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## EXTENSION GRANTED TO NOVEMBER 15, 2010

## **Return of Private Foundation**

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

Department of the Treasury

2009

OMB No 1545-0052

Inter	nal Re	venue Service		<b>Note</b> . The fou	ındatıon may	be able to use a	a copy of this	return to satı	sfy state repo	rting requirements.	
For	cale	ndar year 2009,	or tax yea	ar beginning				, and e	nding		
G	Check	all that apply:		Initial return				ormer public o		Final return	
		<u> </u>		] Amended r	eturn	<i>P</i>	Address chan	ge		Name change	
Use the IRS Name of foundation label								A Employer identification	number		
	Otherwise, CHUPP FAMILY FOUNDATION							20-3999121			
	print	Number and	d street (or P	O box numbe	r if mail is not de	elivered to street a	iddress)		Room/suite	B Telephone number	
	r typ		X 40	606						904-633-69	01
	Spe	I LIEV OF IOV	vn, state, a	and ZIP code						C If exemption application is p	ending, check here
11151	ructi	JACKS	ONVI	LLE, F	L 322	03-0606	5			D 1. Foreign organizations	s, check here
H (	Check	type of organiz	zation:	X Section	n 501(c)(3) ex	kempt private fo	oundation			Foreign organizations me check here and attach co	eting the 85% test,
	] Se	ection 4947(a)(1				Other taxable p		ation		E If private foundation sta	
1 Fa	ır m	arket value of all	l assets at	end of year	J Account	ing method:	X Cash	Accr	ual	under section 507(b)(1)	
(fi	om .	Part II, col. (c),				ther (specify)				F If the foundation is in a	60-month termination
_	\$		77	4,472.	(Part I, colu	ımn (d) must b	be on cash l	basis)		under section 507(b)(1)	
Pa	art I	Analysis of R (The total of am- necessarily equ	ounts in colu	ımns (b), (c), an	d (d) may not	(a) Reven			vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, gran	its, etc., recei	ved	56	5,052.			N/A	
	2			on is not required to							
	3	Interest on saving	gs and temp s	orary		18	3,126.	1	8,126.		STATEMENT 1
	4	Dividends and	interest fr	om securities	;		13.		13.		STATEMENT 2
	5a	Gross rents									
ine	Ь	Net rental income	or (loss)								
	62 Not goin or (1990) from pole of accepts pot on time 10										
Revenue					-			0.			
æ	8 Net short-term capital gain										
	9	Income modifi									l
	10a	Gross sales less		1							
	Ι.	Less Cost of goo	ods sold								
	ı	Gross profit or									
	11	Other income	()								<u> </u>
	12	Total. Add line	es 1 throug	oh 11		74	1,191.	1	8,139.		
	13	Compensation of	fofficers, dur	ectors, trustees	, etc		0.		0.		0
	14	Other employe	e salaries	and wages							
	15	Pension plans,	employee	benefits							
ses	16a	Legal fees	· •								
ě		Accounting fee		ST	MT 3	1	L,675.		0.		0
Expense	С	Other profession	onal fees								
ķ	17	Interest	Mostaria								
R	18	Takes/ED Depreciation a	nd <del>-d</del> epletic		MT 4		296.		0.		0
Ē	20	Оссиралсу	Tợ l				-				
<b>A</b>		2 navez pontere	n Sand	meetings							
2	22	Printing and pr	oblications	}					_		
Ğ		Finel expertse			MT 5		53.		0.		0
-=	ı	Total operation							<u></u>		
Operati		expenses. Add				2	2,024.		0.		0
ō	25	Contributions,		_			3,892.				303,892
		Total expense		•							
_	L	Add lines 24 ai				305	5,916.		0.		303,892
	27	Subtract line 2		12:					_ <del>-</del> _ <del>-</del>		
	Ì	Excess of revenue			sements	<231	1,725.	>			
		Net investmen							8,139.		
	C	Adjusted net in						<del></del>		N/A	
9235	01					Act Notice see	the instruct	tione			Form 990-PF (2009

