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Form **990-PF**Department of the Treasury
Internal Revenue Service**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

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , and ending

Name of foundation THE 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) 13180 N 103RD DRIVE	Room/suite	B Telephone number (see instructions) (623) 832-6616
City or town, state, and ZIP code SUN CITY AZ 85351		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 392,059	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

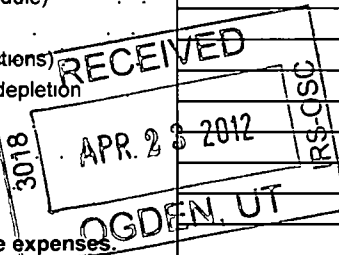
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis 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	0	0		
	4 Dividends and interest from securities	17,494	17,494		
	5 a Gross rents		0		
	b Net rental income or (loss)	0			
	6 a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a	0			
	7 Capital gain net income (from Part IV, line 2)		273		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10 a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	17,494	17,767	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	0	0	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	276	0	0	276
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	260	0	0	260
	24 Total operating and administrative expenses. Add lines 13 through 23	536	0	0	536
	25 Contributions, gifts, grants paid	17,500			17,500
26 Total expenses and disbursements. Add lines 24 and 25	18,036	0	0	18,036	
27 Subtract line 26 from line 12	-542				
a Excess of revenue over expenses and disbursements		17,767			
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

(HTA)

Form **990-PF** (2011)

SCANNED MAY 03 2012



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	0	83	83
	2	Savings and temporary cash investments	21,097	32,644	32,644
	3	Accounts receivable	0		
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable	0		
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)	0		
		Less allowance for doubtful accounts	0	0	0
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U.S. and state government obligations (attach schedule)	56,509	32,359	32,359
	b	Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	216,234	233,000	233,000
Liabilities	11	Investments—land, buildings, and equipment basis	0		
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	100,731	90,536	90,536
	14	Land, buildings, and equipment basis	0		
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe ACCRUED INTEREST)	3,805	3,437	3,437
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	398,376	392,059	392,059
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe)	0	0	
	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. <input checked="" type="checkbox"/>			
	24	Unrestricted	398,376	392,059	
Net Assets or Fund Balances	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27	Capital stock, trust principal, or current funds		0	
	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 instructions)	398,376	392,059	
Net Assets or Fund Balances	31	Total liabilities and net assets/fund balances (see instructions)	398,376	392,059	

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	398,376
2	Enter amount from Part I, line 27a	2	-542
3	Other increases not included in line 2 (itemize) <input checked="" type="checkbox"/> MARK TO MARKET CHANGE	3	-5,775
4	Add lines 1, 2, and 3	4	392,059
5	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	392,059

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 US TREASURY INFL PROT NOTE	P	11/21/2008	1/15/2011
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 25,137	0	24,864	273
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a 0	0	0	273
b 0	0	0	0
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 { If (loss), enter -0- in Part I, line 7	2	273
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 instructions) If (loss), enter -0- in Part I, line 8	3	0

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.

(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))
2010	12,233	390,833	0.031300
2009	16,489	380,896	0.043290
2008	16,160	382,701	0.042226
2007	17,250	381,829	0.045177
2006	1,317	371,081	0.003549

2 Total of line 1, column (d)	2	0.165542
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	0.033108
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	390,805
5 Multiply line 4 by line 3	5	12,939
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	178
7 Add lines 5 and 6	7	13,117
8 Enter qualifying distributions from Part XII, line 4 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	8	18,036

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

1 a 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)		1	178
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			
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	0
3 Add lines 1 and 2		3	178
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	178
6 Credits/Payments			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	0	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	0	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	178	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0	

Part VII-A Statements Regarding Activities

	Yes	No
1 a 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?		X
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)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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?	X	
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	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> AZ		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ WILLIAM T. SELLNER Telephone no ▶ (623) 832-6616			
	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			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶	16	Yes	No
				X

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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
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 2011?	1c	X
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <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 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 2011 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 2011)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2011?	4b	X

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions)?		5b	N/A	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>				
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal 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 shelter transaction?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

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 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 Attached Statement		00	0	0
		00	0	0
		00	0	0
		00	0	0
		00	0	0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
.....		0
.....		0
.....		0
.....		0
.....		0

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	
.....	17,500
2	
.....	
3	
.....	
4	
.....	

