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EXTENSION GRANTED TO NOVEMBER 15, 2011

Return of Private Foundation

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

2010

OMB No 1545-0052

Department of to Internal Hevenu			ted as a Privat to use a copy of this			rtina reau	irements.	2010
		<u>- </u>	7, 2010	, and e			31, 2010	<u> </u>
G Check all	that apply: X Initial return	L	Initial return of a fo	ormer public o			Final return	
No	Amended return		Address chan	ge		Name cha		
Name of fou	Indation					A Emplo	yer identification	number
	THE CHA-07C FOUNDATI	ON T	RUST			90	-0732950	
Number and s	street (or P O box number if mail is not delivered to str				Room/suite		none number	
	P.O. BOX 12375					48	0-970-07	40
City or town	n, state, and ZIP code						ption application is pe	· —
L	TEMPE, AZ 85284					D 1. For	eign organizations	, check here
	be of organization: X Section 501(c)(3)					che	eign organizations med ck here and attach cor	nputation Lest,
	on 4947(a)(1) nonexempt charitable trust		taxable private foundathod: X Cash		1			us was terminated
	et value of all assets at end of year J Account II, col (c), line 16)	other (s		Accr	ruai		section 507(b)(1)	
(#O###################################) must be on cash	basis)			foundation is in a 6 section 507(b)(1)	60-month termination
Dart I A	nalysis of Revenue and Expenses	<u> </u>	(a) Revenue and	· · · · · · · · · · · · · · · · · · ·	vestment	 	Adjusted net	(d) Disbursements
(T	The total of amounts in columns (b), (c), and (d) may no ecessarily equal the amounts in column (a))		xpenses per books		ome	(0)	income	for charitable purposes (cash basis only)
1 Co	intributions, gifts, grants, etc., received						N/A	
2 Che	eck I if the foundation is not required to attach Sch. B							
3 Inte	erest on savings and temporary shinvestments		· · · · · · · · · · · · · · · · · · ·			ļ <u>.</u>		
	vidends and interest from securities	<u> </u>		ļ		ļ		
	oss rents					<u> </u>		
	t rental income or (loss)	ļ		1		 		
Da Net	t gain or (loss) from sale of assets not on line 10 oss sales price for all	_		–		 		
91	sets on line 6a pital gain net income (from Part IV, tine 2)		CEIVED -	 	0.	1		
8 Ne		-	19	kl -		 		
9 Inc	come modifications	MOV		5		1		
10a Gro	oss sales less returns d allowances	170		2				
b Les	ss Cost of goods sold	حَمَة	TAL LIT					
1	oss profit or (loss)	121	JEIN, UI			1		
- 1	her income					 		
	otal. Add lines 1 through 11	+	0.		0.	 		0.
	empensation of officers, directors, trustees, etc her employee salaries and wages	-		ļ		 		0.
1	ension plans, employee benefits	\vdash	.	<u> </u>		<u> </u>		
øΙ	gal fees					 		
b Ac	counting fees					 		
C Oth	her professional fees					İ		
17 Int	terest							
18 Ta	xes	L				ļ		
. <u>€</u> 19 De	preciation and depletion					ļ		
731	ccupancy			ļ	 _			
4 21 Tra	avel, conferences, and meetings inting and publications			ļ	 .			
है 22 F11 50 23 Oth	her expenses	-				 		
<u> </u>	Ital operating and administrative			-		<u> </u>		
ex	penses. Add lines 13 through 23		0.		0.			0.
25 Co	ontributions, gifts, grants paid		0.		<u> </u>			0.
26 To	tal expenses and disbursements.							
	ld lines 24 and 25		0.		0.			0.
27 Su	btract line 26 from line 12:		•					
	cess of revenue over expenses and disbursements	<u> </u>	0.			ļ		
1	et investment income (if negative, enter -0-)	<u> </u>			0.	1.	N/A	
000503	ljusted net income (if negative, enter -0-) HA For Paperwork Reduction Act Notice, s	e the in	etructions	l		1	IA / M	Form 990-PF (2010)

