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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009For calendar year **2009**, or tax year beginning , **2009**, and ending , **20****G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation Chapman Fund an Arizona Non-Profit Corporation		A Employer identification number 86-0731311	
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 13180 N. 103rd Drive		B Telephone number (see page 10 of the instructions) 623-876-6616	
	City or town, state, and ZIP code Sun City, AZ 85351		C If exemption application is pending, check here <input type="checkbox"/>	
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	15,091	15,091		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11					
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	300			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	160			
	24 Total operating and administrative expenses. Add lines 13 through 23			-0-	
	25 Contributions, gifts, grants paid	16,000			16,000
26 Total expenses and disbursements. Add lines 24 and 25	16,460		-0-	16,000	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(1,369)				
b Net investment income (if negative, enter -0-)		15,091			
c Adjusted net income (if negative, enter -0-)			-0-		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	246,641	84,611	84,611	
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶		3,581	3,581	
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U.S. and state government obligations (attach schedule)		140,346	140,346	
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule) <i>St Int. 2</i>	136,060	160,083	160,083	
	11	Investments—land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	382,701	388,621	388,621		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	382,701	388,621		
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see page 17 of the instructions)	382,701	388,621		
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	382,701	388,621		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	382,701
2	Enter amount from Part I, line 27a	2	(1,369)
3	Other increases not included in line 2 (itemize) ▶ Mark to Market Change	3	7,289
4	Add lines 1, 2, and 3	4	
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	388,621

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> { <div style="margin-right: 10px;">If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> } </div>			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8				3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	16,160	382,701	.0422
2007	17,250	381,829	.0452
2006	1,317	371,081	.0035
2005	11,106	274,310	.0405
2004	4,000	284,683	.0141
2 Total of line 1, column (d)			2 .1455
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			3 .0291
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 380,896
5 Multiply line 4 by line 3			5 11,084
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 151
7 Add lines 5 and 6			7 11,235
8 Enter qualifying distributions from Part XII, line 4			8 16,640

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 on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1		151
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-)	2		
3	Add lines 1 and 2	3		151
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		151
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a		148
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		50
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		198
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
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		47
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax 47 Refunded	11		-0-

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?		<input checked="" type="checkbox"/>
<i>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.</i>		
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	3	<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	<input checked="" type="checkbox"/>
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► Arizona		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	8b	<input checked="" type="checkbox"/>
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 on page 27)? <i>If "Yes," complete Part XIV</i>	9	<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	<input checked="" type="checkbox"/>

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ▶ N/A				
14	The books are in care of ▶ William T. Sellner Telephone no. ▶ 623-876-6616			
	Located at ▶ 13180 N. 103rd Drive, Sun City, AZ ZIP+4 ▶ 85351			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			<input type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1b	N/A
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	✓
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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, Form 4720, to determine if the foundation had excess business holdings in 2009.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(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) Expense account, other allowances
See Statement Three.				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(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	(e) Expense account, other allowances
None.				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Scholarship Awards	16,000
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	315,594
b	Average of monthly cash balances	1b	71,102
c	Fair market value of all other assets (see page 24 of the instructions)	1c	-0-
d	Total (add lines 1a, b, and c)	1d	386,696
e	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	386,696
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	5,800
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	380,896
6	Minimum investment return. Enter 5% of line 5	6	19,045

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	19,045
2a	Tax on investment income for 2009 from Part VI, line 5	2a	151
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	151
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,894
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	18,894
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,894

Part XII Qualifying Distributions (see page 25 of the 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	16,640
b	Program-related investments—total from Part IX-B	1b	
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	16,640
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 (see page 26 of the instructions)	5	151
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,489

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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				18,894
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			3,150	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	-0-			
b From 2005	-0-			
c From 2006	-0-			
d From 2007	-0-			
e From 2008	-0-			
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 16,640				
a Applied to 2008, but not more than line 2a			3,150	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				13,490
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
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				
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		-0-		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			-0-	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				5,404
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	-0-			
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				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None.

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

Chapman Scholarship Applications, 13180 N. 103rd Dr., Sun City, AZ 85351 623-876-6616

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

Standard Application Attached

- c** Any submission deadlines:

February of each year

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

Awards are limited to Arizona Residents.

