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## Form 990-PF

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

Department of the Treasury
Internal Revenue Service

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

2011

OMB No 1545-0052

For	calend	lar year 2011 or tax year beginning	, and ending							
Na	me of fou	Indation		A E	mployer identification number					
TAN GUADMAN BANTIN BOIDDABTON TYG										
JAN CHAPMAN FAMILY FOUNDATION, INC  Number and street (or P O box number if mail is not delivered to street address)  Room/suite  B Telephone number (see instructions)										
		a street (or PO box number if mail is not delivered to street address)  DEAN DRIVE	1	elephone number (see instructions) 304-765-3110	1					
		state, and ZIP code			304-765-3110					
S	UTT	ON WV 26601		C	exemption application is pending,	check here				
G	Check a	all that apply X Initial return Initial ret	urn of a former public cha	rity D 1	Foreign organizations, check her	e <b>▶</b>				
		Final return Amende	•		Foreign organizations meeting th	е				
		Address change Name ch	nange		85% test, check here and attach					
H (	Check t	type of organization X Section 501(c)(3) exempt private	e foundation	E 11	private foundation status was term	inated under				
			ble private foundation		ection 507(b)(1)(A), check here	<b>▶</b> □				
		ket value of all assets at J Accounting method	X Cash Accr	ual F I	the foundation is in a 60-month ter	mination				
		ear (from Part II, col (c), Other (specify)		1	inder section 507(b)(1)(B), check hi					
	ne 16) <b>l</b>		t be on cash basis )							
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			(d) Disbursements				
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes				
<del>(</del>	٦,		<del></del>			(cash basis only)				
2012	1	Contributions, gifts, grants, etc., received (attach schedule)	170,480							
.\ ©	2	Check if the foundation is <b>not</b> required to attach Sch B	65		65 65	<del></del>				
© 6¥	3	Interest on savings and temporary cash investments	65		03 03					
	4	Dividends and interest from securities		<del></del>						
	5a	Gross rents			Majorius					
	b	Net rental income or (loss)			1 2000	Average manager				
	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a								
<b>Z</b> ø	7	Capital gain net income (from Part IV, line 2)		······································	0 (72)					
SCAMINED NOV	8	Net short-term capital gain		······································	INDV 2 C	769 481				
ಲ್ಲ	9	Income modifications				1371				
$\cup j$	10a	Gross sales less returns & allowances			2 37 75 0 0	7777				
	b	Less Cost of goods sold			manufacture of the contract of	UI I				
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	170,545		65 65					
S	13	Compensation of officers, directors, trustees, etc	0							
enses	14	Other employee salaries and wages								
	15	Pension plans, employee benefits		!						
X	16a	Legal fees (attach schedule)				<del>                                     </del>				
و	b	Accounting fees (attach schedule)								
Ę	C	Other professional fees (attach schedule)				<del></del>				
ir	17	Interest								
<u> </u>	18	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion			<del></del>					
<u> </u>	20	Occupancy				<del> </del>				
Ą	21	Travel, conferences, and meetings								
b	22	Printing and publications								
a	23	Other expenses (att. sch.) Stmt 1 Stmt 2	112	1	.12 112	2				
ij	24	Total operating and administrative expenses.								
ra		Add lines 13 through 23	112	1	.12 112	0				
Operating and Administrative Exp	25	Contributions, grifts, grants paid	0			0				
_	26	Total expenses and disbursements. Add lines 24 and 25	112		.12 112					
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	170,433							
-	b	Net investment income (if negative, enter -0-)	_		0 ′					
	c_	Adjusted net income (if negative, enter -0-)				)				

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Form 990-PF (2011) JAN CHAPMAN FAMILY FOUNDATION, INC

Page 3

	990-PF (2011) JAN CHAPMAN FAMILY FOUNDATION, INC 45-3796713		Pa	ge <b>4</b>
Pa	**Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)			
1a	· · · · · · · · · · · · · · · · · · ·			
	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 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
•	Part I, line 12, col. (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  2			0
2	,			
3				0
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  5			<del></del>
6	Credits/Payments		······································	
а	2011 estimated tax payments and 2010 overpayment credited to 2011			
b	Exempt foreign organizations—tax withheld at source  6b			
c	Tax paid with application for extension of time to file (Form 8868)  6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d 7			
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 duning the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	· :
	published or distributed by the foundation in connection with the activities	4.	Ī	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  (1) On the foundation  \$			
•	(1) On the foundation \$ (2) On foundation managers \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	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 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	37	
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	7	X	_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►  WV			
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 General Instruction G? If "No," attach explanation	8b	X	L
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses Stmt 4	10	X	<u>L</u>
		Form 9	90-PI	(2011)

