

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 18 2016

Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

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 2015 or tax year beginning , 2015, and ending A Employer identification number Name of foundation 30-0778564 The Harry and Pam Chapman Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 4626 Drake Falls City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ ☐ Katy, Texas 77450 ☐ Initial return Initial return of a former public charity G Check all that apply. D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Name change ☐ Address change check here and attach computation ▶□ E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here ▶ 🗌 14,855 (Part I, column (d) must be on cash basis.) Ine 16) ► \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income purposes (cash basis only) the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 71,000 1 Check ► ☐ If the foundation is **not** required to attach Sch. B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents . Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain . Я 9 Income modifications Gross sales less returns and allowances 10a Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . 11 Other income (attach schedule) . . . 12 Total. Add lines 1 through 11 . . 71,000 Compensation of officers, directors, trustees, etc. 13 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) . 17 Taxes (attach schedule) (see instructions) 18 19 Depreciation (attach schedule) and depletion . 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 . 25 Contributions, gifts, grants paid . 71,365 Total expenses and disbursements. Add lines 24 and 25 26 71,365 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -365 **b** Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2015)

| - | | Attached schedules and amounts in the description column | Beginning of year | End of | | of year | |
|-------------------|--------|--|------------------------------|---------------|-------|-----------------------|--|
| Ρa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions) | (a) Book Value | (b) Book Valu | е | (c) Fair Market Value | |
| | 1 | Cash—non-interest-bearing | 12,569 | | 0,404 | 10,404 | |
| | 2 | Savings and temporary cash investments | 2,651 | | 4,451 | 4,451 | |
| | 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) | | | ĺ | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | | | |
| | | Less. allowance for doubtful accounts ▶ | | | | | |
| ış l | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | <u> </u> | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | | - | |
| | b | Investments—corporate stock (attach schedule) | | | | | |
| | С | Investments—corporate bonds (attach schedule) | | | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | | | |
| | 12 | Investments—mortgage loans | | | i | | |
| | 13 | Investments—other (attach schedule) | | | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | _ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | | | |
| | 15 | Other assets (describe ▶ | | | j | | |
| | 16 | Total assets (to be completed by all filers—see the | | | | | |
| | | ınstructions. Also, see page 1, item l) | 15,220 | 14 | 1,855 | 14,855 | |
| | 17 | Accounts payable and accrued expenses | | | | | |
| ′ 0 | 18 | Grants payable | | | | | |
| ë | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| iab | 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| _ | 22 | | | | | | |
| | 23 | Other liabilities (describe ►) Total liabilities (add lines 17 through 22) | 0 | | 0 | | |
| (C | | Foundations that follow SFAS 117, check here | | | | | |
| Balances | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| ğ | 24 | Unrestricted | | | | | |
| ă | 25 | Temporarily restricted | | | | | |
| d B | 26 | Permanently restricted | | | | | |
| | | Foundations that do not follow SFAS 117, check here ▶ ☑ | | | | | |
| Ĭ. | | and complete lines 27 through 31. | | | | | |
| Net Assets or Fun | 27 | Capital stock, trust principal, or current funds | | | | | |
| ets | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| ĮΥ | 30 | Total net assets or fund balances (see instructions) | 15,220 | 14 | ,855 | | |
| Ę | 31 | Total liabilities and net assets/fund balances (see | T | | ı | | |
| | | ınstructions) | 15,220 | 14 | ,855 | | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | | | | | |
| 1 | | al net assets or fund balances at beginning of year-Part II, colu | | agree with | | | |
| | | -of-year figure reported on prior year's return) | | · · · | 1 | 15,220 | |
| 2 | | er amount from Part I, line 27a | | ļ. | 2 | 365 | |
| 3 | | | | | 3 | | |
| 4 | | lines 1, 2, and 3 | | · | 4 | 14,855 | |
| 5 | Dec | reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—l | David II. and common /b/ 1 c | <u></u> | 5 | | |
| 6 | Iota | al net assets or fund balances at end of year (line 4 minus line 5) -1 | Рап II, column (b), line | e 3U . | 6 | 14,855 | |

