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

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

OMB No 1545-0052

2013

Open to Public Inspection

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 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) 14719 W GRAND AVENUE		Room/suite	B Telephone number (see instructions) (623) 832-6616	
City or town SUN CITY WEST	State AZ	ZIP code 85376		
Foreign country name	Foreign province/state/county	Foreign postal code	C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply			D 1. Foreign organizations, check here <input type="checkbox"/>	
<input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity			2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<input type="checkbox"/> Final return <input type="checkbox"/> Amended return			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change			F If the foundation is in a 60-month termination under section 507(b)(1)(B), 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				
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 370,768		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)				

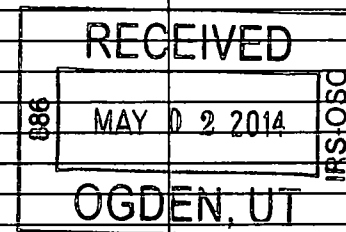
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis 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				
	4 Dividends and interest from securities	12,508	12,508		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	238			
	b Gross sales price for all assets on line 6a	82,899			
	7 Capital gain net income (from Part IV, line 2)		238		
	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	12,746	12,746	0		
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 instructions)	162			162
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	705			705
	24 Total operating and administrative expenses. Add lines 13 through 23	867	0	0	867
	25 Contributions, gifts, grants paid	17,250			17,250
26 Total expenses and disbursements. Add lines 24 and 25	18,117	0	0	18,117	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-5,371				
b Net investment income (if negative, enter -0-)		12,746			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

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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	83	58,133	58,133		
	2 Savings and temporary cash investments	121,046	64,108	64,108		
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶					
	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 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)	32,375	31,660	31,660		
	b Investments—corporate stock (attach schedule)					
	c Investments—corporate bonds (attach schedule)	157,083	198,099	198,099		
	11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)	78,773	17,072	17,072		
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶					
15 Other assets (describe ▶ ACCRUED INTEREST)	2,004	1,696	1,696			
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	391,364	370,768	370,768			
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)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>					
	24 Unrestricted	391,364	370,768			
	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					
	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)	391,364	370,768				
31 Total liabilities and net assets/fund balances (see instructions)	391,364	370,768				

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	391,364
2 Enter amount from Part I, line 27a	2	-5,371
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	385,993
5 Decreases not included in line 2 (itemize) ▶ MARK TO MARKET CHANGE	5	15,225
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	370,768

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 GENL ELEC CO NTS 5%	P	2/25/2009	2/1/2013
b GOLDMAN SACHS BK UT US RT 5%	P	11/21/2008	11/26/2013
c FNMA PL AA4434 5 0	P		12/31/2013
d FNMA PL 735580 5 0	P		12/31/2013
e GNMA PL 004248M 7 5	P		12/31/2013

(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 25,000		24,762	238
b 50,000		50,000	0
c 1,172		1,172	0
d 4,100		4,100	0
e 2,627		2,627	0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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			238
b			0
c			0
d			0
e			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	238
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.

1 Enter the appropriate amount in each column for each year, see 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))
2012	16,410	386,634	0.042443
2011	17,858	390,805	0.045695
2010	12,233	390,833	0.031300
2009	16,489	380,896	0.043290
2008	16,160	382,701	0.042226

2 Total of line 1, column (d)	2	0.040991
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	0.040991
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	375,515
5 Multiply line 4 by line 3	5	15,393
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	127
7 Add lines 5 and 6	7	15,520
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	18,117

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see 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	127
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	127
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	127
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	
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	0
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	127
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 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <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>		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? <i>If "Yes," attach a detailed description of the activities</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a 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? <i>If "Yes," attach the statement required by General Instruction T</i>		X
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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a 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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		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? Website address ▶ N/A	13	X	
14	The books are in care of ▶ WILLIAM T SELLNER Telephone no ▶ (623) 832-6616 Located at ▶ 14719 W GRAND AVENUE SUN CITY WEST AZ ZIP+4 ▶ 85376			
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 2013, 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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <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 2013 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 2013)	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 2013?	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		
	00	0		
	00	0		
	00	0		
	00	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		

