**Return of Private Foundation** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasur Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2019 or tax year beginning and ending A Employer identification number William C Chapman Family Foundation, Inc. Number and street (or PO box number if mail is not delivered to street address) Room/suite 46-1625414 B Telephone number (see instructions) Post Office Box 1425 City or town, state or province, country, and ZIP or foreign postal code OK 73402 Ardmore Foreign province/state/county Foreign postal code Foreign country name C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test. check here and attach computation Address change □ Name change E If private foundation status was terminated under X Section 501(c)(3) exempt private foundation Check type of organization section 507(b)(1)(A), check here J Accounting method X Cash Accrual Fair market value of all assets at 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 (Part I, column (d), must be on cash basis ) line 16) ▶ \$ 174,811 (d) Disbursements Part | 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 expenses per income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) 41.500 WENT THE SHEAR 多统计 2014年,增 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ if the foundation is not required to attach Sch B 2 3 Interest on savings and temporary cash investments 3.615 Dividends and interest from securities 3,615 4 5a Gross rents Net rental income or (loss) h Operating and Administrative Expenses/LANNED NOVR&vander Net gain or (loss) from sale of assets not on line 10 经国际公司 mandan - 3 milya mengan salah darah grywed. Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications ACHALLY VICT 10a Gross sales less returns and allowances HISTORY CONTRACTOR Less Cost of goods sold IFICH FRINGS Gross profit or (loss) (attach schedule) 激凝性细胞的 11 Other income (attach schedule) 45,115 3.615 Total. Add lines 1 through 11 12 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 275 275 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 10 10 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 285 286 Add lines 13 through 23 9,850 建设施设施。 9,850 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 10,135 10,136 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements **Net investment income** (if negative, enter -0-) 

Adjusted net income (if negative, enter -0-)

Part II Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	f year				
			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-	bearing	55,656	87,020	87,020		
Į	2	Savings and tempor	rary cash investments					
ı	3	Accounts receivable	· •		taban san			
		Less allowance for	doubtful accounts .					
	4	Pledges receivable		<b>邓</b> 克尔泽斯斯学节数	对上述器护门与证	是50.5930000000000000000000000000000000000		
		Less allowance for						
	5	Grants receivable						
	6	Receivables due fro	om officers, directors, trustees, and other					
			(attach schedule) (see instructions)					
	7		eceivable (attach schedule)		Margada da	Minister 1		
		Less allowance for dou	, , , , , , , , , , , , , , , , , , , ,	DISCLARE DE LINESCONIE DE LA COMP	hadini ilika ili ilika ili ilika ili ilika ili ilika ili	1,11111-141,11111-1-11111-1-1-1-1-1-1-1-		
ဖွ	8	Inventories for sale		<del></del>				
Assets	9		and deferred charges	<del></del>	,	<del></del>		
As	10a	•	state government obligations (attach schedule)	<del> </del>				
1	b		orate stock (attach schedule)	75,146	78,762	87,791		
	c	· ·	prate bonds (attach schedule)	10,110		01,101		
i	11	· ·	dings, and equipment basis					
Į			reciation (attach schedule)	221-147-14-14-14-14-14-14-14-14-14-14-14-14-14-	201000000000000000000000000000000000000			
	12	Investments—mortg	,					
ļ	13	Investments—other		<del></del>	<del></del>	<del></del>		
	14	Land, buildings, and equ		23577.444.780.90 (3459)	Anciae de la company			
ļ		•	reciation (attach schedule)			Administration of the Control of the		
	15	Other assets (descri	, , , , , , , , , , , , , , , , , , , ,					
	16		completed by all filers—see the					
	10	instructions Also, se	· · · · · · · · · · · · · · · · · · ·	130,802	165,782	174,811		
-	17		nd accrued expenses	100,002	700,102	15 x 23 2 2 4 3 2 3		
_	18	Grants payable	The desired experieds					
Liabilities	19	Deferred revenue			<del> </del>			
≝	20		rectors, trustees, and other disqualified persons			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ap	21		er notes payable (attach schedule)	<u> </u>		1441146114		
ן⊏	22	Other liabilities (des	· ·		<del> </del>	MORA MORAL		
- (	23		d lines 17 through 22)	0	0	State State of the High		
s			ollow FASB ASC 958, check here		<del></del>			
Balances		and complete lines		1		we require the second		
<u>a</u>	24	Net assets without of		130,802	165,782			
Ba	25	Net assets with done						
ᅙ		Foundations that do	not follow FASB ASC 958, check here			-Mail: Malphill hossing		
5		and complete lines 2						
-	26	•	principal, or current funds					
0	27		rplus, or land, bldg , and equipment fund					
et	28	-	cumulated income, endowment, or other funds					
SS	29	-	fund balances (see instructions)	130,802	165,782	HANDERS OF		
t A	30		net assets/fund balances (see					
Net Assets or Fund		instructions)		130,802	165,782			
_	rt III		anges in Net Assets or Fund Balances	1				
_	_		lances at beginning of year—Part II, column (a)	, line 29 (must agree	with			
			d on prior year's return)		1	130,802		
2		amount from Part I, I	2	34,979				
		increases not includ			3	1		
	4 Add lines 1, 2, and 3 4 165,78							
		eases not included in	line 2 (itemize) ▶		5			
			lances at end of year (line 4 minus line 5)—Par	t II, column (b), line 2	9 6	165,782		