| Part | V Capital Gains an | d Losses for Tax on Investm | ent Income | | | |
|---------------|---|---|-----------------------|--|-------------------------------------|---------------------------------------|
| | | he kınd(s) of property sold (e g , real estate use, 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 | N/A | | | | | |
| <u>b</u> | | | | | _ | |
| <u> </u> | | | | | | |
| <u>d</u> | | | | | | |
| <u>е</u> | | (0 Decrease allowed | (=) () = 4 = 4 | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | other basis nse of sale | | n or (loss) f) minus (g) |
| <u>a</u> b | | | | | * * == * | |
| | | | | | | |
| d | | | | | | - |
| e | | | | - | | |
| | Complete only for assets sho | owing gain in column (h) and owned l | by the foundation | on 12/31/69 | (I) Gains (Col | (h) gain minus |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (i) (j), if any | col (k), but not | t less than -0-) or rom col (h)) |
| а | - | | | | | |
| b | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> | | | | | . | |
| е | | (If gain | also enter in Pa | rt Lline 7 | | |
| 2 | Capital gain net income of | or (net capital loss) { If (loss), | enter -0- ın Pai | rt I, line 7 | 2 | |
| 3 | If gain, also enter in Part | in or (loss) as defined in sections I, line 8, column (c) (see instruc | tions) If (loss) | , enter -0- ın (| , | |
| Dowl | | day Caption 4040(a) for Dodu | | | 3 | |
| Part | | der Section 4940(e) for Redu | | | | |
| (FOI O | plional use by domestic pr | ivate foundations subject to the s | section 4940(a) | tax on het invest | ment income.) | |
| If sect | tion 4940(d)(2) applies, leav | e this part blank. | | | | |
| | | section 4942 tax on the distribut t qualify under section 4940(e). D | | | pase period? | ☐ Yes ☐ No |
| 1 | | ount in each column for each yea | | | aking any entries | |
| | (a) | (b) | | (c) | | (d) |
| Cale | Base period years endar year (or tax year beginning in | Adjusted qualifying distributions | Net value of | f noncharitable-use as | | ribution ratio livided by col (c)) |
| | 2014 | | | | | |
| | 2013 | | | | | |
| | 2012 | | | | | |
| | 2011 | | | | | |
| | 2010 | | | | | |
| • | Tatal of line 1 column (d) | | | | | |
| 2 3 | Total of line 1, column (d) |) for the 5-year base period—divid | de the total on l | ine 2 by 5 or by | the 2 | <u> </u> |
| • | | dation has been in existence if le | | | "" 3 | |
| | named or yours are roun | | | | | |
| 4 | Enter the net value of nor | ncharitable-use assets for 2015 fr | om Part X, line | 5 | 4 | |
| 5 | Multiply line 4 by line 3 | | | | 5 | |
| 6 | Enter 1% of net investme | ent income (1% of Part I, line 27b) | | | . 6 | · · · · · · · · · · · · · · · · · · · |
| 7 | Add lines 5 and 6 | | • | | . 7 | |
| 8 | | | | | 8 | |
| | If line 8 is equal to or great Part VI instructions. | ater than line 7, check the box in | Part VI, line 1b | , and complete t | nat part using a 1 | % tax rate. See the |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see | instr | OIJOL | ns) | | |
|--------|--|-------|--------------|------------|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. | | | | | |
| L | Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | - | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 27b | | None | + | | |
| С | | | | | | |
| _ | Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | <u> </u> | | |
| 3 | Add lines 1 and 2 | | None | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | None | <u> </u> | | |
| 6 | Credits/Payments | | | l | | |
| a | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a Exempt foreign organizations—tax withheld at source 6b | | | | | |
| b | Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) | | | | | |
| c d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | - | - | <u> </u> | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . ▶ 10 | | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11 | | | | | |
| Part | VII-A Statements Regarding Activities | | 1 | T | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | | | |
| | participate or intervene in any political campaign? | 1a | | 1 | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | 1b | | 1 | | |
| | 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 | | | | | |
| C | · · · · · · · · · · · · · · · · · · · | | | | | |
| d | | | | | | |
| е | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| | on foundation managers ▶ \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | 1 | | |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | 1 | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? . | 4a | | V | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | * | - | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | 1 | | |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | ● By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | | |
| _ | conflict with the state law remain in the governing instrument? | 6 | V | <u> </u> | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | ✓ | - | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | | - | | |
| 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," | | | | | |
| | complete Part XIV | 9 | | 1 | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | | |
| | names and addresses | 10 | | lacksquare | | |