Part IX-B Summary of Program-Related Investments (see 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 instructions	
3	
.....	0
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	346,784
b	Average of monthly cash balances	1b	49,972
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	396,756
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	396,756
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	5,951
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	390,805
6	Minimum investment return. Enter 5% of line 5	6	19,540

Part XI Distributable Amount (see 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	19,540
2a	Tax on investment income for 2011 from Part VI, line 5	2a	178
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	178
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,362
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,362
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	19,362

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	18,036
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	18,036
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 instructions)	5	178
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,858

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 instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				19,362
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			12,390	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2011				
a From 2006	0			
b From 2007	0			
c From 2008	0			
d From 2009	0			
e From 2010	0			
f Total of lines 3a through e	0			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 18,036				
a Applied to 2010, but not more than line 2a			12,390	
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 2011 distributable amount				5,646
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2011 (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				
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				13,716
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2007	0			
b Excess from 2008	0			
c Excess from 2009	0			
d Excess from 2010	0			
e Excess from 2011	0			

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 <i>Paid during the year</i>				
STAR BALL	NONE		SCHOLARSHIP	500
13562 N 152ND DRIVE				
SURPRISE AZ 85379				
TAMMY BELLECOMO	NONE		SCHOLARSHIP	1,000
18227 N 34TH DRIVE				
PHOENIX AZ 85053				
JENNIFER COOLEY	NONE		SCHOLARSHIP	1,000
14659 W ACAPULCO LANE				
SURPRISE AZ 85379				
BETTIE D'NISE CORCORAN	NONE		SCHOLARSHIP	1,000
8631 W VIA MONTOYA				
PEORIA AZ 85383				
JOANN FAKHOURI	NONE		SCHOLARSHIP	1,000
12210 W ELECTRA LANE				
SUN CITY AZ 85373				
CINDY HANDRICK	NONE		SCHOLARSHIP	1,000
19237 N 14TH STREET				
PHOENIX AZ 85024				
RACHEL HATHAWAY	NONE		SCHOLARSHIP	1,000
2242 W BLUEFIELD AVENUE				
PHOENIX AZ 85023				
EDWARD HIGGINBOTHAM	NONE		SCHOLARSHIP	1,000
11885 W MCDOWELL ROAD, #1092				
PHOENIX AZ 85392				
AUTUMN LIVINGHOUSE	NONE		SCHOLARSHIP	1,000
2357 N 83RD DRIVE				
PHOENIX AZ 85037				
MANDY MALEY	NONE		SCHOLARSHIP	1,000
13306 W GELDING DRIVE				
SURPRISE AZ 85379				
DANIELLE MICHAEL	NONE		SCHOLARSHIP	1,000
13824 N 147TH LANE				
SURPRISE AZ 85379				
Total . . . See Attached Statement			3a	17,500
b <i>Approved for future payment</i>				
STAR BALL	NONE		SCHOLARSHIP	500
13562 N 152ND DRIVE				
SURPRISE AZ 85379				
CINDY HANDRICK	NONE		SCHOLARSHIP	1,000
19237 N 14TH STREET				
PHOENIX AZ 85024				
RACHEL HATHAWAY	NONE		SCHOLARSHIP	1,000
2242 W BLUEFIELD AVENUE				
PHOENIX AZ 85023				
DANIELLE MICHAEL	NONE		SCHOLARSHIP	1,000
13824 N 147TH LANE				
SURPRISE AZ 85379				
PATRICK O'BRYAN	NONE		SCHOLARSHIP	1,000
6525 N 24TH LANE				
PHOENIX AZ 85015				
REANNA RENTSCHLER	NONE		SCHOLARSHIP	1,000
11225 N 60TH COURT				
GLENDALE AZ 85304				
Total . . . See Attached Statement			3b	6,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year**