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) Ho P D							Date acquired io , day, yr )	(d) Date sold (mo , day, yr )
1a	<u> </u>				L			
b_						<u> </u>		
<u>c</u>						-		
<u>d</u>			_					<del> </del>
<u>e</u>	<del></del> -				L		<del></del>	<u> </u>
	(e) Gross sales price (or allowable) plus exp				other basis ise of sale			n or (loss) (f) minus (g))
<u>a</u>		<del></del>				<b></b>		<del></del>
<u>b</u> _					<del></del>	ļ		<del></del>
<u>c</u>						<del> </del>		<del>-</del>
<u>d</u> _					<del></del> -	<del> </del> -		
<u>е</u>	Complete only for accets sh	owing gain in column (h) and owned	by the	foundation	00 12/31/60	<del> </del>		
	Complete only for assets sit		by the			1		l (h) gain minus t less than -0-) <b>or</b>
	(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any					from col (h))		
<u>u</u>		<del>_</del>				<del>                                     </del>		
d	<del></del>							
e					<del></del>			
2	Capital gain net income or	(not canital loce) 1 -		nter in Par	<b>,</b>			
•	Not alread to our nomital many	, ,	•	-0- in Part	ti, line /	2		0
3	, -	or (loss) as defined in sections 1:			r Oup J			
	Part I, line 8	line 8, column (c) See instruction	15 11 (1	055), ente	}	3		0
Part		ler Section 4940(e) for Redu	iced.	Tay on N	et Investment			
Was t		section 4942 tax on the distributational industributation (a) Do no				e perio	od?	Yes X No
1	<del></del>	unt in each column for each year,		<del>`                                     </del>		ng any	entries	
	(a)	(b)			(c)		_	(d)
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	. ]	Net value o	f noncharitable-use a	ssets		stribution ratio divided by col_(c))
	2018		3,549		7:	2,001		0 118734
	2017	3	3,504		5	3,768		0 065169
	2016		2,610			5,220		0 047265
	2015		2,205			5,469		0 039752
	2014		1,155		4	7,710		0 024209
2	Total of line 1, column (d)					}	2	0 295129
3	•	or the 5-year base period—divide						0.050000
	the number of years the fo	undation has been in existence if	iess tr	ian 5 year	S	}	3	0 059026
4	Enter the net value of nonc	charitable-use assets for 2019 froi	m Parl	X, line 5			4	153,451
5	Multiply line 4 by line 3						5	9,058
6	. •	t income (1% of Part I, line 27b)					6	36
		C				Ì		
7	Add lines 5 and 6						7	9,094
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in Pa	art VI,	line 1b, ar	nd complete that	part us	8 sing a 1% tax	10,135 x rate See the

Part VI

46-1625414 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a b	Exempt operating foundations described in section 4940(d)(2), check here  Date of ruling or determination letter  Domestic foundations that meet the section 4940(e) requirements in Part	1				36	
С	here ► X and enter 1% of Part I, line 27b  All other domestic foundations enter 2% of line 27b Exempt foreign organ  Part I, line 12, col (b)		15 T				4 1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ns only, others, enter -0-)	2				_0
3	Add lines 1 and 2	·	3				36
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ns only, others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or	less, enter -0-	5		16		36
6	Credits/Payments	1 1	T	魔盆			
а	2019 estimated tax payments and 2018 overpayment credited to 2019	6a					
þ	Exempt foreign organizations—tax withheld at source	6b				1,71	
С	Tax paid with application for extension of time to file (Form 8868)	6c	—M		NGKY	HAN	
_d	Backup withholding erroneously withheld	6d	_423		1. 1. 1.		التنف
7	Total credits and payments Add lines 6a through 6d		7	+			0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		8 9	-			26
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ow		10				<u>36</u> 0
0  1	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the air Enter the amount of line 10 to be Credited to 2020 estimated tax	Refunded ►	11				
	VII-A Statements Regarding Activities	Tteranaca P		<u>' </u>			
1a	During the tax year, did the foundation attempt to influence any national,	state, or local legislation or di	d it		Marci	Yes	No
ıa	participate or intervene in any political campaign?	state, or lood logislation of al	u it		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) f	for political purposes? See th	е		1		
_	instructions for the definition		_		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ	vities and copies of any mate	rıals		754 mg		\$10M
	published or distributed by the foundation in connection with the activities						21.49
ç	Did the foundation file Form 1120-POL for this year?				1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) in	nposed during the year					**
	(1) On the foundation > \$ (2) On foundation ma	anagers ▶\$					- X
е	Enter the reimbursement (if any) paid by the foundation during the year for	or political expenditure tax im	posed				
	on foundation managers    \$				g'iz	- 1	أننذ
2	Has the foundation engaged in any activities that have not previously been If "Yes," attach a detailed description of the activities				2		X X
3	Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformal conforma				3		
4a	Did the foundation have unrelated business gross income of \$1,000 or me	ore during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?				1	N/A	<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction If "Yes," attach the statement required by $General Instruction T$	n during the year?			5		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?		<b>^</b>		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of		٠٧.		7	X	3 <sup>m</sup> 1,35€
8a	Enter the states to which the foundation reports or with which it is register OK						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of For		neral		O.L		**************************************
_	(or designate) of each state as required by General Instruction G? If "No,"		(1) (2)		8b	X	र्ड , ४ ड <u>म</u> ी
9	Is the foundation claiming status as a private operating foundation within						
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? So "Yes," complete Part XIV				9		x
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses							x