Form 990-PF (2011)

<b>1</b> 1 1		AMILI FOUNDATION,		muired (century	und\		Page 0
-		g Activities for Which Forn	1 4/20 May Be Re	quirea (contint	ieu)		
5a	During the year did the foundation pay or it	•	40.45(-)\\0	□ <b>v</b> -	s X No		l
	(1) Carry on propaganda, or otherwise att			Ye	s X No		I
	(2) Influence the outcome of any specific		to carry on,	□ v-	s X No		ı
	directly or indirectly, any voter registra			Ye			
	(3) Provide a grant to an individual for trav			Ye	S A NO		Ī
	(4) Provide a grant to an organization other		described in	□ v <sub>2</sub>	s X No		I
	section 509(a)(1), (2), or (3), or section			<u> </u>	s X No		
	(5) Provide for any purpose other than rel		or educational	□ v.			1
	purposes, or for the prevention of crue			Y€	es X No		
b	If any answer is "Yes" to 5a(1)-(5), did any			nbea in	N/A	- I	ŧ
	Regulations section 53 4945 or in a currer					5b	<del></del>
	Organizations relying on a current notice r					- 1	
Ç	If the answer is "Yes" to question 5a(4), do		om the tax	N/A 🗌 Y	🗆 [		1
	because it maintained expenditure respon			N/A U Y	es 🗌 No		
	If "Yes," attach the statement required by						
6a	Did the foundation, during the year, receiv	e any funds, directly or indirectly, to p	ay premiums	П.,	<del>v</del>		
	on a personal benefit contract?				es X No	C.L	x
þ	Did the foundation, during the year, pay pr	emiums, directly or indirectly, on a pe	ersonal benefit contract?	?	Į.	6b	-   A
	If "Yes" to 6b, file Form 8870			┌┐	☞		
	At any time during the tax year, was the fo				es X No		Ŧ
	If Yes, did the foundation receive any production	eeds or have any net income attribut	able to the transaction?		N/A	7b	
Pa		icers, Directors, Trustees, I	Foundation Manag	gers, Hignly P	aid ⊏mpioye∈	:5,	
	and Contractors						
1 1	List all officers, directors, trustees, foun	dation managers and their compe	nsation (see instruction	ons).	4.D Contributions to		<del></del>
			(b) Title, and average	(c) Compensation	<ul><li>(d) Contributions to employee benefit</li></ul>	(e) Exp	ense account,
	(a) Name and a	ddress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	othe	r allowances
					compensation		
J	AN E CHAPMAN	SUTTON	PRESIDENT		•		•
25	50 DEAN DRIVE	WV 26601	1.00	- 0	0		0
C	INTHIA R CHAPMAN	SUTTON	SECRETARY		•		
25	0 DEAN DRIVE	WV 26601	1.00	0	0	-	0
J	AMIE CHAPMAN	MORGANTOWN	TREASURER			1	•
_10	626 SUNCREST VILLAGE	WV 26505	1.00	0	0		0
				4 15	4	<u>.                                    </u>	
2	Compensation of five highest-paid em	ployees (other than those include	d on line 1—see instri	uctions). If none,	enter		
	"NONE."			<del> </del>	(d) Contributions to	T	<del></del>
			(b) Title, and average hours per week	(c) Compensation	<ul><li>(d) Contributions to employee benefit</li></ul>		pense account,
	(a) Name and address of each employee p	aid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	othe	er allowances
					Compensation	<del>                                     </del>	
N	ONE					-	
				-		+	<del></del>
		<del> </del>				+	
			- 1				
				<u> </u>		+	· · · · · · · · · · · · · · · · · · ·
				<del>  </del>	<del> </del>	+-	<del></del>
						1	
				<u> </u>	L	┷	
Tota	al number of other employees paid over \$50	0,000					0 0 0
						Form 9	90-PF (2011)