Form 990-PF

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u>r ar t</u>	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			
	Accounts receivable >			
ŀ	Less: allowance for doubtful accounts	1		:
4	Pledges receivable ▶			· · · · · · · · · · · · · · · · · · ·
	Less: allowance for doubtful accounts	1		
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
l ·	disqualified persons			
7	Other notes and loans receivable			
'	Less: allowance for doubtful accounts	1		
y 8	Inventories for sale or use			
75 I		·		
Y S	Prepaid expenses and deferred charges			
	Investments - U.S. and state government obligations			
- 1	Investments - corporate stock			
	Investments - corporate bonds	ļ		
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
l l	Investments - mortgage loans			
	Investments - other			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation			
15	Other assets (describe ►)			
i			***	
16	Total assets (to be completed by all filers)	0.	0.	0.
17	Accounts payable and accrued expenses			
18	Grants payable			
g 19	Deferred revenue			
Liabilities 20 21 20 21	Loans from officers, directors, trustees, and other disqualified persons		, .	
흥 21	Mortgages and other notes payable			
22 ا ت	Other liabilities (describe)			
İ				
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.			
β 24	Unrestricted			
۲ I	Temporarily restricted			
	· ·			
필 28	Permanently restricted			
Net Assets or Fund Ba 26 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30	Foundations that do not follow SFAS 117, check here			
등	and complete lines 27 through 31.			
<u>ين</u> 27	Capital stock, trust principal, or current funds	0.	0.	
g 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
울 30	Total net assets or fund balances	0.	0.	
31	Total liabilities and net assets/fund balances	0.	0.	
Part	Analysis of Changes in Net Assets or Fund B	alances	-	
·				
1 Total	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	0.
	amount from Part I, line 27a		2	0.
	increases not included in line 2 (itemize)		3	0.
	ines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·	4	0.
	eases not included in line 2 (itemize)		5	0.
	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 30	6	0.
04	The state of the state of your time 4 minus line 3) - Fait ii, Ct	namm (b), line 30		Form 990-PF (2010)

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(a) List and desc	ribe the k	osses for Tax on In ind(s) of property sold (e.g.	, real estate,	tincome	(ь)	How acc	quired nase	(c) Date acquir	ed	(d) Date sold	
	2-story brick warehouse; or common stock, 200 shs. MLC Co.)			D	- Dona	tion	(mo., day, yr.	<u>'</u>	(mo., day, yr.)		
12	NTT 2				—						
b NO	NE				┼				-		
d					╁						
e					+						
(e) Gross sales price	(f)	Depreciation allowed (or allowable)	,-,	st or other basis expense of sale				(h) Gain or (e) plus (f) m			
a			-	<u>.</u>		-					
b	-						-				
C											
d										-	
е											
Complete only for assets shown	ng gain in	column (h) and owned by t	he foundation	n on 12/31/69				(I) Gains (Col. (h)	gain	minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i)			C	ol. (k), but not les Losses (from	s than	ı -0-) o r	
a									-	·	
b											
C										······································	
d											
е											
		∫ If gain, also enter	ın Part I. line	7	7						
2 Capital gain net income or (net ca	ıpıtal loss				 	2					
3 Net short-term capital gain or (los	ss) as def	•								-	
If gain, also enter in Part I, line 8,			- (-).		Ĵ						
If (loss), enter -0- in Part I, line 8					J	3					
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	t Inv	estm	ent In	come			
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec			ount of any v	oor in the base pe	rio dO	•				Vee Ne	
If "Yes," the foundation does not qua 1 Enter the appropriate amount in	lıfy under	section 4940(e). Do not co	mplete this pa	art.						Yes No	
(a)		(b)		1	(c)	(d)					
Base period years Calendar year (or tax year beginni	ng in)	Adjusted qualifying dist	ributions	Net value of no	oncha	ritable-i	use asset	s (col. (Distribuition ratio		
2009											
2008					_						
2007											
2005			· · · · -	-							
2000				<u> </u>				- 			
2 Total of line 1, column (d)								2			
· •	5-vear ha	se period - divide the total o	n line 2 hv 5	or by the number	r of ve	ars		-			
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			ais		3						
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4						
5 Multiply line 4 by line 3				5		· -					
6 Enter 1% of net investment incon	ne (1% o	f Part I, line 27b)						6			
7 Add lines 5 and 6								7			
8 Enter qualifying distributions from	n Part XII	, line 4						8			
If line 8 is equal to or greater than See the Part VI instructions.	line 7, c	heck the box in Part VI, line	1b, and comp	plete that part usir	ng a 1	% tax ra	ate.				

