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# EXTENDED THROUGH AUGUST 16, 2010 Return of Private Foundation

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

OMB No 1545-0052

		venue Service	Note. The found	dation may	be able to use a copy of this	return to satisfy state repo	rting requirements.	2000
			or tax year beginning,		<u> </u>	and ending		<u> </u>
		all that apply:	Initial return		Initial return of a fo	ormer public charity	Final return	
•	JIICON	t un that apply.	Amended ret	ırn	Address chan	. —	Name change	
		IDO Name of f				<u> </u>	A Employer identification	number
	the l	בו דונוט פאו	AMILY FOUND	<b>Α</b> ΨΤΩΝ	1			
	label.	•	DWARDS CONS				26-1446600	
	nerwi: print		I street (or P O box number if			Room/suite	B Telephone number	
	r type		KRUSE WAY P		,	200	503 222 47	ΛR
	Spec	<u>  1001</u>		LACE		<u> </u>	T	
	ructio	one I City of tov	vn, state, and ZIP code	0703	_		C If exemption application is p	
<del></del>	<del></del>		OSWEGO, OR	9703			D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test,
н_(	_	type of organiz			kempt private foundation		check here and attach co	mputation
<u> </u>			) nonexempt charitable t		Other taxable private founda		E If private foundation sta	
			- I		ng method: X Cash	Accrual	under section 507(b)(1)	• •
		Part II, col. (c),	line 16)	0	ther (specify)		F If the foundation is in a	
	-\$	14-1-1-15		Part I, COIL	mn (d) must be on cash i		under section 507(b)(1)	
Pa	art I	The total of ame	evenue and Expenses bunts in columns (b), (c), and ( al the amounts in column (a) )	d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., receive				N/A	
	2	Check X	of the foundation is not required to a					
<b>)</b>	3	Interest on saving	s and temporary		1,527.	1,527.		STATEMENT 1
	4		interest from securities					
)	5a	Gross rents						
4	Ь	Net rental income	or (loss)					
	6a	Net gain or (loss)	from sale of assets not on lin	e 10		-		
, a	Ь	Gross sales price assets on line 6a						
Revenue	7		ncome (from Part IV, line 2)			0.		
, æ	8	Net short-term	capital gain					
}	9	Income modifi	· ·					
}	10a	Gross sales less and allowances						
	Ι.	Less Cost of goo	ds sold					
, <u> </u>		Gross profit or						
1	11	RECEIL	/FD					
- 1	_	Total Add line			1,527.	1,527.		
Š	12	. C	attana di Ora tautana	ntc	0.	0.		0.
ا س	H <sub>A</sub> J	Other employe	e salaries and wages					
1	15=	Pension nlans	employe@benefits					
es	163	IGDEN.	employembenefits					
Su.	h	Accounting fee	STIM	T 2	5,951.	0.		0.
ğ	,	Other profession	onal fees		7,551		_	
ē E	17	Interest				-	_	
ativ	18	Accounting fee Other profession Interest Taxes		•				
回量	The C	Depteciation a	nd depletion	•				
- 1/E	ے بن اور	Occupancy	ia aupionum	•				
å,			nces, and meetings					
MAŽ	13	Brining and pr		•				
		Other expense					<del></del>	
૦ૡૼ	βË	Attallation of	s . g and administrative					
~ 40		WATER THE TANK	Nines 13 through 23		5,951.	0.		_0.
, O	25		gifts, grants paid		23,030.	<u>0.</u>		23,030.
/	1-4		giits, graiits paid s and disbursements.	•	23,030.			23,030
/	20	•			28,981.	0.		23,030.
· <del>_</del>	07	Add lines 24 at		•	40,301.			<u> 23,030</u>
	27				_27 454			
			e over expenses and disburse		-27,454.	1,527.	<del> </del>	
			t income (if negative, enter			1,547.	N/A	
	l c	Adjusted net i	NCOME (if negative, enter -0-	) .			I N/W	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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PORAWO	CONSILTATIO	T.T.C	