Name

PATRICK O'BRYAN

Street

6525 N 24TH LANE

City

PHOENIX

State

AZ

Zip Code

85015

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

REANNA RENTSCHLER

Street

11225 N 60TH COURT

City

GLENDALE

State

AZ

Zip Code

85304

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

CAMIE RIDEOUT

Street

38408 N 29TH AVENUE

City

PHOENIX

State

AZ

Zip Code

85086

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

NATALIE SCHMID

Street

3205 W POTTER DRIVE

City

PHOENIX

State

AZ

Zip Code

85027

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

RACHEL SCHWEITZER-GIBLIN

Street

16211 W BANFF LANE

City

SURPRISE

State

AZ

Zip Code

85379

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

2,000

Name

KELLY TYRRELL

Street

12937 W REDFIELD ROAD

City

EL MIRAGE

State

AZ

Zip Code

85335

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment

Recipient(s) approved for future payments

Name

CAMIE RIDEOUT

Street

38408 N 29TH AVENUE

City

PHOENIX

State

AZ

Zip Code

85086

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Line 18 (990-PF) - Taxes

		276	0	0	276
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INCOME TAX	276			276
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line 23 (990-PF) - Other Expenses

		260	0	0	260
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INVESTMENT FEE	150			150
2	ARIZONA CORPORATION COMMISSION FILING	10			10
3	OFFICE EXPENSE	100			100
4					
5					
6					
7					
8					
9					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

		56,509	32,359	56,509	32,359	Check "X" if Federal Obligation	Check "X" if State/ Local Obligation
	Description	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year		
1	US TREASURY INFL PROT NOTE	56,509	32,359	56,509	32,359	X	
2							
3							
4							
5							
6							
7							
8							
9							
10							

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

						216,234	233,000	216,235	233,000
	Description	Interest Rate	Maturity Date	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year		
1	ATLANTIC RICHFIELD CO	8 50%	4/1/2012	54,014	50,796	54,014	50,796		
2	WELLS FARGO & CO NEW	5 25%	10/23/2012	32,162	31,052	32,162	31,052		
3	GENL ELEC CO NTS	5 00%	2/1/2013	26,724	26,052	26,724	26,052		
4	WELLS FARGO & CO NEW GLOBAL NOTE	4 63%	4/15/2014	26,234	26,000	26,234	26,000		
5	JP MORGAN CHASE & CO NTS B/E	4.75%	3/1/2015	26,694	26,589	26,694	26,589		
6	WELLS FARGO & CO NEW SUB NOTES N	5 13%	9/15/2016	26,674	26,476	26,674	26,476		
7	BARCLAYS BANK PLC MED TERM NTS	4 00%	11/30/2020	23,732	21,337	23,733	21,337		
8	HSBC INC STEP UP CALL MED TERM NTS	4 00%	12/19/2023		24,698		24,698		
9									
10									

Part II, Line 13 (990-PF) - Investments - Other

			100,731	90,536	90,536
	Item or Category	Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	CERTIFICATES OF DEPOSITS	FMV	54,701	53,574	53,574
2	ASSET BACKED SECURITIES	FMV	46,030	36,962	36,962
3					
4					
5					
6					
7					
8					
9					
10					

Part II, Line 15 (990-PF) - Other Assets

	Description	Beginning Balance	Ending Balance	Fair Market Value
1	ACCRUED INTEREST	3,805	3,437	3,437
2				
3				
4				
5				
6				
7				
8				
9				
10				

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours
1	LELAND W PETERSON		13180 N 103RD DR	SUN CITY	AZ	85351		CHAIRMAN	1.00
2	WILLIAM SELLNER		13180 N 103RD DR	SUN CITY	AZ	85351		SEC/TREAS	1.00
3	SANDRA L FOELL		14154 DENNY BLVD, STE 207	LITCHFIELD PARK	AZ	85340		DIRECTOR	1.00
4	SAM CANEPA		9232 W TOPEKA DR	PEORIA	AZ	85382		DIRECTOR	1.00
5	JAN FERGUSON		15226 BOLIVAR DR	SUN CITY	AZ	85351		DIRECTOR	1.00
6	W A TURNER		18432 W GLENDALE	WADDELL	AZ	85355		DIRECTOR	1.00
7									
8									
9									
10									

Part

	0	0	0	0	0	0
	Compensation	Benefits	Expense Account	Explanation		
1	0	0	0			
2	0	0	0			
3	0	0	0			
4	0	0	0			
5	0	0	0			
6	0	0	0			
7						
8						
9						
10						

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.

Aid/Loan

Dollar Amount

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.

Aid/Loan

Dollar Amount

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 my 2003 and 2004 income tax returns.*

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?

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.