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Donna Marie Burris, 1739 E. Bluefield, Phoenix, AZ 85379	None		Scholarship	\$1,000.00
Christina Erlandsen, P. O. Box 5212, Peoria, AZ 85383	None		Scholarship	\$3,000.00
Cynthia R. Heus, 12317 E. Altadena, Scottsdale, AZ 85259	None		Scholarship	\$1,000.00
Mercy Okorie, 12910 W. Valentine Avenue, El Mirage, AZ 85335	None		Scholarship	\$2,000.00
Carrie Brandon, 19832 N. 14th Pl., Phoenix, AZ 85024	None		Scholarship	\$2,000.00
Crystal Hayes, 6909 W. Pontiac Dr., Glendale, AZ 85308	None		Scholarship	\$1,000.00
Beth John, 2420 W. Luke Ave., Phoenix, AZ 85015	None		Scholarship	\$1,000.00
Geneva Leyva, 12833 W. Lundberg St., Surprise, AZ 85374	None		Scholarship	\$1,000.00
Traci Miller, 3130 W. Taro Ln., Phoenix, AZ 85027	None		Scholarship	\$1,000.00
Arianna Fourt, 3618 W. Saguaro Park Ln., Glendale, AZ 85310	None		Scholarship	\$1,000.00
Michelle Raynes, 16487 N. 161st Dr., Surprise, AZ 85374	None		Scholarship	\$1,000.00
Amy Rowland, 13515 W. Post Dr., Surprise, AZ 85374	None		Scholarship	\$1,000.00
Total			3a	
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			03	15,091	
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 _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)				15,091	
13	Total. Add line 12, columns (b), (d), and (e)				13	15,091

(See worksheet in line 13 instructions on page 28 to verify calculations.)

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) (See page 29 of the instructions)

[illegible]

Chapman Fund, An Arizona Non-Profit Organization
TIN – 86-0731311
Tax Year 2008

Statement One

Other Expenses

Investment Account Fee	\$150
Arizona Corporation Commission Filing Fee	10
	<u>\$160</u>

Statement Two

See attached investment statement.

Statement Three

(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) Expense account, other allowances
Sam Canepa 13180 N. 103 rd Drive Sun City, AZ 85351	Director .25	-0-	-0-	-0-
Jan Ferguson 13180 N. 103 rd Drive Sun City, AZ 85351	Director .25	-0-	-0-	-0-
Sandra Foell 13180 N. 103 rd Drive Sun City, AZ 85351	Director .25	-0-	-0-	-0-
Senator Austin Turner 13180 N. 103 rd Drive Sun City, AZ 85351	Director .25	-0-	-0-	-0-
Ellen Van Arsdale 13180 N. 103 rd Drive Sun City, AZ 85351	Director .25	-0-	-0-	-0-
Leland W. Peterson 13180 N. 103 rd Drive Sun City, AZ 85351	Chairman .25	-0-	-0-	-0-
William T. Sellner 13180 N. 103 rd Drive Sun City, AZ 85351	Secretary/Treasurer .25	-0-	-0-	-0-



Business Services Account
December 2009

Account name: THE CHAPMAN FUND
Account number: UX 04396 JG

Your Financial Advisor:
GABRIELSON, JON R.
602-957-5100/800-247-1754

Your assets

Some prices, income and current values shown may be approximate. As a result, gains and losses may not be accurately reflected. See *Important information about your statement* at the end of this document for more information.

Cash

Cash and money balances

Holding	Opening balance on Dec 1 (\$)	Closing balance on Dec 31 (\$)	Price per share on Dec 31 (\$)	Average rate	Dividend/Interest period	Days in period
RMA MONEY MKT PORTFOLIO	29,567.77	31,083.03	1.00	0.01%	Nov 23 to Dec 23	31

Fixed income

Certificates of deposit

Cost basis has been adjusted for accreted original issue discount (OID) on long-term (more than 1 year) CDs

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
GOLDMAN SACHS BK UT US RATE 05 0000% MAT 11/26/2013 FIXED RATE CD ACCRUED INTEREST \$34.24 CUSIP 381426UT0 EAI \$2,500 Current yield 4.67%	Nov 21, 08	50,000.000	100.000	50,000.00	107.057	53,528.50	3,528.50	LT