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940	0(a), 4940(b), 4	940(e), or 4	948	- see i	nstri	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	nter "N/A" on line 1.	1					
	Date of ruling or determination letter: (attach copy of letter if nec		ons)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	_	l l	1				0.
	of Part I, line 27b					_		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, co	l. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other		. (-).	2				0.
3	Add lines 1 and 2	· · · · · · · · · · · · · · · · ·	•	3			•	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5				0.
6	Credits/Payments:							
а	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d						
	Total credits and payments. Add lines 6a through 6d			7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	ched		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	5.1.0 G		9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		Refunded	11	<u> </u>			
_	rt VII-A Statements Regarding Activities		Titoloniaca p					
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it particu	nate or intervene	ın			Yes	No
-	any political campaign?	ation of the it parties	pate of intervene			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructions	for definition\2			1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	•	•	d or				
	distributed by the foundation in connection with the activities	reopies or any ma	criais publishe	u o,				
c	Did the foundation file Form 1120-POL for this year?					1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.						
٠	(1) On the foundation. > \$ 0. (2) On foundation managers.	•	0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendit							
·	managers. > \$ 0.	ture tax imposed on	iounuation					
2	Has the foundation engaged in any activities that have not previously been reported to the IR	152				2		х
•	If "Yes," attach a detailed description of the activities	10:						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrument articles of	incorporation o	r				
Ť	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		micorporation, o	'!		3		х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•		N	/A	4b		 -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	,	5		X
•	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 eit	ther-						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conf	lict with the state	law				
	remain in the governing instrument?	directions that com	not with the state	1411		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7		X
	If "Yes," complete Part II, col. (c), and Part XV.						-	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) ►						
	AZ							
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or d	esignate)					
•	of each state as required by General Instruction G? If "No," attach explanation		ooignato)	N	/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(i)(3) or 49	342(1)(5) for cale		,			
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co		()/(e/ ioi calc			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul		l addresses			10		X
	Too, and it solitour				Forr	n 990	-PF	

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

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

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

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

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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X

X

N/A

N/A

Yes X No

2b

3b

4a

statement - see instructions.)

during the year?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:	-				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire				
any voter registration drive?			s X No		ŀ
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				ļ
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	or			
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🗀 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494.	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				İ
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			[
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	/		
List all officers, directors, trustees, foundation managers and their	componention				
Total an omoord, an octors, a ascess, roundation managers and then		(c) Compensation	(d) Contributions to	1 6	a) Evnence
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acc	e) Expense count, other allowances
JOHN H. CHAPMAN	TRUSTEE	enter-o-)	compensation	 - °	ilowances
P.O. BOX 12375					
TEMPE, AZ 85284	1.00	0.	0.		0.
				_	
				1	
1					
			•		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(A)		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc	e) Expense count, other illowances
NONE		†"	- Components		
				<u>L_</u>	
				<u> </u>	
To Laurahar of other analysis and analysis and			. 1		
Total number of other employees paid over \$50,000			▶		0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NOI	VE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 -	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
L		-
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infinition number of organizations and other beneficiaries served, conferences convened, research papers produced, e	ormation such as the	Expenses
1 N/A		
		
2		
= <u>- · · · · · · · · · · · · · · · · · · </u>	· · · ·	
3		
4		
Det IV Die		
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		
1 N/A	ano z.	Amount
I N/A		
	, , <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
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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)	(b)	(c)	(d)
_	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005			Į	
b From 2006				
c From 2007				
d From 2008				
e From 2009				
1 Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$				
a Applied to 2009, 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 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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	0.			
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2011				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.		·	
8 Excess distributions carryover from 2005	.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007		ļ		
c Excess from 2008]	}		
d Excess from 2009				
e Excess from 2010	<u></u>			F 000 DE (0040)

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▶ 3b

Part XVI-A	Analysis of Income-Producing Activi	ties

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income.
1 Program service revenue:	code				<u> </u>
<u> </u>	 		+		
<u> </u>					
<u></u>					
d					
e	 		+-		
- Food and contracts from government acceptance		 			
g Fees and contracts from government agencies	 			<u> </u>	
2 Membership dues and assessments	<u> </u>		+-		
3 Interest on savings and temporary cash investments					
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		 .			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a		<u> </u>			
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			•	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

<u> </u>	the foundation's exempt purposes (other than by providing funds for such purposes).	
	I/A	
$\neg \top$		
		