Form 990-PF

		00-PF (2009) CHUPP FAMILY FOUNDATION		<u>2</u> 0-:	3999121 Page 2
E.	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	000 400	554 450	554 450
		Savings and temporary cash investments	972,178.	774,472.	774,472.
	3	Accounts receivable			
		Less: allowance for doubtful accounts		. =	
- 1	4	Pledges receivable >			
	_	Less: allowance for doubtful accounts			
	_	Grants receivable			<del></del> -
	b	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
İ	1	Other notes and loans receivable	24 010		
	•	Less: allowance for doubtful accounts	34,019.		· · · · · · · · · · · · · · · · · · ·
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations			
		Investments - corporate stock	+		
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	10	Less accumulated depreciation  Investments - mortgage loans			
	13	Investments - other			
- 1	14	Land, buildings, and equipment: basis  Less accumulated depreciation			
	45				
	10	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers)	1,006,197.	774,472.	774,472.
$\overline{}$		Accounts payable and accrued expenses	2700072570	772,2720	11111111
- 1		Grants payable			
	19	Deferred revenue			
<u>.e</u>		Loans from officers, directors, trustees, and other disqualified persons			
ᅙ		Mortgages and other notes payable	· ····-		
=		Other liabilities (describe )			
İ		//			
	23	Total liabilities (add lines 17 through 22)	0.		
		Foundations that follow SFAS 117, check here			
,		and complete lines 24 through 26 and lines 30 and 31.			
Se	24	Unrestricted			
la l	25	Temporarily restricted			
8	26	Permanently restricted			
ğ		Foundations that do not follow SFAS 117, check here			
Ē,		and complete lines 27 through 31.			
tz	27	Capital stock, trust principal, or current funds	0.	0.	
sse	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	1,006,197.	774,472.	
휟	30	Total net assets or fund balances	1,006,197.	774,472.	
	31	Total liabilities and net assets/fund balances	1,006,197.	774,472.	
=				//4,4/4	
Pa	ιπ	III Analysis of Changes in Net Assets of Fund Ba	mances		
		net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
-		t agree with end-of-year figure reported on prior year's return)		1	1,006,197.
		amount from Part I, line 27a		2	<231,725.
		rincreases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	774,472.
		eases not included in line 2 (itemize)	umn (h) lun 00	5	774 472
<u>0  </u>	utal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (D), line 30		774,472.

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.

_	m 990-PF (2009) CHUPP FAMILY FOUNDATION		<u> 3999</u>			Page <u>4</u>	
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see ir	ıstru	ctior	1S)	
18	a 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)					63.	
ì	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%						
	of Part I, line 27b	ŀ					
(	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<del></del>	_		<u>0.</u>	
3	Add lines 1 and 2	3	<del> </del>		<u>3</u>	63.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del></del>			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ		3	63.	
6	Credits/Payments:						
	a 2009 estimated tax payments and 2008 overpayment credited to 2009						
	b Exempt foreign organizations - tax withheld at source 6b						
	c Tax paid with application for extension of time to file (Form 8868)  6c  6c						
_	d Backup withholding erroneously withheld  [6d]	<u></u> -∤ _				^	
7		7	<del> </del>			<u>0.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del>			63.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6	9	<del> </del>			<u>03.</u>	
10	,	10	+				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded art VII-A Statements Regarding Activities	11					
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte				Yes	No	
10	any political campaign?	ACIIC III	ł	1a		X	
,	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n\2	ŀ	1b		X	
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub	•	ļ	-10			
	distributed by the foundation in connection with the activities.	iisrica oi					
,	© Did the foundation file Form 1120-POL for this year?			1c		$\mathbf{x}_{-}$	
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		İ				
Ì	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$	0.					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers. ►\$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		i	2		X_	
	If "Yes," attach a detailed description of the activities		ļ				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		_X_	
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/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.		,	į			
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?			6	<del>-</del>	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	<u>X</u>		
_	If "Yes," complete Part II, col. (c), and Part XV.						
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)						
	FL  If the accuracy is "Ver" to line 7, here the foundation furnished a copy of Form 000 DF to the Atternay Copyrel (or designate)						
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			6.			
^	of each state as required by General Instruction G? If "No," attach explanation	r galanda-	}	_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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	i calendar		_		v	
10			}	<u>9</u> 10	X	<u>X</u>	
-10	The end become apparatum contributors during the tax year. It res," attach a schedule listing their names and addresses	<del></del>	Forn		- <b>PF</b> (	2009)	
			, 0111		(	_000)	