Account name: THE CHAPMAN FUND
Account number: UX 04396 JG

Your assets • Fixed income (continued)

Corporate bonds and notes

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values. Actual market values may vary and thus gains/losses may not be accurately reflected. Cost basis has been adjusted for accreted original issue discount (OID). If you have made a tax

election to deduct the premium amortization on taxable debt securities, you may request that UBS adjust cost basis for the bond premium amortization

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
FIRST UNION NATL BANK								
INC NTS								
RATE 07 875% MATURES 02/15/10								
ACCRUED INTEREST \$743 75								
CUSIP 33738MAD3								
Moody Aa3 S&P AA-								
EAI \$984 Current yield 7 82%	Oct 31, 00	25,000 000	103 370	25,842 50 ¹	100 676	25,169 00	-673 50	LT
WELLS FARGO & CO NEW								
RATE 05 250% MATURES 10/23/12								
ACCRUED INTEREST \$297 50								
CUSIP 949746NW7								
Moody A1 S&P AA-								
EAI \$1,575 Current yield 4 92%	Jul 10, 09	30,000 000	105 877	31,768 35	106 757	32,027 10	258 75	ST
GENL ELEC CO NTS								
RATE 05 000% MATURES 02/01/13								
ACCRUED INTEREST \$520 83								
CUSIP 369604AY9								
Moody Aa2 S&P AA+								
EAI \$1,250 Current yield 4 73%	Feb 25, 09	25,000 000	99 025	24,761 50	105 796	26,449 00	1,687 50	ST
WELLS FARGO & CO NEW								
GLOBAL NOTES								
RATE 04 625% MATURES 04/15/14								
ACCRUED INTEREST \$244 09								
CUSIP 949746FS5								
Moody A2 S&P A+								
EAI \$1,156 Current yield 4 54%	Feb 25, 09	25,000 000	95 756	23,944 25	101 981	25,495 25	1,551 00	ST
J P MORGAN CHASE & CO								
NTS B/E								
RATE 04 750% MATURES 03/01/15								
ACCRUED INTEREST \$395 83								
CUSIP 46625HCE8								
Moody Aa3 S&P A+								
EAI \$1,188 Current yield 4 57%	Jul 10, 09	25,000 000	103 233	25,813 50	103 996	25,999 00	185 50	ST

continued next page



Business Services Account
December 2009

Account name:
Account number:

THE CHAPMAN FUND
UX 04396 JG

Your Financial Advisor:
GABRIELSON, JON R
602-957-5100/800-247-1754

Your assets • Fixed income • Corporate bonds and notes (continued)

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
WELLS FARGO & CO NEW SUB								
NOTES NTS								
RATE 05 125% MATURES 09/15/16								
ACCRUED INTEREST \$377.25								
CUSIP 949746JE2								
Moody A2 S&P A+								
EAI \$1,281	Aug 18, 09	25,000,000	105,749	26,442.50	99,775	24,943.75	-1,498.75	ST
Total		\$155,000,000		\$158,572.60		\$160,083.10	\$1,510.50	

Total accrued interest: **\$2,579.25**

Total estimated annual income: **\$7,434**

¹ Indicates cost basis information has been provided by a source other than UBS Financial Services

Chapman Scholarship Application
Return to: Chapman Scholarship Fund
P.O. Box 1278
Sun City, Arizona 85372

INFORMATION MUST BE TYPED

Name in Full:			
Street Address			Apt. #
City		State	Zip
E-Mail Address:		Fax #:	
Home Phone		Cell Phone	
Date of Birth	Marital Status: (Circle) Single Married Partner		Number of dependents & ages
Current Employment		Position:	
Name of Spouse or Partner (if living together):		Spouse or Partner Occupation	
Please list all schools attended: HS and post-HS			
<u>School</u>		<u>Dates Attended</u>	
Please list any school and/or community activities. (use back of page if more space is required)			
Please attach a one page typed paper, double-spaced, about your professional career goals.			