| Part | VII-A Statements Regarding Activities (continued) | | | |
|------|---|----------|-----|----------|
| | | | Yes | No |
| 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 | | 1 |
| 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 | | 1 |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | 1 | |
| | Website address ▶ | | | |
| 14 | The books are in care of ▶ Harry S. Chapman Telephone no ▶ | | | |
| | Located at ► 4626 Drake Falls, Katy, TX ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | 7745 | 0 | <u></u> |
| 15 | and enter the amount of tax-exempt interest received or accrued during the year | | | ▶ ⊔ |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority | | Yes | l |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | / |
| | 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. | \vdash | 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? Yes Voc (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ 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)? | , | | |
| | (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) ☐ Yes ✓ 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)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | 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 2015? | 1c | | V |
| 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)) | | | |
| | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| 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 | | | لــــا |
| | all years listed, answer "No" and attach statement—see instructions) | 2b | | <u> </u> |
| С | 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? | - | + | |
| b | If "Yes," did it have excess business holdings in 2015 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 2015.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | 1 |
| 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 2015? | 4b | | 1 |

| Form 99 | 0-PF (2015) | | | | | | | | | | Page 6 |
|----------|--|---------------------------------|---|---------------------|------------------------------------|-------------------|---|---------------------|----------|-------------------|----------------|
| | VII-B Statements Regarding Activities | for W | hich Form | 4720 | May Be R | equire | d (contii | nued) | | | |
| | During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr | ny amo o influe c electio | unt to. nce legislatio | on (sect on 495 | ion 4945(e) |)? . | Yes | ✓ No | | , - | |
| | (3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions) . | dy, or c n a char | ritable, etc., o | organız | ation desci | | ☐ Yes | ☑ No ☑ No | | | |
| L | (5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to our fany answer is "Yes" to 5a(1)–(5), did any of the | children | or animals? | | | | Yes | √ No | | | |
| b | Regulations section 53.4945 or in a current notice | | | | | | | | 5b | | |
| С | Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility | ng disa he four | ster assistan idation claim | ce che | ck here | the tax | | ► □ □ No | | | |
| 6a | If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract? | funds, (| directly or inc | directly | to pay pre | | Yes | ☑ No | | | |
| b | Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870. | | | | | | _ | | 6b | | ✓ |
| 7a b | At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed | a party t s or hav | o a prohibited e any net ind | d tax she come a | elter transac ttributable | tion? to the t | ☐ Yes ransactioi | √ No n? | 7b | | |
| Par | Information About Officers, Direct and Contractors | | | | | | | | mploy | ees, | |
| 1 | List all officers, directors, trustees, foundatio | n mana | gers and th | eir con | pensation | ı (see i | nstructio | ns). | | | |
| | (a) Name and address | ` hour | e, and average rs per week ed to position | l ` (lf r | mpensation ot paid, ter -0-) | emplo | Contribution byee benefit erred compe | plans | (e) Expe | nse ac allowar | count, nces |
| Harry | S. Chapman | | | | | | | | | | |
| | orake Falls, Katy, TX 77450 | Directo | or | | 0 | | | 0 | | | 0 |
| | a S. Chapman Prake Falls, Katy, TX 77450 | Directo | or | | 0 | | | 0 | | | 0 |
| | F. Chapman Belle Patrice Dr., Cumming, GA 30041 | Directo | or | | 0 | | | 0 | | | 0 |
| 2 | Compensation of five highest-paid employer | es (oth | er than tho | se incl | uded on li | ne 1- | see instr | uction | s). If n | one, | enter |
| | (a) Name and address of each employee paid more than \$50,00 | 00 | (b) Title, and a hours per videvoted to p | veek Č | (c) Compe | nsation | (d) Contribi employee plans and compens | benefit deferred | (e) Expe | nse ac allowar | count, |
| None | | | | | | | | | | | |