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	
	17,250
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	

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	300,940
b	Average of monthly cash balances	1b	80,293
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	381,233
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	
3	Subtract line 2 from line 1d	3	381,233
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	5,718
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	375,515
6	Minimum investment return. Enter 5% of line 5	6	18,776

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	18,776
2a	Tax on investment income for 2013 from Part VI, line 5	2a	127	
b	Income tax for 2013 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b	2c	127	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,649	
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5	18,649	
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	18,649	

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	18,117
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	18,117
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	127
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,990

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				18,649
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			16,314	
b Total for prior years 20 09 , 20 10 , 20 11		31,510		
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 18,117				
a Applied to 2012, but not more than line 2a			16,314	
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2013 distributable amount				1,803
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2013 (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		31,510		
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		31,510		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				16,846
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 2008 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A**

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2013	(b) 2012	(c) 2011	(d) 2010	
				0
b 85% of line 2a				0
c Qualifying distributions from Part XII, line 4 for each year listed				0
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
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 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

CHAPMAN SCHOLARSHIP APPLICATIONS 14719 W GRAND AVENUE SUN CITY WEST, AZ 85376 (623) 832-6616

- 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				
Savita Abraham 10350 W McDowell Rd Avondale, AZ 85392	None		Scholarship	2,000
Duraid Anderios 17590 W Carmen Dr Surprise, AZ 85388	None		Scholarship	500
Tanisha Anderson 6830 W Garfield St Phoenix, AZ 85043	None		Scholarship	1,000
Stacy Doud 14256 N 162nd Lane Surprise, AZ 85379	None		Scholarship	1,250
Kylee Fay 13210 W Rhine Lane Litchfield Park, AZ 85340	None		Scholarship	1,000
Kelli Fitzgerald 12740 W Indian School Rd Litchfield Park, AZ 85340	None		Scholarship	1,750
Jennifer Herrera 18063 W Carol Ave Waddell, AZ 85355	None		Scholarship	1,000
Christopher Jones 10750 W Kaler Dr Glendale, AZ 85307	None		Scholarship	500
Anwara Kirkland 11225 N 32nd Dr Phoenix, AZ 85029	None		Scholarship	750
Marta Knych 2400 N Bullard Ave Goodyear, AZ 85395	None		Scholarship	750
Autumnjoy Leonard 17263 W Acapulco Lane Surprise, AZ 85388	None		Scholarship	500
Total See Attached Statement			3a	17,250
b Approved for future payment				
Duraid Anderios 17590 W Carmen Dr Surprise, AZ 85388	None		Scholarship	500
Christopher Jones 10750 W Kaler Dr Glendale, AZ 85307	None		Scholarship	500
Dean Tapiceria 13238 W Paradise Lane Surprise, AZ 85374	None		Scholarship	500
Total			3b	1,500

Part XVI-A Analysis of Income-Producing Activities

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 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	12,508	
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			18	238	
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)		0		12,746	0
13	Total. Add line 12, columns (b), (d), and (e)				13	12,746