**Chapman Scholarship
Confidential Statement for Financial Assistance**

Name in Full:		
Total Number of Dependents (excluding self)		
Are you or do you plan on receiving other financial aid or loans? (Circle) YES NO		
If Yes, list the source and type of aid or loan, e.g., Pell Grant, bank loan, etc. <u>Aid/Loan</u> <u>Dollar Amount</u>		
Last Year's Income	Self: \$	Parent / Spouse / Partner: \$
Current Year's Income	Self: \$	Parent / Spouse / Partner: \$
Applicant's projected monthly expenses for the following school year:	Please do NOT include expenses paid for housing which are paid by your partner, roommate, spouse, or relative.	
Food	\$	
Utilities	\$	
Housing	\$	
Phone	\$	
Insurance	\$	
Transportation	\$	
Child care	\$	
Loan Payments	\$	
Healthcare	\$	
Other	\$	
TOTAL MONTHLY EXPENSES	\$	
Applicants estimated tuition & book expenses for the following school year:		
Tuition: \$	Books, etc: \$	Total \$
Describe any unusual financial situations which affect your family and might have a bearing on this application: (Use back of page if more space is required)		
The information as disclosed by me on page one and page two of this application is accurate and true & can be verified by income tax returns.		
Student Signature:		Date

Please return to:
Chapman Scholarship
10484 W. Thunderbird Blvd.
Sun City, Arizona 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student, which you think will be helpful in our selection process.

Signature _____

Date: _____

Phone: _____

Please circle relationship with student: ☐ Faculty ☐ Employer

Please add any additional comments on the back.

Please return to:
Chapman Scholarship
10484 W. Thunderbird Blvd.
Sun City, AZ 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student that you think will be helpful in our selection process.

Signature _____ **Date:** _____

Phone: _____

Please circle relationship with student: **Faculty** **Employer**

Please add any additional comments on the back.

**Chapman Scholarship Application
Boswell Nursing Students**

INFORMATION MUST BE TYPED

SPRING 2005 Block: (Circle) 1 2 3

Name in Full:			
Street Address			Apt. #
City	State	Zip	
E-Mail Address:		Fax #:	
Home Phone		Cell Phone	
Date of Birth	Marital Status: (Circle) Single Married Partner	Number of dependents & ages	
Current Employment		Position:	
Name of Spouse or Partner (if living together):		Spouse or Partner Occupation	
Please list all schools attended post-HS			
<u>School</u>		<u>Dates Attended</u>	
Please list any school and/or community activities. (use back of page if more space is required)			
Please attach a one page typed paper, double-spaced, about your professional career goals.			

**Chapman Scholarship
Confidential Statement for Financial Assistance**

Name in Full:		
Total Number of Dependents (excluding self)		
Are you or do you plan on receiving other financial aid or loans? (Circle) YES NO		
If Yes, list the source and type of aid or loan, e.g., Pell Grant, bank loan, etc. <u>Aid/Loan</u> <u>Dollar Amount</u>		
Last Year's Income	Self: \$	Parent / Spouse / Partner: \$
Current Year's Income	Self: \$	Parent / Spouse / Partner: \$
Applicant's projected monthly expenses for the following school year:	Please do NOT include expenses paid for housing which are paid by your partner, roommate, spouse, or relative.	
Food	\$	
Utilities	\$	
Housing	\$	
Phone	\$	
Insurance	\$	
Transportation	\$	
Child care	\$	
Loan Payments	\$	
Healthcare	\$	
Other	\$	
TOTAL MONTHLY EXPENSES	\$	
Applicants estimated tuition & book expenses for the following school year:		
Tuition: \$	Books, etc: \$	Total \$
Describe any unusual financial situations which affect your family and might have a bearing on this application: (Use back of page if more space is required)		
<i>The information as disclosed by me on page one and page two of this application is accurate and true & can be verified by my 2003 and 2004 income tax returns.</i>		
Student Signature:		Date

Please return to:
Chapman Scholarship
Boswell / Mesa Nursing Education Program
10484 W. Thunderbird Blvd.
Sun City, Arizona 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student, which you think will be helpful in our selection process.

Signature _____

Date: _____

Phone: _____

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.

Please return to:
Chapman Scholarship
Boswell / Mesa Nursing Education Program
10484 W. Thunderbird Blvd.
Sun City, AZ 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student that you think will be helpful in our selection process.

Signature _____ **Date:** _____

Phone:

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.