-+		
-+		
10		Form 990-PF

Part	Exempt Organizations	and Transactions ar	nd Helationships with Noncha	iritable	
1 D			described in cost of 504(s) of	TVo	o No
	of the organization directly or indirectly engage in any of the followings.			1 110	s No
	the Code (other than section 501(c)(3) organizations) or in section 5		cations?		
	ransfers from the reporting foundation to a noncharitable exempt or 1) Cash	yanızanon ot.		10/11	x
•	2) Other assets			1a(1)	$\frac{\mathbf{x}}{\mathbf{x}}$
	ther transactions:			1a(2)	+**
	1) Sales of assets to a noncharitable exempt organization			15/1	X
	2) Purchases of assets from a noncharitable exempt organization			1b(1) 1b(2)	$\frac{1}{X}$
	3) Rental of facilities, equipment, or other assets			1b(2)	$\frac{x}{x}$
•	4) Reimbursement arrangements			1b(4)	 X
•	5) Loans or loan guarantees			1b(5)	$\frac{1}{X}$
	6) Performance of services or membership or fundraising solicitation	ons		1b(6)	X
	haring of facilities, equipment, mailing lists, other assets, or paid en			1c	
	the answer to any of the above is "Yes," complete the following sch	· ·	avs show the fair market value of the goods.		
	r services given by the reporting foundation. If the foundation receiv				
	olumn (d) the value of the goods, other assets, or services received				
(a)Line	no (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing arrange	ments
	N/A				
_					
		 -	-		
	<u> </u>			-	
			· · · · · · · · · · · · · · · · · · ·		
	the foundation directly or indirectly affiliated with, or related to, one		ations described		
	section 501(c) of the Code (other than section 501(c)(3)) or in sec	tion 527?	L	Yes L	X No
b It	"Yes," complete the following schedule. (a) Name of organization	(h) Type of organization	(a) Description of relations		
	N/A	(b) Type of organization	(c) Description of relations	лпр	
	14/11				
			 		
	Under penalties of perjury, I declare that I have examined the aturn, include and complete Declaration of preparer (other than taxpayed studying to	ding accompanying schedules and	statements, and to the best of my knowledge and be	alief, it is true, co	rrect,
Sigr		ased on an information of which pr	/,/		
Here		146/	(1 Itustree		
	Signature of officer or trustee	Date L	Title		
	Print/Type preparer's name Preparer's s	signature	Date Check If PTIN		
Paid	PATRICIA MAYER fatru	1 -1	self- employed		
Prep		ray may con	Events FINE		
-	Only	0 0	Firm's EIN ►		
	Firm's address ▶ 2707 COLBY AVE SU	JITE 801			
	EVERETT, WA 98201		Phone no.		
				200-DE	(0010)

Form 886	8 (Rev 1-2011)			_	_	Page 2	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	x		► X	
	y complete Part II if you have already been granted an a			Form	8868.		
	tre filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies r	needed)		
Type or	Name of exempt organization ype or Name of exempt organization Employer identification nu						
print							
File by the extended	le by the						
due date for	ue date for P.O. BOX 12375						
filing your return See instructions	City, town or post office, state, and ZIP code. For a for TEMPE, AZ 85284	oreign add	iress, see instructions.	-			
	· · · · · · · · · · · · · · · · · · ·						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			04	
_		•	,				
Applicati	on	Return	Application	_		Return	
ls For		Code	Is For			Code	
Form 990		01					
Form 990	-BL	02	Form 1041-A			08	
Form 990	-EZ	03	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
STOP! Do	o not complete Part II if you were not already granted		natic 3-month extension on a previou	sly file	d Form 8868	<u>. </u>	
	JOHN H. CHAPMAN		MDE 37 05304				
	poks are in the care of \blacktriangleright P.O. BOX 12375 one No \blacktriangleright 480-970 -0740	- 1EI					
			FAX No. >			. \Box	
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit			4_			
box ► [If it is for part of the group, check this box		ch a list with the names and EINs of all				
		NOVEM	BER 15, 2011	memb	ers trie extern	SIOT IS TOI	
	calendar year, or other tax year beginning			DEC	31. 20	10	
	e tax year entered in line 5 is for less than 12 months, c			Final r			
	Change in accounting period				old!!!		
7 Sta	te in detail why you need the extension						
AD	DITIONAL TIME IS RESPECTFULI	LY RE	QUESTED IN ORDER TO	GAT	HER NE	CESSARY	
IN	FORMATION TO FILE A COMPLETI	E AND	ACCURATE RETURN.				
							
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
non	refundable credits. See instructions.			8a	\$	0.	
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
tax	payments made. Include any pnor year overpayment all	owed as a	credit and any amount paid			_	
	viously with Form 8868.	_		8b	\$	0.	
	ance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			,	
EFT	PS (Electronic Federal Tax Payment System) See instru		11/	_8c	\$	0.	
llador			d Verification				
onuer pena It is true, co	alties of perjury, I declare that I have examined this form, includ prect, and complete, and that I am authorized to prepare this fo	ilig accomp irm.	rany no screenies and statements, and to the	best o	t my knowledge	and belief,	
Signature				Dat-			
orginature				Date		160 (Day 4 0044)	
					rom 88	68 (Rev. 1-2011)	