,579.	20,482.	
Pa	Analysis of Changes in Net Assets or Fund Ba	alances		
1 To	otal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	nust agree with end-of-year figure reported on prior year's return)		1	20,579.
•	nter amount from Part I, line 27a	2	<97.	
	ther increases not included in line 2 (itemize)		3	0.
	dd lines 1, 2, and 3	<del></del>	4	20,482.
	ecreases not included in line 2 (itemize)		5	0.
-	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	20,482.
6 10	startier assets of furial parametes at end of year filling a filling sine of a fartif, co			20,402.

. Fdrm 990-PF (2015) CHARITABLE FOUNDATION 20-0501051 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a NONE þ C d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any а b d If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribuțion ratio Base period years Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) Calendar year (or tax year beginning in) 1,689. 70,000 41.444642 2014 0 .000000 2013 0. 0 .000000 2012 0 2011 0 .000000 0 000000 2010 41.444642 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 8.288928 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 20,222. 167,619. 5 Multiply line 4 by line 3 0. Enter 1% of net investment income (1% of Part I, line 27b) 167,619. Add lines 5 and 6 0. Enter qualifying distributions from Part XII, line 4 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.

THE DEWEY WILSON FAMILY Form 990-PF (2015) CHARITABLE FOUNDATION 20-0501051 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 
and enter 1% 1 c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 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 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 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 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 2016 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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 or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ \_\_\_\_\_ 0 . (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? X 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or . By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? X 6 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV X 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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of each state as required by General Instruction G? If "No," attach explanation

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)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form 990-PF (2015) CHARITABLE FOUNDATION Part VII-A Statements Regarding Activities (continued) Yes Nο 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 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A13 Website address N/A 14 The books are in care of ► H. DEWEY WILSON Telephone no. ► (541) 734-9141 Located at ► 3848 MANZANITA HEIGHTS DRIVE, MEDFORD, OR ZIP+4 ▶97504 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 N/A 15 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank Yes No securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year did the foundation (either directly or indirectly): Yes 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) a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available 🗌 Yes 🕱 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 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 2015? X 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach 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. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? X 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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THE DEWEY WILSON FAMILY				
orm 990-PF (2015) CHARITABLE FOUNDATION			<u> 20-05010!</u>	51 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	Required (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,		
any voter registration drive?	•		s X No	-
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	or		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53.4945		,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j				
_	bay promising on	□ v <sub>a</sub>	s X No	
<ul><li>a personal benefit contract?</li><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a p</li></ul>	erconal henefit contract?		i i	sb X
	crounal benefit contract:		<u> </u>	12
If "Yes" to 6b, file Form 8870	holter transaction?	□ v <sub>o</sub>	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7b
b If Yes, did the foundation receive any proceeds or have any net income attributed attributed by the foundation About Officers, Directors, Truston attributed by the foundation About Officers, Directors, Truston attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation attr	capie to the transaction?	nagore Highly		<u>u</u>
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, roundation wa	nagers, migniy	,	
List all officers, directors, trustees, foundation managers and their	compensation		•	
List all officers, directors, u ustees, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
	to position	enter -0-)	compensation	allowances
	PRESIDENT, DI	RECTOR		
848 MANZANITA HEIGHTS DRIVE				_
MEDFORD, OR 97504	0.00	0.	0.	<u> </u>
	VICE PRESIDEN	T, DIRECT	or	
510 COACHMAN DRIVE				,
JACKSONVILLE, OR 97530	0.00	0.	0.	0.
REDERIC JOHANNSEN (541) 772-8666	TREASURER, DI	RECTOR	1	
20 E. JACKSON STREET				
MEDFORD, OR 97504	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."		
A News and address of each ampleyes paid mars than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
		[		
	1	-		
· · · · · · · · · · · · · · · · · · ·				
	1			
	1			
Total number of other employees hald over \$50,000	J		<u></u>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c)	Compensation
NONE		<del></del>
		<del></del>
		_
		· · · · · · · · · · · · · · · · · · ·
	<b>•</b>	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Exp	enses
1N/A		
	_	
2		<del></del>
3	-	
4	_	
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 2.  1 N/A	Am	ount
1 N/A		
2	_	
All other program-related investments. See instructions.		
3	$\dashv$	
		<u></u>
Total. Add lines 1 through 3	>	0.
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	THE DEWEL WILDON PARTIE			
	m 990-PF (2015) CHARITABLE FOUNDATION	20-05	01051	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, 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		0.
b	Average of monthly cash balances	1b	20	<u>0.</u> ,530.
C	Fair market value of all other assets	1c_		
d	Total (add lines 1a, b, and c)	10	20	,530.
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	20	,530.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		308.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20	,222.
6	Minimum investment return. Enter 5% of line 5	6	1	,011.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	and certain		
	foreign organizations check here   and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	1	,011.
2a	Tax on investment income for 2015 from Part VI, line 5			
b	Income tax for 2015. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c		0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1	,011.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	1	,011.
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	1	,011.
P	Part XII Qualifying Distributions (see instructions)			
	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a		0.
Ь	Program-related investments - total from Part IX-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:	1		
а	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4		0.
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		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		0.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies for the	section	