Form 990-PF (2009) CHUPP FAMILY FOUNDATION	, ,		20-39991	.21 Page	e 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		_
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes?</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> </ul>	n 4945(e))? r to carry on, directly or indir ? n described in section	Ye	es X No es X No es X No es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h	ctions)? ere	n Regulations	N/A ▶□	5b	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945  6a Did the foundation, during the year, receive any finds, directly or indirectly, to the statement required by the foundation during the year, receive any finds.	<b>N</b> 5-5(d).	I/A Ye	es No		
a personal benefit contract?	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, roundation Ma	inagers, migni	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth allowances	e ier S
SEE STATEMENT 9		0.	0.	0	<u>.</u>
	hidad as Good). Marsa	IINONE II		-	_
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Exnens	— е
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account, oth allowances	ier 3
NONE	-				_
					_
Total number of other employees paid over \$50,000	<u> </u>				<u>_</u>
r dear manneer of outlet employees pala ayel add.000					

Form 990-PF (2009) CHUPP FAMILY FOUNDATION	20-1	3999121_ Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	idation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T. A. I. aumhay of athere years and grow \$50,000 for any footing and any sec		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
	takakasi information quah oo tha	
List the foundation's four largest direct charitable activities during the tax year. Include relevant si number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	I	
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	is, 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	782,711.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	782,711.
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	782,711.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,741.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	770,970.
6	Minimum investment return. Enter 5% of line 5	6	38,549.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certa	in
1	Minimum investment return from Part X, line 6	1	38,549.
2a	Tax on investment income for 2009 from Part VI, line 5		***
b	Income tax for 2009. (This does not include the tax from Part VI.)		
Ç	Add lines 2a and 2b	2c	363.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,186.
4	Recoveries of amounts treated as qualifying distributions	_4	0.
5	Add lines 3 and 4	5	38,186.
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	38,186.
P	art XII 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	303,892.
b	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:		
а	, , , ,	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	303,892.
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	303,892.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d</b> ) 2009
1 Distributable amount for 2009 from Part XI,				
line 7		_		38,186.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				
c From 2006 75,051.			•	
d From 2007 106,410.				
e From 2008 371,256.				
f Total of lines 3a through e	552,717.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 303,892.			_	
a Applied to 2008, 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.			20 105
d Applied to 2009 distributable amount	0.65 50.6			38,186.
e Remaining amount distributed out of corpus	265,706.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	818,423.	_		
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			<u> </u>
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	818,423.			
0 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 75,051.				
c Excess from 2007 106, 410.				
d Excess from 2008 371, 256.				
e Excess from 2009 265,706.				Form <b>990-PF</b> (2009)

Part XV Supplementary Information	(continued)	<u> </u>		TZIZI Tage II
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
				1
SEE STATEMENT 10				
Total			<b>▶</b> 3a	303,892.
<b>b</b> Approved for future payment				
NONE				
Total	<u> </u>	<u></u>		
223611 02-02-10		· · · · · ·	<b>▶ 3b</b>	0 . orm <b>990-PF</b> (2009)

#### Part XVI-A **Analysis of Income-Producing Activities**

	-	business income		by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b		".			
C					·
d		-			
e					
1		· · · · · · ·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	18,126.	
4 Dividends and interest from securities			14	13.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		· <del></del>			
6 Net rental income or (loss) from personal		<del></del>			<del></del>
property	1 1				
7 Other investment income					
8 Gain or (loss) from sales of assets other		<del></del>			
than inventory	<u> </u>		}		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			-		
1 Other revenue:		<del></del>			
a					_
b					-
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		(	).	18,139.	0
3 Total Add line 12, columns (b), (d), and (e)				13	18,139.
See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship	of Activities to the	Accomplishment	of Exempt Purpo
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Line No _▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	N/A