2	6-	1	4	4	ત	6	O	n	Page 2

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	97,451.	65,867.	65,867.
	3	Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶		_	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	· ·	-	
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	•	Investments - Land, buildings, and equipment basis		-	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ► )			
		·		,	
	16	Total assets (to be completed by all filers)	97,451.	65,867.	65,867.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe )		<del>-</del>	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Fund Balances	24	Unrestricted			
aŭ	25	Temporarily restricted			
Ba	26	Permanently restricted			
Pu	İ	Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	97,451.	65,867.	
ž	30	Total net assets or fund balances	97,451.	65,867.	
_					
	31	Total liabilities and net assets/fund balances	97,451.	65,867.	
a	art	Analysis of Changes in Net Assets or Fund B	alances		
<u> </u>	art				
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	t agree with end-of-year figure reported on prior year's return)		1	97,451.
		amount from Part I, line 27a		2	-27,454.
		r increases not included in line 2 (itemize)	SEE STA	TEMENT 3 3	2,000.
		ines 1, 2, and 3		4	71,997.
		eases not included in line 2 (itemize) ACCOUNTING ADJ			6,130.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	65,867.
					Form <b>990-PF</b> (2009)

Form 990-PF (2009) C/( Part IV Capital Gains	and Lo	ARDS CONSULT:	ING LL	C				26-144	6600	Page 3
(a) List and des	cribe the ki	nd(s) of property sold (e.g., or common stock, 200 shs.	real estate,		( <b>b</b> ) H	low acquired Purchase Donation	(c) Dat (mo.	te acquired , day, yr.)	(d) Dat (mo., d	
1a		<del></del>			-					
b NO	ONE									
<u>c</u>			<u> </u>		ļ					
<u>d</u>				<del></del>	-				_ <del>-</del>	
<u>e</u>	1 (0)	Depreciation allowed	(a) Ca	at an ather boso	<del>/ r</del>		(5)	Coup or (loss)		
(e) Gross sales price	(")	(or allowable)		st or other basis expense of sale				Gain or (loss) lus (f) minus (		
<u>a</u> b	<del> </del>				_					
C	1	<del></del>					_			
d							_			
е										
Complete only for assets show	ing gain in	column (h) and owned by th						(Col. (h) gain		
(i) F.M.V. as of 12/31/69	<u> </u>	j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				t not less than s (from col. (I		_
<u>a</u>	<del> </del>					·· <u>-</u> .				_
<u>b</u>	+			· · · - · · ·		<del></del>				<u> </u>
<u>c</u> <u> </u>		<del></del>								
<u>e</u>										_
2 Capital gain net income or (net c	eanital loss)	If gain, also enter i			}	2				
3 Net short-term capital gain or (k	oss) as defi	ned in sections 1222(5) and			ור			<u>.</u>		-
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		3).			<b>)</b>	3				
Part V Qualification I	Jnder S	ection 4940(e) for I	Reduced	Tax on Net	Inve	stment In	come			
(For optional use by domestic priva	te foundation	ons subject to the section 49	940(a) tax on	net investment in	come.	)				
If section 4940(d)(2) applies, leave	this part bla	ank.								
Was the foundation liable for the se If "Yes," the foundation does not qui				•	riod?				Yes	X No
1 Enter the appropriate amount in					es.			<del></del>		
(a)		(b)			(c)			Dietrib	(d) ution ratio	
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying distr	ibutions	Net value of no	nchári	table-use asse	ts	(col. (b) divi	ded by col.	(c))
2008		4	1,995.			98,31	0.			<u> 50809</u>
2007			0.				0.		.00	<u>00000</u>
2006		<del></del>				<del></del> .				
2005										
			_							
2 Total of line 1, column (d)							2		.0!	508 <u>09</u>
3 Average distribution ratio for the	5-year bas	e period - divide the total or	ine 2 by 5,	or by the number	of yea	rs			_	_
the foundation has been in exist	ence if less	than 5 years					3		.0:	<u> 25405</u>
4 Enter the net value of noncharita	ble-use ass	sets for 2009 from Part X, lu	ne 5				4		84	,6 <u>86.</u>
5 Multiply line 4 by line 3	· <b>.</b>						5		2	,151.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6			15.
7 Add lines 5 and 6							7		2	,166.
8 Enter qualifying distributions fro	m Part XII.	line 4					8		23	,030.
If line 8 is equal to or greater that See the Part VI instructions.			b, and comp	lete that part usin	g a 1%	tax rate.	<u> </u>			<u> </u>
		<del></del>				_			000 E	)E (2002)