Total number of other employees paid over \$50,000 .

| 3 | and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE | - " |
|----------|--|-----------------|
| <u> </u> | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensatio |
| on | | (c) Compensatio |
| OII | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ota | I number of others receiving over \$50,000 for professional services | |
| Pa | t IX-A Summary of Direct Charitable Activities | |
| | outlinary of Direct Orientable / Calvinage | <u>_</u> |
| | st the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| | | |
| 1 | None | |
| | | |
| 2 | | |
| _ | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| | t IX-B Summary of Program-Related Investments (see instructions) | |
| D | escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | None | |
| | | |
| _ | | . |
| 2 | | |
| | | |
| Α | other program-related investments. See instructions | |
| 3 | None | |
| - | | |
| | | |

| | | • |
|-----|--------|--------|
| orm | 990-PF | (2015) |

| Pane | R |
|------|---|
| | |

| Part | X Minimum Investment Return (All domestic foundations must complete this part. Fore | ign found | ations, |
|--------|--|-----------|----------------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, | | |
| | purposes: | | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 0 |
| 4. | Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see | 1 | |
| | instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0 |
| Part | | oundation | าร |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0 |
| 2a | Tax on investment income for 2015 from Part VI, line 5 2a | | |
| b | Income tax for 2015 (This does not include the tax from Part VI.) . 2b | | |
| С | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 0 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 0 |
| 6 | Deduction from distributable amount (see instructions) | 6 | _ |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 0 |
| - Dowl | VIII Our life in an Distribution of an amount of the poly | | |
| Part | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 0 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | ··· |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | |
| 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 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating | g whether | the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| Part | Vilia Undistributed Income (see Instruction | (a) | (b) | (c) | (d) |
|--------|---|--------|---------------------|-------------|----------------|
| 1 | Distributable amount for 2015 from Part XI, line 7 | Corpus | Years prior to 2014 | 2014 | 2015 |
| 2 | Undistributed income, if any, as of the end of 2015 | | | | <u> </u> |
| a | Enter amount for 2014 only | | - | | |
| b | Total for prior years: 20 ,20 ,20 | | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | 1 | | |
| а | From 2010 | | | | |
| b | From 2011 | | | | |
| С | From 2012 | 1 | | | |
| d | From 2013 |] | | | |
| е | From 2014 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2015 from Part XII, | | | | |
| | line 4: ▶ \$ | | - | | |
| a | Applied to 2014, but not more than line 2a. | | | | |
| b | Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| _ | Treated as distributions out of corpus (Election | | | | |
| С | required—see instructions) | | | | |
| ٨ | Applied to 2015 distributable amount | | | | 1 |
| d e | Remaining amount distributed out of corpus | | | | - |
| 5 | Excess distributions carryover applied to 2015 | | | | |
| Ū | (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: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | ····· | |
| b | Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| С | 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 | _ | | | |
| е | Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f | Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016. | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | 0 |
| • | 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 2010 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 | Excess distributions carryover to 2016. | | | | |
| - | Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2011 | | | | |
| b | Excess from 2012 | | | | |
| С | Excess from 2013 | 1 | | | |
| d | Excess from 2014 | 4 | | | |

