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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 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	
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) ▶ \$ 365,752		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)		
			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)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input checked="" 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	10,389	10,389		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	665			
b	Gross sales price for all assets on line 6a 106,492				
7	Capital gain net income (from Part IV, line 2)		665		
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	11,054	11,054	0	
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)	127			127
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	512			512
24	Total operating and administrative expenses. Add lines 13 through 23	639	0	0	639
25	Contributions, gifts, grants paid	18,000			18,000
26	Total expenses and disbursements. Add lines 24 and 25	18,639	0	0	18,639
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-7,585			
b	Net investment income (if negative, enter -0-)		11,054		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

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Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	58,133	96,616	96,616
	2 Savings and temporary cash investments	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)	31,660		
	b Investments—corporate stock (attach schedule)		26,653	26,653
	c Investments—corporate bonds (attach schedule)	198,099	176,237	176,237
Liabilities	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	17,072	64,593	64,593
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶ ACCRUED INTEREST)	1,696	1,653	1,653
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	370,768	365,752	365,752
	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 <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	370,768	365,752	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	370,768	365,752	
	31 Total liabilities and net assets/fund balances (see instructions)	370,768	365,752	

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	370,768
2 Enter amount from Part I, line 27a	2	-7,585
3 Other increases not included in line 2 (itemize) ▶ MARK TO MARKET CHANGE	3	2,569
4 Add lines 1, 2, and 3	4	365,752
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	365,752

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	DISCOVER BK DE US RATE 5.05%	P	1/8/2014	7/23/2014
b	US TREASURY NOTE INFLA PROTECT 2.0%	P	2/25/2009	7/15/2014
c	WELLS FARGO & CO NEW GLOBAL UNSECD NTS NOTE 4.625%	P	2/25/2009	4/15/2014
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 50,000		50,000	0
b 31,492		31,883	-391
c 25,000		23,944	1,056
d			
e			

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			0
b			-391
c			1,056
d			
e			

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	665
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))
2013	17,990	375,515	0.047908
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

2 Total of line 1, column (d)	2	0.210636
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	0.042127
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	367,787
5 Multiply line 4 by line 3	5	15,494
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	111
7 Add lines 5 and 6	7	15,605
8 Enter qualifying distributions from Part XII, line 4	8	18,639

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.

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		111
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		111
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		111
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	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		111
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 2015 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"/> <u>AZ</u>		
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 2014 or the taxable year beginning in 2014 (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?	13	X	
Website address ▶ N/A				
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 2014, 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?	16	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country ▶				

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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <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 2014 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 2014)	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 2014?	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 4945(d)(4)(A)? (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	N/A

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	
	18,000
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	307,482
b	Average of monthly cash balances	1b	65,906
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	373,388
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	373,388
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	5,601
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	367,787
6	Minimum investment return. Enter 5% of line 5	6	18,389

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	18,389
2a	Tax on investment income for 2014 from Part VI, line 5	2a	111
b	Income tax for 2014 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	111
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,278
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	18,278
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	18,278

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	18,639
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	18,639
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	111
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,528

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				18,278
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			16,846	
b Total for prior years 20 10 , 20 11 , 20 12		42,420		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 18,639				
a Applied to 2013, but not more than line 2a			16,846	
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 2014 distributable amount				1,793
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014. (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		42,420		
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		42,420		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount—see instructions				0
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				16,485
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

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 2014, 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) 2014	(b) 2013	(c) 2012	(d) 2011	
				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				
Duraid Anderios 17590 W Carmen Dr Surprise, AZ 85388	None	NC	Scholarship	500
Carlos Bejar 1655 E University Tempe, AZ 85281	None	NC	Scholarship	500
Sigfredo Javier Falero Rullan 15083 N 156th Lane Surprise, AZ 85379	None	NC	Scholarship	500
Addison Garrett 16884 W Marshall Lane Surprise, AZ 85388	None	NC	Scholarship	500
Christopher Jones 819 N College Ave H-113 Tempe, AZ 85281	None	NC	Scholarship	1,500
Joshua Martindale 13851 W Watson Lane Surprise, AZ 85379	None	NC	Scholarship	1,000
Josephine Perez 21615 W Harding Avenue Wittmann, AZ 85361	None	NC	Scholarship	500
Marysol Rivas Santiago 9330 W McDowell Road Phoenix, AZ 85037	None	NC	Scholarship	1,000
Deborah Sables 14575 W Mountain View Blvd Surprise, AZ 85374	None	NC	Scholarship	1,000
Cruzita Sonetti 4606 N 56th Lane Phoenix, AZ 85031	None	NC	Scholarship	500
Dean Tapiceria 13238 W Paradise Lane Surprise, AZ 85374	None	NC	Scholarship	500
Total . . . See Attached Statement			3a	18,000
b Approved for future payment				
Total			3b	0