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Allison Mcleod

Street

13398 S 176th Ave

City

Goodyear

State

AZ

Zip Code

85338

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

1,250

Name

Monica Platas

Street

16214 W Desert Bloom St

City

Goodyear

State

AZ

Zip Code

85338

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

1,000

Name

Trisha Pollard

Street

13148 W Coronado Rd

City

Goodyear

State

AZ

Zip Code

85395

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

1,000

Name

Sonya Pruet

Street

11603 N 67th Dr

City

Peoria

State

AZ

Zip Code

85345

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

500

Name

Janeen Seabert

Street

6438 W Via Dona Rd

City

Phoenix

State

AZ

Zip Code

85083

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

1,000

Name

Dean Tapiceria

Street

13238 W Paradise Lane

City

Surprise

State

AZ

Zip Code

85374

Foreign Country**Relationship**

None

Foundation Status**Purpose of grant/contribution**

Scholarship

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

June Whitaker

Street

17992 W Paseo Way

City

Goodyear

State

AZ

Zip Code

85338

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****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		Amount		Totals									
				Capital Gains/Losses									
				Other sales									
Check "X" to include in Part IV	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Cost, Other Basis and Expenses		Net Gain or Loss
											Expense of Sale and Cost of Improvements	Depreciation	
1	X GENL ELEC CO NTS 5%	369604AY9	UBS FINANCIAL SERVICES	X	2/25/2009	P	2/1/2013	25,000	24,762	MARKET			238
2	X GOLDMAN SACHS BK UT US	381426UT0	UBS FINANCIAL SERVICES	X	11/21/2008	P	11/26/2013	50,000	50,000	MARKET			0
3	X FNMA PL AA434 5 0	31416MAU5	UBS FINANCIAL SERVICES	X		P	12/31/2013	1,172	1,172	MARKET			0
4	X FNMA PL 735580 5 0	31402RFV6	UBS FINANCIAL SERVICES	X		P	12/31/2013	4,100	4,100	MARKET			0
5	X GNMA PL 004248M 7 5	36202EWH8	UBS FINANCIAL SERVICES	X		P	12/31/2013	2,627	2,627	MARKET			0

Part I, Line 18 (990-PF) - Taxes

		162	0	0	162
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INCOME TAX	162			162

Part I, Line 23 (990-PF) - Other Expenses

		705	0	0	705
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 F	10			10
3	OFFICE EXPENSE	545			545

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

		Federal		State/Local									
		32,375	31,660	0	0	0	0	32,375	31,660	0	0	31,660	0
		Num Shares/ Face Value	Book Value Beg of Year	Book Value End of Year	Book Value End of Year	FMV Beg of Year	FMV End of Year					State/Local Obligation	
1	US TREASURY INFL PROT NOTE		32,375	31,660	31,660	32,375	31,660	32,375	31,660	32,375	31,660		

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

	Description	Interest Rate	Maturity Date	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year
1	LLOYDS TSB BANK PLC B/E		7/20/2017		50,367		50,367
2	BARCLAYS BANK PLC	3.25%	2/25/2033		21,116		21,116
3	GENL ELEC CO NTS	5.00%	2/1/2013	25,095	0	25,095	0
4	WELLS FARGO & CO NEW GLOBAL NOTES	4.63%	4/15/2014	26,290	25,293	26,290	25,293
5	JP MORGAN CHASE & CO NTS B/E	4.75%	3/1/2015	26,970	26,155	26,970	26,155
6	WELLS FARGO & CO NEW SUB NOTES NTS	5.13%	9/15/2016	28,157	27,518	28,157	27,518
7	BARCLAYS BANK PLC MED TERM NTS	1.96%	11/30/2020	25,113	23,000	25,113	23,000
8	HSBC INC STEP UP CALL MED TERM NTS	4.00%	12/19/2023	25,458	24,650	25,458	24,650

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

		78,773	17,072	17,072
		Book Value	Book Value	FMV
		Beg. of Year	End of Year	End of Year
Asset Description	Basis of Valuation			
1 CERTIFICATES OF DEPOSITS	FMV	51,981	0	0
2 ASSET BACKED SECURITIES	FMV	26,792	17,072	17,072

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

		2,004	1,696	1,696
		Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	ACCRUED INTEREST	2,004	1,696	1,696

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	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	ELLEN VAN ARSDALE		14719 W GRAND AVENUE	SUNCITY WEST	AZ	85376		CHAIRMAN	100			
2	WILLIAM SELLNER		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		SECTREAS	100			
3	SANDRA L FOELL		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	100			
4	JAN FERGUSON		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	100			
5	LELAND W PETERSON		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	100			
6	JANE WILLIS		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	100			

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.