| Form 99 | 90-PF (2015) | | | | | Page 1 (|
|---------|---|----------------------|---------------------|----------------------|---------------------|---------------------|
| Part | XIV Private Operating Founda | tions (see ınstru | ctions and Part | VII-A, question 9 | 9) | |
| | If the foundation has received a ruling | | | | | |
| | foundation, and the ruling is effective for | 2015, enter the da | ate of the ruling | ▶ | | |
| b | Check box to indicate whether the four | ndation is a private | operating foundat | tion described in se | ection 4942(j) | (3) or 4942(j)(5 |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (-) 7 - (-) |
| | income from Part I or the minimum investment return from Part X for | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total |
| | each year listed | 0 | 0 | 0 | | |
| b | 85% of line 2a . | | _ | | | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed . | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly | | | | | |
| _ | for active conduct of exempt activities. | | | | İ | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | - | | | | |
| • | alternative test relied upon | | | | | |
| а | "Assets" alternative test—enter | | | | | |
| u | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | · | <u></u> | |
| | section 4942(j)(3)(B)(i) . | | | | | |
| b | "Endowment" alternative test—enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| _ | Part X, line 6 for each year listed . "Support" alternative test—enter | | | | | |
| С | | | | | | |
| | (1) Total support other than gross investment income (interest, | | | | | |
| | dividends, rents, payments on | | | | | |
| | securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | - | - |
| | (2) Support from general public and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | . | |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | | | | |
| | (4) Gross investment income | | | | | <u> </u> |
| Part | | | | he foundation h | ad \$5,000 or m | ore in assets at |
| | any time during the year- | | is.) | | | |
| 1 | Information Regarding Foundation | | | | | |
| а | List any managers of the foundation v | | | | | by the foundation |
| | before the close of any tax year (but o | nly if they have co | ontributed more th | an \$5,000) (See s | ection 507(d)(2)) | |
| | S. and Pamela S. Chapman | | | | | |
| b | List any managers of the foundation | | | • | | rge portion of the |
| | ownership of a partnership or other er | itity) of which the | foundation has a | 10% or greater into | erest. | |
| | | | | | | |
| 2 | Information Regarding Contribution | | | - | | |
| | Check here ► ✓ if the foundation | only makes contr | ributions to prese | lected charitable | organizations and | does not accept |
| | unsolicited requests for funds. If the f | | gifts, grants, etc. | (see instructions) t | o individuals or or | ganızatıons under |
| | other conditions, complete items 2a, I | | | | | |
| а | The name, address, and telephone nu | mber or e-mail ad | Idress of the perso | on to whom applic | ations should be a | nddressed |
| | | | | | | |
| | | | | | | |
| b | The form in which applications should | be submitted and | d information and | materials they sho | uld include. | |
| | | | | | | |
| | | | _ | | , | |
| С | Any submission deadlines | | | | | |
| | | · | | | | |
| d | Any restrictions or limitations on aw | ards, such as by | y geographical ar | eas, charitable fie | elds, kinds of ins | titutions, or other |
| | factors: | | | | | |

- Form **990-PF** (2015)

| Part | Supplementary Information (cont | inued) | | | |
|-------|--------------------------------------|---|----------------------|----------------------------------|--------|
| 3_ | Grants and Contributions Paid During | the Year or Approv | ed for Fu | ture Payment | |
| | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | Name and address (home or business) | or substantial contributor | recipient | | |
| а | Paid during the year | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| See a | ttached schedule | | | | |
| - | | | | | |
| | | | | | |
| | | | | | Į. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 1 |
| | | | | | |
| | | | | | Ì |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | (| |
| | Total | <u> </u> | | > 3 | a |
| b | Approved for future payment | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | • |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | |
| | Total | | | | b |