CHU FAMILY FOUNDATION Form 990-PF (2009) C/O EDWARDS CONSULTING LLC Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: \_\_ (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\sim \textbf{X}\) and enter 1% 15. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a **b** Exempt foreign organizations - tax withheld at source 6b 15 c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 15. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 0. 9 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 2010 estimated tax Refunded > Part VII-A | Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? X 16 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. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On foundation managers. ► \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 6 Х 7 Х 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. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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) Х of each state as required by General Instruction G? If "No," attach explanation 8b

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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

year 2009 or the taxable year beginning in 2009 (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

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

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

b If "Yes," did it have excess business holdings in 2009 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

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

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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X

3b

4a

Yes X No

N/A

during the year?

NONE		
Total number of other employees paid over \$50,000		

Amount

N/A

Total, Add lines 1 through 3

All other program-related investments. See instructions.

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
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.
	Average of monthly cash balances	1b	85,976.
C		1c	
d	Total (add lines 1a, b, and c)	1d	85,976.
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	85,976.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,290.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	84,686.
6	Minimum investment return. Enter 5% of line 5	6	4,234.
P	art XI 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.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	4,234.
2a			
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	15.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,219.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,219.
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	4,219.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	23,030.
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:		
a	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	23,030.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	15.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,015.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	jualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				4 010
line 7				4,219.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only			<u> </u>	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 89 .				
f Total of lines 3a through e	89.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 23,030.				
a Applied to 2008, 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 2009 distributable amount				4,219.
e Remaining amount distributed out of corpus	18,811.			
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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,900.			
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.			
8 Excess distributions carryover from 2004	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	18,900.			
Subtract lines 7 and 8 from line 6a	10,300.			
10 Analysis of line 9:				
a Excess from 2005 b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 18,811.				
		<del></del>		Form 990-PF (2009)

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

c Any submission deadlines:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE 501(C)(3) SUPPORT FOR 23,030. NEW YORKERS FOR CHILDREN 450 SEVENTH AVE, SUITE YOUNG ADULTS NEW YORK, NY 10123 LIVING IN FOSTER CARE 23,030. Total ▶ 3a b Approved for future payment NONE **▶** 3b 0. <u>Total</u> 923611 02-02-10 Form 990-PF (2009)

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
_	Code				
	·				
b	; I	-			
d	1 1				
•		<del> · · · · · · · · · · · · · · · ·</del>			
f	·	· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies		· · ·			<del></del>
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,527.	
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	1 1		] ]		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C	l l				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		C		1,527.	0
13 Total. Add line 12, columns (b), (d), and (e)		<del></del>		. 13	1,527
· · · · · · · · · · · · · · · · · · ·					
See worksheet in line 13 instructions to verify calculations.)	to the Accom	nlishment of	Exempt Pi	ITNOSAS	
See worksheet in line 13 instructions to verify calculations.)	to the Accom	plishment of	Exempt Pu	irposes	
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which income	ome is reported in co	olumn (e) of Part XV	i-A contributed		plishment of
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See worksheet in line 13 instructions to verify calculations.)   Part XVI-B   Relationship of Activities	ome is reported in co	olumn (e) of Part XV	i-A contributed		plishment of