923621 02-02-10

P	art XV	Information Re Exempt Organi	egarding Transfers To a izations	and Transactions a	nd Relation	ships With No	ncharitable	В	
1	Did the	organization directly or indir	rectly engage in any of the followin	ng with any other organization	on described in sec	ction 501(c) of		Yes	No
			)(3) organizations) or in section 52			` ,			
а			ation to a noncharitable exempt or						
	(1) Ca	sh					1a(1)		X
	(2) Otl	her assets					1a(2)		X
b	Other to	ransactions:			_				
	(1) Sa	les of assets to a noncharital	ble exempt organization		-		1b(1)		X
	(2) Pu	rchases of assets from a nor	ncharitable exempt organization				1b(2)		X
	(3) Re	ntal of facilities, equipment, o	or other assets				1b(3)		X
	(4) Re	imbursement arrangements					1b(4)	<u> </u>	X
	(5) Lo	ans or loan guarantees					1b(5)	<u> </u>	X X X X X
			mbership or fundraising solicitation				1b(6)	<u> </u>	
			iling lists, other assets, or paid em				1c	$oxed{oxed}$	X
d			"Yes," complete the following sche					sets,	
			oundation. If the foundation receive	ed less than fair market valu	ie in any transactio	on or sharing arrange	ment, show in		
/a\		<del>'''                                  </del>	other assets, or services received.		(4)				
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(Q) Description	on of transfers, transaction	ns, and sharing a	rangeme	ints
	-		N/A						
	<del></del>				+				
	+								
					+				
					<del></del>				
					<del> </del>	<del></del>			
	<u> </u>					·			
							_		
2a	Is the fo	oundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described				
	ın secti	on 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?			Yes	X	No
b	If "Yes,"	complete the following sche		Γ -					
		(a) Name of orga	anization	(b) Type of organization		(c) Description of re	lationship		
		N/A_							
							<del> </del>		
1	Under per	alties of perjury, I declare that I ha	ave examined till and till in unduding acco	mpanying schedules and statem	ents and to the best	of my knowledge and he	lief it is true, corre		
			that laxpayer or fiduciary is based on			or my knowledge and be	, 11 13 2 40, 0011	,c.,	
				19/14/10	► TRUST	rr			
ē	Siar	nature of officer or trustee		Date	Title	تا ت			
휲	Ī	Preparer's 1/1/1			ate C	theck if	Preparer's identif		
Sign Here	10 10	signature	Sur CPA		a/ / s	elf- mployed ▶ □	P00285	820	)
,	ౣ౾ౖౖౖౖౖౖ		CERTIFIED PUBLI	C ACCOUNTANT			9-130		
	re F Use	· · ·	RIVERSIDE AVENU		_ <b></b>			<del>-46</del>	<del>) 43</del>
	a		SONVILLE, FLORI		39	Phone no. 9	04-396-	401	5
							Form <b>990</b>		

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization **Employer identification number** 20-3999121 CHUPP FAMILY 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 Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II. 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, aggregate 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. 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 aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