| Pa | rt X\ | /I-A Analysis of Income-Producing Ac | ctivities | | | | |
|-----|--------|---|----------------------|---------------------------------------|-----------------------|---------------------------------------|--|
| | | ss amounts unless otherwise indicated. | | siness income | Excluded by secti | on 512, 513, or 514 | i (e) |
| | | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 | Prog | gram service revenue: | | | | | (CCC III CC CCIONA) |
| | а | None | | | | | |
| | b | | | | | | |
| | С | | | | <u> </u> | | |
| | d . | | | | | | |
| | e | | | | | | |
| | f . | | | · · · · · · · · · · · · · · · · · · · | | | |
| | _ | Fees and contracts from government agencies | | | | | |
| 2 | | mbership dues and assessments | | · | | | |
| 3 | | rest on savings and temporary cash investments | | | | | |
| 4 | | dends and interest from securities | | | <u>.</u> | | |
| 5 | | rental income or (loss) from real estate. | , , | | | | |
| | | Debt-financed property | | | | | |
| _ | | Not debt-financed property | | | - | | |
| _ | | rental income or (loss) from personal property | _ | | + | | |
| 7 | | er investment income | | | | | |
| 8 | | n or (loss) from sales of assets other than inventory | | | | | |
| 9 | | income or (loss) from special events . | | | | | |
| 10 | | ss profit or (loss) from sales of inventory | | - | - | | |
| 11 | | er revenue. a | | | | · · · · · · · · · · · · · · · · · · · | |
| | b . | | | 17.1. | † | | |
| | c d | | 1 | | | | |
| | e . | | | | | | |
| 12 | | ototal Add columns (b), (d), and (e) | | | | | |
| | | | | | | 13 | ··· — |
| | | ksheet in line 13 instructions to verify calculation | | | | | |
| Pa | rt X\ | /I-B Relationship of Activities to the A | ccomplishm | ent of Exemp | ot Purposes | | |
| Lın | e No | Explain below how each activity for which accomplishment of the foundation's exempt pur | income is repo | rted in column | (e) of Part XVI | -A contributed in | nportantly to the |
| | ▼ | accomplishment of the foundation's exempt pur | poses (other tha | n by providing ful | nas for such purp | oses) (see instruc | -uons) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | . | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | · | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part | XVII | | | sfers To and Trans | sactions and I | Relationships With Nor | charitab | le | |
|----------|--------------|-----------------------------|--------------------------------|---------------------------------------|------------------------|---------------------------------------|-------------------------------|--|--------------|
| | | | ganizations | | | | | | |
| 1 | Did : | the organization d | directly or indirectly e | engage in any of the fo | ollowing with any | y other organization descri | bed | Yes | No |
| | | | e Code (other than s | section 501(c)(3) orgai | nizations) or in s | ection 527, relating to polit | ical | | i i |
| | orga | nızatıons? | | | | | | | |
| а | Tran | sfers from the rep | orting foundation to | a noncharitable exer | npt organization | of· | | | |
| | | Cash | | | | | . 1a(1) | | - |
| | ` ' | Other assets . | • | | | | . 1a(2) | - | 1 |
| b | | er transactions | | | | | . 14(2) | | Ť |
| D | | | a aanahawtahla aya | mat arganization | | | 1b(1) | | |
| | | | a noncharitable exe | | | | | - | |
| | | | | ble exempt organizat | | | 1b(2) | - | √ |
| | | | | rassets | | | 1b(3) | L | ✓ |
| | (4) F | Reimbursement ai | rrangements | | • | | 1b(4) | <u>. </u> | ✓ |
| | (5) l | oans or loan gua | rantees | | | | . 1b(5) | | ✓ |
| | (6) F | Performance of se | ervices or membersh | ip or fundraising solic | itations | | . 1b(6) | | ✓ |
| С | Sha | ring of facilities, e | quipment, mailing lis | ts, other assets, or pa | aid employees | | . 1c | | ✓ |
| d | If th | e answer to any | of the above is "Yes | s," complete the follo | wing schedule. | Column (b) should always | show the | faır m | arket |
| | | | | | | If the foundation received | | | |
| | | | | | | of the goods, other assets, | | | |
| (a) Line | | (b) Amount involved | | arıtable exempt organizatio | | nption of transfers, transactions, a | | | |
| (, | + | (-,- | | | 1. | • | | | |
| | | | | | | | | - | |
| | | | | | | | | | |
| | | | | · | | | | | |
| | | | | | | | | | |
| | | | | | | <u> </u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| | | | | ··· · | | | | | |
| | | | | | | | | | |
| | -+ | - | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 1 1 1 11 | -1.4- | | | | |
| 2a | | | | | | re tax-exempt organization | | _ | |
| | | | • • • | ther than section 501 | (c)(3)) or in section | DII 527? | · Yes | · 🔽 1 | No |
| b | If "Y | es," complete the | following schedule. | | | | | | |
| | | (a) Name of organ | ization | (b) Type of orga | ınızatıon | (c) Description of i | relationship | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | _ | |
| | | | | | | • | | | |
| | Unc | der penalties of periury. I | declare that I have examine | d this return, including accom | panying schedules and | d statements, and to the best of my k | nowledge and | belief, it | is true. |
| Sign | | rect, and complete Decl | aration of preparer (other tha | n taxpayer) is based on all inf | ormation of which prep | parer has any knowledge | | | _ |
| _ | , . | 1/11/11/11 | herman | 15/2/11 | CEO | | the IRS discuing the preparer | | |
| Here | | MW-10 | otho | 72//6 Date | Title | | instructions)? | | |
| | l ag | Influe of officer or trus | <u> </u> | | - / / | Dato / / | PTIN | | |
| Paid | / | Print/Type preparer | | Preparer's signature | Parmusa. | Date Check V | IT.] | | |
| Prep | arer | Norman O. Rasm | nussen, Jr., CPA | y vormand | rasmusoup | self-emplo | yed P01 | 50381 | 8 |
| Use | | Firm's name | | • | (/ | Fırm's ElN ► | | | |
| | | Firm's address ▶ | 4035 Crystal Lake Cir | S, Pearland, TX 7758 | 4 | Phone no | | | |
| | | | | | | | ~ 00 | O DE | 10015 |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