	aitA	information Re Exempt Organ	egarding Transters I Dizations	o and ira	nsactions a	and Relations	nips with Nonch	aritabi	В	
1	Did th		rectly engage in any of the follo	nwing with any	other organizati	on described in sect	on 501(c) of		Yes	No
•			:)(3) organizations) or in sectio				1011 00 1(0) 01		1.00	
:		•	ation to a noncharitable exemp		•	nearions.		ł		
•	(1) (		ation to a nononantable exemp	or gameation .	<b>.</b>			1a(1)		x
		Other assets						1a(2)		X
ŀ	• •	transactions:						72(2)		
•		ales of assets to a noncharita	ible exempt organization					1b(1)		X
			ncharitable exempt organization	าก			•	1b(2)		X
	• •	lental of facilities, equipment,		J11		• •		1b(3)		X
		leimbursement arrangements					• •	1b(4)		X
		oans or loan guarantees	'					1b(5)		X
			embership or fundraising solici	Itations			•	1b(6)		X
,			ailing lists, other assets, or paid				•	1c	-	X
			"Yes," complete the following s		nn (h) should ab	ways show the fair n	 narket value of the goods		sets	
`			oundation. If the foundation re						,010,	
		- · · · · ·	other assets, or services receiv			so any iranoaonon	or organing arrangement	, 0.1.0 1.7		
(a)	Line no	(b) Amount involved	(c) Name of nonchard		ganization	(d) Description	of transfers, transactions, an	d sharing ar	ranceme	nts
,			N/A			(4,				
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22	ls the	foundation directly or indirect	tly affiliated with, or related to,	one or more ta	y-exempt organi	zations described				
			r than section 501(c)(3)) or in s		A CAUTHY OF GLITT		1	Yes	ΓX	No
H		." complete the following sch	, , , , ,		•	•	•			,
	11 10	(a) Name of org		(b) Type	of organization		(c) Description of relation	ship		
_		N/A		(-7.3)		<u> </u>				
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_										
			<del></del>				· <del></del> -			
		- <del></del>	<del></del>	-						
	Under p	enalties of perjury, I declare that I h	ave examined this return, including a	accompanying scl	hedules and statem	ents, and to the best of	my knowledge and belief, it i	s true, corre	ct,	
	and con	plete Declaration of preparer (oth	r than taxpayer or fiduciary) is based	d on all information	n of which preparer	has any knowledge				
J		//VI~~	~	1 €	121113	Dire	ctor_			
<u>ي</u>	Sı	nature of officer or trustee			ate	Title	<del></del>	_		
Sign Here		Preparer's \	<del></del>			Date Ch		rer's identif	/ing num	ber
ē	r.'s ₹	signature				5/14/10 sel	lf- oployed ▶ 🗓			
ן נט	Paid spare		RDS CONSULTING	G. LLC		-, / - o <sub>1</sub> um	EIN ►		-	
Ì	Paid Preparer's Use Only		KRUSE WAY PLA		ITE 200					
Ì	<u>д</u> Э	address, and ZIP code LAKE	OSWEGO OR 970	035			Phone no. 503	222-	470	8
								orm 990		

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
WACHOVIA #2000030842029			_	1,5	27.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	1,5	27.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
ACCOUNTING AND LEGAL	5,951.	0.	<u> </u>		0.
TO FORM 990-PF, PG 1, LN 16B	5,951.	0.			0.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT	3
DESCRIPTION				AMOUNT	
CHECKS WRITTEN AND DISBURSED 2009	IN 2008, BU	T NOT CLEARING	G UNTIL	2,0	00.
TOTAL TO FORM 990-PF, PART II	II, LINE 3		=	2,0	00.
FORM 990-PF	PART XV - L OF FOUNDATI			STATEMENT	4