923451 02-01-10

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

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20-3999121

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES O CHUPP  1244 BROOKWOOD ROAD  JACKSONVILLE, FL 32207	\$55,662.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate 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) Aggregate 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) Aggregate 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) Aggregate 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) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF		OTHER E	XPENSES			STA	PEMENT	5
DESCRIPTION		(A) PENSES R BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTE ET INCO		(D) CHARITA PURPOS	
BANK FEES		53.		0.				0.
TO FORM 990-PF, PG 1, LN	23	53.		0.				0.
FORM 990-PF	INTERE	ST AND P	ENALTIES			STA	PEMENT	6
TAX DUE FROM FORM 990-P LATE PAYMENT INTEREST LATE PAYMENT PENALTY		VI					3	63. 6. 9.
						-		
TOTAL AMOUNT DUE								78.
<del></del>	LA	TE PAYME	NT PENALTY			STA	3 PEMENT	78.
FORM 990-PF	LA DAT		NT PENALTY	BALAN	CE N	STA!		7
FORM 990-PF DESCRIPTION TAX DUE		E A			CE 1		rement	7
TOTAL AMOUNT DUE  FORM 990-PF  DESCRIPTION  TAX DUE DATE FILED  TOTAL LATE PAYMENT PENAL	DAT: 05/15 10/01	E A	MOUNT		363.	MONTHS	rement	7 .TY
FORM 990-PF  DESCRIPTION  TAX DUE  DATE FILED  TOTAL LATE PAYMENT PENAL	DAT: 05/15 10/01 TY	E A	MOUNT	BALAN	363.	MONTHS 5	rement	7 TY 9.
FORM 990-PF  DESCRIPTION  TAX DUE  DATE FILED  TOTAL LATE PAYMENT PENAL  FORM 990-PF	DAT: 05/15 10/01 TY	E A	MOUNT 363.  NT INTERES	BALAN	363.	MONTHS 5	PENAL	7 9. 9.
FORM 990-PF  DESCRIPTION  TAX DUE DATE FILED  TOTAL LATE PAYMENT PENAL  FORM 990-PF  DESCRIPTION  TAX DUE 05	DAT: 05/15 10/01 TY	E A /10 /10 TE PAYME AMOUNT	MOUNT 363.  NT INTERES	BALAN	363. 363.	STATE DAYS	PENAL	7 9. 9.

FORM 990-PF INTEREST ON SAVI	INGS A	NID TEM	DODARY C	ACH TI	T/RSTMENTS	STATEMENT	1
- INTEREST ON BAVI		ND IEM				DIAILMENI	
SOURCE						AMOUNT	
INTEREST						18,1	26.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			18,1	26.
FORM 990-PF DIVIDENT	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	)
DIVIDENDS	·		13.		0.		13.
TOTAL TO FM 990-PF, PART I, I	.N 4		13.		0.	:	13.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,675.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		1,675.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-			
EXCISE TAXES		296.		0.			0.
TO FORM 990-PF, PG 1, LN 18		296.	<del></del>	0.	***************************************		0.

	IST OF OFFICERS, D ND FOUNDATION MANA		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES O. CHUPP PO BOX 40606 JACKSONVILLE, FL 322030606	TRUSTEE 0.00	0.	0.	0.
CHARLES O. CHUPP, JR. PO BOX 40606 JACKSONVILLE, FL 322030606	TRUSTEE 0.00	0.	0.	0.
L. GAYLE CHUPP PO BOX 40606 JACKSONVILLE, FL 322030606	TRUSTEE 0.00	0.	0.	0.
CARRIE N. CHUPP PO BOX 40606 JACKSONVILLE, FL 322030606	TRUSTEE 0.00	0.	0.	0.
TODD M. CHUPP PO BOX 40606 JACKSONVILLE, FL 322030606	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF

STATEMENT

10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BRIGHT HOLIDAYS 24532 DEER TRACE DR PONTE VEDRA BEACH, FL 32082	N/A ASSISTANCE TO IMPOVERISHED CHILDREN	PUBLIC CHARITY	1,000.
CHRISTIAN FAMILY LIFE 2121 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32256	N/A ASSISTANCE TO FAMILY COUNSELING	PUBLIC CHARITY	1,000.
CHRISTIAN HEALING MINISTRIES 438 WEST 67TH ST JACKSONVILE, FL 32208	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	3,500.
CITY RESCUE MISSION 426 SOUTH MCDUFF AVE JACKSONVILLE, FL 32254	N/A ASSISSTANCE TO INDIGENT INDIVIDUALS	PUBLIC CHARITY	1,000.
COMMUNITY FREEWILL BABTIST CHURCH 8715 HERLONG RD JACKSONVILLE, FL 32210	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	2,500.
CREEKSIDE CHRISTIAN CHURCH 92 LIFESPRING WAY SAINT JOHNS, FL 32259	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	5,000.
EAST-WEST MINISTRIES INTERNATIONAL 4450 SOJOURN DR, STE 100 ADDISON, TX 75001	N/A ASSISTANCE TO MISSIONARIES	PUBLIC CHARITY	10,000.
FELLOWSHIP FOUNDATION ADDRESS NOT REQUIRED	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	2,500.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