| The Harr | The Harry and Pam Chapman Foundation 30-0778564 | | | | |
|--------------------------------|---|---|---|--|--|
| Organization type (check one). | | | | | |
| Filers o | f: | Section: | | | |
| Form 99 | 0 or 990-EZ | ☐ 501(c)(|) (enter number) organization | | |
| | | ☐ 4947(a)(1) no | nexempt charitable trust not treated as a private fou | indation | |
| | | ☐ 527 political | organization | | |
| Form 99 | 0-PF | √ 501(c)(3) exe | mpt private foundation | | |
| | | ☐ 4947(a)(1) no | nexempt charitable trust treated as a private founda | tion | |
| | | 501(c)(3) taxa | able private foundation | | |
| | | | | | |
| | nly a section 501(c)(7 | | eneral Rule or a Special Rule. nization can check boxes for both the General Rule a | nd a Special Rule See | |
| Genera | Rule | | | | |
| Ø | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special | Rules | | | | |
| | regulations under se | ections 509(a)(1) are that received fror | on 501(c)(3) filing Form 990 or 990-EZ that met the 3 nd 170(b)(1)(A)(vi), that checked Schedule A (Form 99 n any one contributor, during the year, total contributorm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 | 90 or 990-EZ), Part II, line tions of the greater of (1) | |
| | contributor, during the | he year, total conti | on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ributions of more than \$1,000 exclusively for religious r the prevention of cruelty to children or animals. Con | , charitable, scientific, | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | |

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of | Part Lif additional space is | needed. |
|------------|--|------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Harry and Pam Chapman 4626 Drake Falls Katy, TX 77450 | \$ 71,000 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Employer identification number

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional spa | ace is needed. |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Employer identification number