NAME OF MANAGER

J. MICHAEL CHU ELIZABETH CHU

## Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

If you a				
	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		<b>► X</b>
Do not co	omplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Fo	rm 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	niete		
Part I only		picto		
•	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	evter	sion of time	-
	orporations (including 1120-0 hiers), partnerships, newhos, and trusts must use roint 1004 to request an ome tax returns.	CALCI	ision or unie	
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic natic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits	cally if	f (1) you want t ated Form 990	he additional
Type or	Name of Exempt Organization	Emp	loyer identific	ation number
print	CHU FAMILY FOUNDATION		•	
	C/O EDWARDS CONSULTING LLC	2	6-14466	00
File by the due date for	Number, street, and room or suite no. If a P O. box, see instructions.			
filing your eturn See	4004 KRUSE WAY PLACE, NO. 200			
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions  LAKE OSWEGO, OR 97035			
Check ty	pe of return to be filed (file a separate application for each return):			
For	n 990 Form 990-T (corporation) Form 47	20		
	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52			
	1 0111 05 1 (000. 40 1(a) 01 400(a) 1100()	_,		
For	n 990-F7 Form 990-T (trust other than above) Form 60	69		
	n 990-EZ Form 990-T (trust other than above) Form 60			
Forn				
X Form	EDWARDS CONSULTING LLC  oks are in the care of   form 1041-A  EDWARDS CONSULTING LLC  A004 KRUSE WAY PLACE, SUITE 200 - LAKE	70	EGO, OR	97035
X Form	Form 88  EDWARDS CONSULTING LLC	70	EGO, OR	97035
The bo	EDWARDS CONSULTING LLC  oks are in the care of   4004 KRUSE WAY PLACE, SUITE 200 - LAKE one No   503 222 4708  FAX No.   503 222 2557  rganization does not have an office or place of business in the United States, check this box	70 OSW		<b>▶</b> □
The bo Teleph If the o	EDWARDS CONSULTING LLC  oks are in the care of ▶ 4004 KRUSE WAY PLACE, SUITE 200 - LAKE one No ▶ 503 222 4708  rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	OSW	r the whole gro	▶ □
The bo Teleph If the o	EDWARDS CONSULTING LLC  oks are in the care of   4004 KRUSE WAY PLACE, SUITE 200 - LAKE one No   503 222 4708  FAX No.   503 222 2557  rganization does not have an office or place of business in the United States, check this box	OSW	r the whole gro	▶ □
The bo Teleph If the o If this is DOX	EDWARDS CONSULTING LLC  oks are in the care of ▶ 4004 KRUSE WAY PLACE, SUITE 200 - LAKE one No ▶ 503 222 4708  rganization does not have an office or place of business in the United States, check this box of or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until _AUGUST 15, 2010, to file the exempt organization return for the organization named at the organization's return for:	OSW s is fo memb	r the whole gro	pup, check this ion will cover.
The bo Teleph If the o If this is DOX	EDWARDS CONSULTING LLC  oks are in the care of ▶ 4004 KRUSE WAY PLACE, SUITE 200 - LAKE  one No ▶ 503 222 4708  FAX No. ▶ 503 222 2557  rganization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all reliable to a uniteraction of time until  AUGUST 15, 2010, to file the exempt organization return for the organization named at the organization's return for:  X calendar year 2009 or	OSW s is fo memb	r the whole gro	pup, check this ion will cover.
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The bo Teleph If the o If this is The boox I I reconstruction I for the construction I for	EDWARDS CONSULTING LLC  oks are in the care of ▶ 4004 KRUSE WAY PLACE, SUITE 200 - LAKE of the No ▶ 503 222 4708  FAX No. ▶ 503 222 2557  reganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named all reference that year 2009 or tax year beginning, and ending is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits See instructions. Is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made include any prior year overpayment allowed as a credit.	OSW os is fo	r the whole groers the extens  The extension  Change in acc	pup, check this ion will cover.
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The bo Teleph If the o If this is DOX I  I rec Is fo I  I rec Is fo I  Bala dep	EDWARDS CONSULTING LLC  oks are in the care of ▶ 4004 KRUSE WAY PLACE, SUITE 200 - LAKE of the No ▶ 503 222 4708  FAX No. ▶ 503 222 2557  reganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named all reference that year 2009 or tax year beginning, and ending is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits See instructions. Is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made include any prior year overpayment allowed as a credit.	OSW s is fo memb l boove.	r the whole groers the extens  The extension  Change in acc	pup, check this ion will cover.

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