	11) JAN CHAPMAN FAMILY FOUNDATION, INC	45-3/96/13	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Contractors (continued)	ition Managers, Highly Paid En	npioyees,
3 Five highe	and Contractors (continued) st-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE."	<del></del>
	(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		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities during the tax year include relevant statistical information such the beneficianes served, conferences convened, research papers produced, etc	as the number of	Expenses
1 N/A			
-			
		·	
2			
3			
4			
<del></del>		-4:	<u> </u>
Part IX-B	Summary of Program-Related Investments (see instru	ctions)	Amount
1 N/A	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Anlount
1 21/22			
2			
All other organize	elated investments. See instructions		
3			

▶

Total. Add lines 1 through 3

Form	990-PF (2011) JAN CHAPMAN FAMILY FOUNDATION, INC 45-3796713		Page 8
	Minimum Investment Return (All domestic foundations must complete this part Foreign	foun	dations,
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4_	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
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.,	1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1	
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n	

qualifies for the section 4940(e) reduction of tax in those years

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Forn	1990-PF (2011) JAN CHAPMAN FAMILY FOUN	DATION, INC	45-379671	L <b>3</b>	Page <b>9</b>
	art XIII · Undistributed Income (see instructions)				- tuge <b>U</b>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years pnor to 2010	2010	2011
_	line 7				0
2	Undistributed income, if any, as of the end of 2011			ŧ	
	Enter amount for 2010 only				
ь 3	Total for prior years 20 , 20 , 20 , 20   Excess distributions carryover, if any, to 2011				
	From 2006			1	
h	From 2007	1		1	
c	From 2008	1		1	
d	From 2009	1		1	
	From 2010	1		1	
f	Total of lines 3a through e	1		Į.	
4	Qualifying distributions for 2011 from Part XII,			<del></del>	
	line 4 ▶ \$			Ī	
а	Applied to 2010, but not more than line 2a		İ	1	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)			1	
С	Treated as distributions out of corpus (Election				······································
	required—see instructions)			1	
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2011				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))		į	1	
6	Enter the net total of each column as			1	
	indicated below:		į.	#	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				·····
b	Pnor years' undistributed income Subtract			1	
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed			1	
	income for which a notice of deficiency has		[	I	
	been issued, or on which the section 4942(a)		İ	1	
а	tax has been previously assessed Subtract line 6c from line 6b Taxable				
u	amount—see instructions			1	
е	Undistributed income for 2010 Subtract line				
ŭ	4a from line 2a Taxable amount—see				
	Instructions			Į.	
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2012				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (see instructions)			1	
8	Excess distributions carryover from 2006 not				······
	applied on line 5 or line 7 (see instructions)		<u> </u>	I	
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2007	]		1	
b	Excess from 2008		1	1	
С	Excess from 2009			1	
d	Excess from 2010			1	
<u>e</u>	Excess from 2011				
					Form 990-PF (2011)

DAA

Preparer's signature

TERRY

Terry Johnson & Associates

26416

PO Box 310

Philippi, WV

Form 990-PF (2011)

Check

self-employed

Date

PTIN

Firm's EIN

Phone no

11-13-12

P00828836

55-0778513

304-457-4574

Paid

Use Only

Print/Type preparer's name

Preparer TERRY JOHNSON

Firm's name

Firm's address

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

2011

45-3796713 JAN CHAPMAN FAMILY FOUNDATION, INC Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

JAN CHAPMAN FAMILY FOUNDATION, INC

Employer identification number 45-3796713

Parti	Contributors (see instructions) Use duplic	cate copies of Part I if additional space is need	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEY OIL COMPANY 250 DEAN DRIVE SUTTON WV 2	\$ 170, <b>4</b> 80	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training saudicide, since him 1. T	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

45-3796713

## **Federal Statements**

### Statement 3 - Form 990-PF, Part II, Line 15 - Other Assets

Description	eginning of Year	 End of Year	 Fair Market Value
ORGANIZATION COSTS, NET OF AMORT.	\$ 	\$ 5,389	\$ 5,389
Total	\$ 0	\$ 5,389	\$ 5,389

	•							4
atements	Line 10 - Substantial Contributors	City, State, Zip	SUTTON WV 26601					
Federal Statements	Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	Address	250 DEAN DRIVE					
45-3796713		Name	KEY OIL COMPANY					

e <b>r 2% or \$5,000</b>
ount
iourit
0
nount
0
<u> </u>

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40-0	1901	J

# **Federal Statements**

## **Taxable Interest on Investments**

Description	 Amount	Unrelated Business Code	Exclusion <u>Code</u>	US Obs (\$ or %)
INTEREST SAVINGS ACCOUNT	\$ 65		14	
Total	\$ 65			