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ | | | | | |
|---------------------------|---|----------------------|--|-------------------------------------|--|--|
| | Use duplicate copies of Part III if addition | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | | | | |
| (a) No. | | 4) | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| - | | (e) Transfer of gift | <u> </u> | | | |
| | | | | | | |
| L | Transferee's name, address, and | ZIP + 4 | Relation | ship of transferor to transferee | | |
| | | | | | | |
| | | | | · | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, and | ZIP + 4 | Relationship of transferor to transferee | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from | | (3): | | (4) 5 | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of gif | t | | | |
| | Transferee's name, address, and | ZIP + 4 | Relation | ship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

The Harry and Pam Chapman Foundation 4626 Drake Falls Katy, Tx 77450

Form 990-PF 12/31/15

Part 1, line 1:

Contributions:

| Harry & Pam Chapman | 02/01/15 | 02/01/15 \$17,000.00 | |
|---------------------|----------|----------------------|--|
| Harry & Pam Chapman | 04/13/15 | 17,000.00 | |
| Harry & Pam Chapman | 06/22/15 | 17,000.00 | |
| Harry & Pam Chapman | 12/14/15 | 3,000.00 | |
| Harry & Pam Chapman | 12/28/15 | 17,000.00 | |

\$71,000.00

The Harry and Pam Chapman Foundation 4626 Drake Falls Katy, Tx 77450

Form 990-PF 12/31/15

Part XV:

Grants and Contributions Paid:

| | | Purpose of | |
|----------|----------------------------------|--------------|-----------|
| | | Contribution | Amount |
| 01/01/15 | To adjust cash balance at 123114 | Charity | \$ 225.01 |
| 02/01/15 | St. Peter's UMC | Charity | 17,000.00 |
| 03/31/15 | St. Jude's Children's Hospital | Charity | 250.00 |
| 04/11/15 | St. Peter's UMC | Charity | 17,000.00 |
| 06/21/15 | St. Peter's UMC | Charity | 17,000.00 |
| 12/12/15 | Alzheimer's Association | Charity | 25.00 |
| 12/12/15 | American Cancer Society | Charity | 50.00 |
| 12/12/15 | American Heart Association | Charity | 50.00 |
| 12/12/15 | American Legion | Charity | 50.00 |
| 12/12/15 | Girls and Boys Clubs | Charity | 50.00 |
| 12/12/15 | Boystown | Charity | 250.00 |
| 12/12/15 | George Bush Presidential Libra | Charity | 250.00 |
| 12/12/15 | Boystown | Charity | 25.00 |
| 12/12/15 | Cystic Fibrosis Foundation | Charity | 25.00 |
| 12/12/15 | Jimmy Fund | Charity | 50.00 |
| 12/12/15 | Demolay International | Charity | 50.00 |
| 12/12/15 | Habitat for Humanity | Charity | 55.00 |
| 12/12/15 | Houston Food Bank | Charity | 100.00 |
| 12/12/15 | Meals on Wheels | Charity | 100.00 |
| 12/12/15 | Muscular Dystrophy Association | Charity | 100.00 |
| 12/12/15 | Parkinson Research Foundation | Charity | 25.00 |
| 12/12/15 | Prostate Cancer Fund | Charity | 25.00 |
| 12/12/15 | St. Jude's Children's Hospital | Charity | 500.00 |
| 12/12/15 | Salvation Army | Charity | 100.00 |
| 12/12/15 | Shriners' Hospital for Childre | Charity | 500.00 |
| 12/12/15 | Special Olympics Texas | Charity | 50.00 |
| 12/12/15 | Star of Hope | Charity | 100.00 |
| 12/12/15 | Texas Children's Hospital | Charity | 250.00 |
| 12/12/15 | VFW | Charity | 50.00 |
| 12/20/15 | Toys for Tots | Charity | 60.00 |
| 12/20/15 | St. Peter's UMC | Charity | 17,000.00 |

\$71,365.01