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	-			
line 7				1,011.
2 Undistributed income, if any, as of the end of 2015			_	•
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014 69,916.				
f Total of lines 3a through e	69,916.			
4 Qualifying distributions for 2015 from	,			
Part XII, line 4: ►\$				
a Applied to 2014, but not more than line 2a			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.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	1,011.			1,011.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	68,905.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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 2010				•
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	60 005			
Subtract lines 7 and 8 from line 6a	68,905.			
10 Analysis of line 9:		ł	İ	
a Excess from 2011 b Excess from 2012				
c Excess from 2013			İ	
d Excess from 2014 68, 905.				
e Excess from 2015				
6 EVOCOS II AIII 50 IA				

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Form **990-PF** (2015)

Form **990-PF** (2015)

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

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

c Any submission deadlines:

CHARITABLE FOUNDATION

Recopent (Name and address (home or business) as Paul during the year NONE     Testal	3 Grants and Contributions Paid During the Y		Payment		
NONE  Total  Approved for future payment  NONE  NONE		If recipient is an individual.			
NONE  Total  Approved for future payment  NONE  NONE		show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NONE  Total  Approved for future payment  NONE  NONE	a Paid dunng the year	Or Substantial Contributor			
Total  Approved for future payment  NONE  NONE	a value doming the year				
Total  Approved for future payment  NONE  NONE					
NONE  NONE  Total	NONE				
NONE  NONE  Total					
NONE  NONE  Total					
NONE  NONE  Total					· <u> </u>
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NONE  NONE  Total					
NONE  NONE  Total					
NONE  Total				▶ 3a	0
Total ► 3b	b Approved for future payment				
Total ► 3b					
Total ► 3b	NONE				
			ł		
		}			
	Total				0

• Form 990-PF (2015)

	_			
Part YVI-A	.	Analysis of	Income-Producing	Activities
raitation		Allaivoio Ul	IIICOIIIC I I OGGCIIIG	<b>MOUTHINGS</b>

Inter gross amounts unless otherwise indicated.	Uniterated	Dusiness income		led by section 312, 313, or 314	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b					
c	_ [				
d					
e	l l				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	3.	
4 Dividends and interest from securities					
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					
9 Net income or (loss) from special events			1		
O Gross profit or (loss) from sales of inventory			1		
1 Other revenue:			1 1		
a	-				
b	1 ,				
c					
d					
12 Subtotal. Add columns (b), (d), and (e)	_ <del> </del>	0	1 1	3.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<del>_</del>	•1 1		3.
See worksheet in line 13 instructions to verify calculations	1			15	
Part XVI-B Relationship of Activitie		mplishment of E	Exemp	t Purposes	-
Line No. Explain below how each activity for which is			-A contrib	uted importantly to the accor	nplishment of
the foundation's exempt purposes (other the foundation)	nan by providing fun	ds for such purposes).		<u> </u>	
					· · · ·
				·	
		<del>.</del>			
				<del></del>	<u>-</u>
					-