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

- Attach to Form 1040 or Form 1040NR.
► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No **12**

Name(s) shown on return

THE CHAPMAN FUND AN ARIZONA NON-PROFIT CORPORATION

Your social security number

86-0731311

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	2,655	2,655		0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Gain from Form 4797, Part I, long-term gain from Forms 2439 and 6252, and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2014

HTA

Part III Summary**16** Combine lines 7 and 15 and enter the result**16**

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?☐**Yes.** Go to line 18.☐**No.** Skip lines 18 through 21, and go to line 22.**18** Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions . . . ▶**18****19** Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions . . . ▶**19****20** Are lines 18 and 19 **both** zero or blank?☐**Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below☐**No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.**21** If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500) }

21 ()**Note.** When figuring which amount is smaller, treat both amounts as positive numbers.**22** Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?☐**Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).☒**No.** Complete the rest of Form 1040 or Form 1040NR

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2014Attachment
Sequence No **12A**Department of the Treasury
Internal Revenue Service

- Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
 ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

THE CHAPMAN FUND AN ARIZONA NON-PROFIT CORPORATION

Social security number or taxpayer identification number

86-0731311

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a, you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FNMA PL 735580 5.0 Due 06/01/35	Various	12/25/2014	1,501	1,501			0
	FNMA PL AA4434 5.0 Due 03/01/39	Various	12/25/2014	323	323			0
	GNMA PL 004248M 7.5 Due 09/20/38	Various	12/20/2014	831	831			0
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			2,655	2,655		0	0

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See **Column (g)** in the separate instructions for how to figure the amount of the adjustment.

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	Totals			Net Gain or Loss	
									Capital Gains/Losses		Cost, Other Basis and Expenses		Net Gain or Loss
									Gross Sales	Other sales			
	Long Term CG Distributions								106,492		105,827	665	
	Short Term CG Distributions								0		0	0	
1	X DISCOVER BK DE US RATE 5	25468JPL7	UBS FINANCIAL SERVICES	X	1/8/2014	P	7/23/2014	50,000		Expense of Sale and Cost of Improvements	Depreciation	Net Gain or Loss	
2	X US TREASURY NOTE INFRA P	912828CP3	UBS FINANCIAL SERVICES	X	2/25/2009	P	7/15/2014	31,492				-391	
3	X WELLS FARGO & CO NEW GL	949746F55	UBS FINANCIAL SERVICES	X	2/25/2009	P	4/15/2014	25,000	23,944			1,056	

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

		127	0	0	127
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INCOME TAX	127			127

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

		512	0	0	512
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	100			100
4	BANNER BOSWELL REHAB CENTER	252			252

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

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

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		0	26,653	0	26,653		
Description		Num. Shares/ Face Value	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year	
1	POWERSHARES S&P 500 HIGH DIV PORT	405	0	13,304	0	13,304	
2	WISDOMTREE TRUST LARGE CAP	180	0	13,349	0	13,349	

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

						198,099	176,237	198,099	176,237	
	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	50,930	50,367	50,930			
2	BARCLAYS BANK PLC	3.25%	2/25/2033	21,116	23,517	21,116	23,517			
3	WELLS FARGO & CO NEW GLOBAL NOTES	4.63%	4/15/2014	25,293	0	25,293	0			
4	JP MORGAN CHASE & CO NTS B/E	4.75%	3/1/2015	26,155	25,143	26,155	25,143			
5	WELLS FARGO & CO NEW SUB NOTES NTS	5.13%	9/15/2016	27,518	26,665	27,518	26,665			
6	BARCLAYS BANK PLC MED TERM NTS	2.66%	11/30/2020	23,000	24,012	23,000	24,012			
7	HSBC INC STEP UP CALL MED TERM NTS	4.00%	12/19/2023	24,650	25,970	24,650	25,970			

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

		17,072		64,593		64,593
	Asset Description	Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year	
1	ASSET BACKED SECURITIES	FMV	17,072	14,740	14,740	
2	CERTIFICATES OF DEPOSITS	FMV	0	49,853	49,853	

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

		1,696	1,653	1,653
Asset Description		Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	ACCRUED INTEREST	1,696	1,653	1,653

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

0												
	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	SUN CITY WEST	AZ	85376		CHAIRMAN	1.00			
2	WILLIAM SELLNER		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		SEC/TREAS	1.00			
3	SANDRA L FOELL		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	1.00			
4	JAN FERGUSON		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	1.00			
5	LELAND W PETERSON		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	1.00			
6	JANE WILLIS		14719 W GRAND AVENUE	SUN CITY WEST	AZ	85376		DIRECTOR	1.00			

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.

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

Recipient(s) paid during the year

Name

Sun Health Foundation

Street

14719 W Grand Avenue

City

Surprise

State

AZ

Zip Code

85374

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Scholarship

Amount

10,000

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**