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'Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization					Employer Identification number
Dan and M	licki Chapin Fund, Inc	c.			36-4147435
	tion type (check on				
Filers of:		Section:			
Form 990	or 990-EZ	☐ 501(c)() (enter number) org	 anization 	
		4947(a)(1) nor	nexempt charitable tr	ust not treated as a private fou	ndation
		☐ 527 political o	organization	 -	
Form 990-PF		√ 501(c)(3) exen	npt private foundation	 	
		4947(a)(1) nor	nexempt charitable tr	ust treated as a private founda	tion
		☐ 501(c)(3) taxal	ble private foundation	1	
	· · · · · · · · · · · · · · · · · · ·				
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					
	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.			00 or more (in money or	
Special Rules					
u ti	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % 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.				
d	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.				
d n y a	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, charitable, 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, charitable, 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).					

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

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MAY 2 0 2013

OGDEN, UT

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Pa
Name of organization and Micki Chimb.	Employer Identification number 36 - 4447435
Part I Contributors (see instructions) Lise duplicat	copies of Part Lif additional space is needed

	18 W Chi	7027	76- 4K7435
Part I	Contributors (see instructions). Use duplicate of	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Daniel R. & Marilyn M. Chapin PO Box 550, 361 Keyes Ave. Hampshire, IL 60140	\$ 262,225	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 Payroli 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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person

DAN AND MICKI CHAPIN FUND INC PO BCX 550 HAMPSHIRE IL 60140



DECLARATION

001924

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Title

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