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	Exempt Organ	izations							
1 Did th	e organization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sectio	n 501(c) of		Yes	No
	de (other than section 501(c)								
	fers from the reporting founda								<b> </b>
(1) (				•			1a(1)	1	_x
٠,	ther assets	••					1a(2)	T	X
٠,	transactions:	• • •		•			,-(-,		
		ble averant argentizat	tion				15(1)		x
` '	ales of assets to a noncharita			• • •				1	X
٠,	urchases of assets from a no	•	irganization				1b(2)		
٠,	ental of facilities, equipment,			•			1b(3)		X
(4) F	eimbursement arrangements			•		•	1b(4)		X
(5) L	oans or loan guarantees						1b(5)		X
` '	erformance of services or me	•	-				1b(6)		X
	ng of facilities, equipment, ma						1c		X
	answer to any of the above is							sets,	
	vices given by the reporting fo			ed less than fair market valu	ie in any transaction (	or sharing arrangement, sh	ow in		
colun	in (d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description of	of transfers, transactions, and s	narıng aı	rangeme	ents
			N/A						
									•
		1							
<del>-,,</del>									
			•		· · · · · · · · · · · · · · · · · · ·				
			_						
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		<del>                                     </del>				<del>-</del>			
				<del></del>					
<del></del>									
		<u> </u>							
-									
2a Is the	foundation directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt organi	zations described				
ın sec	tion 501(c) of the Code (othe	r than section 501(c)	)(3)) or in sect	tion 527?			☐ Yes	X	] No
<b>b</b> If "Ye	s," complete the following sch	redule.							
	(a) Name of org			(b) Type of organization	(0	) Description of relationsh	ıp		
	N/A								
									-
		<del></del>	<del></del>		1				
- 1	Inder penalties of perjury, I declare	that I have examined the	s return includir	no accompanying schedules and	statements and to the b	est of my knowledge			
_	nd belief, his true, correct, and cor	mplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	nation of which preparer i	nas any knowledge May	the IRS	discuss ne prepar	this
Sign 6	\ // )a	) \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<u></u>	برد اسوامیو ا			vn belov	v (see ins	<u>str</u> )?
11010	M Coma	MV 1.	<u> </u>	10/5/12	DIRECT	OR L2	∐ Yes	\$ L	_l No
	Signature of officer or trustee		T2	Date	Title	Observation of the Company			
	Print/Type preparer's n		Preparer's s	agmanure	1	Check if PTIN			
	FREDERIC C	3		4_	5/4/14	self- employed			
Paid	JOHANNSEN		$\perp \!$		1-/7/19			371	<u> </u>
Prepai		IANNSEN, I	YE & P	URKEYPILE CF	PAS LLP	Firm's EIN <b>▶</b> 93-60	870	66	
Use O	nly								
	Firm's address ▶ 92	20 E. JACK	SON ST	·				-	
	i i		97504			Phone no. 541-77	<u> 2</u> – 8	<u> 866</u> 6	· 
								0-PF	

# Schedule E or 990-PF

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.lrs.gov/form990

OMB No. 1545-0047

**Employer identification number** 

THE DEWEY WILSON FAMILY 20-0501051 CHARITABLE FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II. I 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. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 religious, charitable, etc., contributions totaling \$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

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) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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.
--------	--

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if a	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	\$372.	Person X Payroll
(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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Noncash (Complete Part II for noncash contributions.)

Name of organization THE DEWEY WILSON FAMILY CHARITABLE FOUNDATION

Employer identification number

20-0501051

Part II	Noncash Property	(see instructions).	Use duplicate copies	es of Part II if additional space is needed	١.
---------	------------------	---------------------	----------------------	---	----

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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. rom art 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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	_

Schedule B (F Name of organi	Form 990, 990-EZ, or 990-PF) (2015)		Page 4 Employer identification number				
•	EY WILSON FAMILY	Employer Identification number					
<u>CHARITA</u>	ABLE FOUNDATION		20-0501051				
Part III	Exclusively religious, charitable, etc., contribute year 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 following lires, charitable, etc., contributions of \$1,000 or less for	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations the year (Enter this info once)				
(a) No. from	(b) Purpose of gift						
Part I	(b) Furpose 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.							
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. 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) N =							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

(e) Transfer of gift

Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CAS	II H	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NE	(B) NET INVESTMENT INCOME  3.		(C) ADJUSTED NET INCOME	
FIRST CLEARING LLC	<u> </u>	3.				
TOTAL TO PART I, LINE 3		3.				
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
JOHANNSEN, DYE & PURKEYPILE	325.		0.		0.	
TO FORM 990-PF, PG 1, LN 16B	325.		0.		0.	
FORM 990-PF C	THER PROFES	SIONAL FEE	S		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
OREGON DEPARTMENT OF JUSTICE OREGON SECRETARY OF STATE	47. 50.		0.		0.	
TO FORM 990-PF, PG 1, LN 16C	97.		0.		0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT 4	
DESCRIPTION				(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES	
BROKERAGE ACCOUNT FEES	50.	· <del></del>	50.		0.	
TO FORM 990-PF, PG 1, LN 23	50.		50.		0.	
	<del>_</del>					

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

H. DEWEY WILSON

ADDRESS

3848 MANZANITA HEIGHTS DRIVE

MEDFORD, OR 97504

INTERNATIONAL COMMODITY CARRIERS, 2090 COMMERCE DRIVE INC.

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.