CHUPP FAMILY FOUNDATION			20-3999121
FIRST COAST WOMEN'S SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223	N/A ASSISTANCE TO THOSE FACING UNPLANNED PREGNANCIES	PUBLIC CHARITY	30,000.
HARVEST ADDRESS NOT REQUIRED	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	250.
HISLIGHT INTERNATIONAL MINISTRIES ADDRESS NOT REQUIRED	N/A ASSISTANCE TO MISSIONARIES	PUBLIC CHARITY	2,000.
JEWS FOR JESUS 60 HAIGHT ST SAN FRANCISCO, CA 94102	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	500.
KINGDOM FELLOWSHIP 8493 BAYMEADOWS WAY #2 JACKSONVILLE, FL 32256	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	6,450.
MEN AT THE CROSS 160 N. ENTERPRISE LN JACKSON, MO 63755	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	2,000.
PROCLAIM INTERNATIONAL 3581 CARDINAL POINT DR JACKSONVILLE, FL 32257	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	700.
RANSOMED HEART ADDRESS NOT REQUIRED	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	700.
RIVER CITY CHURCH 2218 PARK ST JACKSONVILLE, FL 32204	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	185,742.
SOUTHPOINT COMMUNITY CHURCH 7556 SALISBURY ROAD JACKSONVILLE, FL 32256	N/A ASSISTANCE TO CONGREGATION	PUBLIC CHARITY	500.

CHUPP FAMILY FOUNDATION			20-3999121
STUDENT VENTURE 9958 ALOMA BEND LANE OVIEDO, FL 32765	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	600.
THE NAVIGATORS PO BOX 6000 COLORADO SPRINGS, CO 80934	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	4,000.
	N/A ASSISTANCE TO CANCER RESEARCHERS	PUBLIC CHARITY	1,000.
WEST UNION BAPTIST CHURCH ADDRESS NOT REQUIRED	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	250.
WORLD RESOURCE GROUP ADDRESS NOT REQUIRED	N/A ASSISTANCE TO MINISTRIES	PUBLIC CHARITY	15,000.
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	N/A ASSISTANCE TO TEENAGERS	PUBLIC CHARITY	27,700.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

303,892.

Form 88	368 (Rev. 4-2009)			Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x		$\triangleright \mathbf{X}$
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868.	
<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part	II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies i	needed)	
Туре о	Name of Exempt Organization	Emp	loyer identi	fication number
print	CHUPP FAMILY FOUNDATION	2	0-3999	121
File by th extended due date	Number, street, and room or suite no. If a P.O box, see instructions.	For I	RS use only	
filing the return Se instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	•		
	type of return to be filed (File a separate application for each return)  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	==	orm 5227 orm 6069	Form 8870
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 88	68.
Tele If th	CHARLES O. CHUPP  books are in the care of ▶ PO BOX 40606 - JACKSONVILLE, FL 32203-0  sphone No. ▶ (904) 633-6901  e organization does not have an office or place of business in the United States, check this box  is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	ıs ıs fo	r the whole	=
4	request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5 F	For calendar year 2009, or other tax year beginning, and ending			
6 II	f this tax year is for less than 12 months, check reason: Initial return Final return		Change in a	accounting period
7 8	State in detail why you need the extension			
_	MORE TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO	FI	LE ACC	URATE
8a II	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			. =
<u>n</u>	nonrefundable credits See instructions.	8a	\$	0 .
b II	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
ta	ax payments made Include any prior year overpayment allowed as a credit and any amount paid			
ل	previously with Form 8868.	8b	\$	0
c E	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
v	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0 .
	Signature and Verification			
	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the s, correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowled	ge and belief,

Title ► PREPARER

923832 05-26-09

Signature >

Form 8868 (Rev. 4-2009)

Date 🕨