Par	t VII-A Statements Regarding Activities (continued)			
		家汽车	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1 7		
	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	ii		Ì
	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	Х	<u> </u>
4.4	Website address N/A	0770		
14	The books are in care of ► Colin Chapman  Telephone no ► 580 223  Located at ► Post Office Box 1425 Ardmore OK  ZIP+4 ► 73402	9//2		
45				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year      15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the		Zat.	180 2
	name of the foreign country			2. Sec.
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T. v. T		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Contract of the second	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?			100
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	数字。 [2] 14. 6[3]		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	2		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?  Yes X No			大学
	,			
	(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 X No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here	CW.	2/19/27	139
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		130
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	William Co.		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	100		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years 20 , 20 , 20 , 20	2011		
þ	Are there any years listed in 2a for which the foundation is <b>not</b> 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	النستنسف
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	2,345	}## <u>##</u>	がかがっ
•	► 20 , 20 , 20 , 20	2 L		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	N. Carlo		17.00
	at any time during the year?	影響		7,2 3,3
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	žŠ	34	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	腰門		問題
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			4
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	تعتمع الم	¥Ŕ.	
	foundation had excess business holdings in 2019 )	3b	N/A	<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Number 1	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		<b>341</b> 5	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

Form **990-PF** (2019)

Par	Statements Regarding Activiti	es for vv	INCH FORM	47 <u>20 IV</u>	ay be ne	quire	<del>a</del> 100::::::	ueu)		
5a	During the year, did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt			section 4	4945(e))?	•	Yes	X No	- 1985 1985 1986 1986 1986 1986 1986 1986 1986 1986	Yes No
	(2) Influence the outcome of any specific public	election (			,					
	directly or indirectly, any voter registration di  (3) Provide a grant to an individual for travel, st		er sımılar nur	nnses?			∐ Yes	X No		
	(4) Provide a grant to an organization other than	•	·		described	ın	ies		( 1,100 d)	17.24
	section 4945(d)(4)(A)? See instructions						☐ Yes	X No		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to			terary, o	r educatior	ai	Yes	X No		ar in the second
b	If any answer is "Yes" to 5a(1)-(5), did any of the							d ın	1 44 A	- 1155 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Regulations section 53 4945 or in a current noti	_	_			ruction	S	▶ □	_5b	N/A
С	Organizations relying on a current notice regard If the answer is "Yes" to question 5a(4), does the									
	because it maintained expenditure responsibility	for the g	rant?				Yes Yes	☐ No		主张 经约束
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pa				av premiur	ns			288	
	on a personal benefit contract?		•				Yes	X No		
b	Did the foundation, during the year, pay premiul If "Yes" to 6b, file Form 8870	ms, directl	y or indirectly	on a pe	ersonal ben	efit cor	tract?		6b	X K CKC H
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?									
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  7b N/A									
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?									
Part	VIII Information About Officers, Dire	ctors, T	rustees, Fo	undatio	on Manag	jers, F	lighly P	aid En	ploye	es,
1	and Contractors  List all officers, directors, trustees, and foun	dation ma	anagers and	heir co	mnensatio	n See	instructi	ons		
		(b) Tit	le, and average	(c) Con	npensation ot paid,	(d)	Contribution	s to	(e) Expe	nse account,
	(a) Name and address		irs per week ted to position		er -0-)		erred compe		other a	allowances
See A	Attached Statement		00		o					
			00		0					
			00		o		_			
		T		,						
2		l l			0					
	Compensation of five highest-paid employee	s (other t	00 han those in	cluded o	0 on line 1—	see ins	struction	s). If no	ne, ent	 9r
	Compensation of five highest-paid employee "NONE."	s (other t		cluded	on line 1—	see ins	struction	s). If no	ne, ent	 er 
				verage veek	on line 1— (c) Comper		(d) Contrib employee plans and compen	utions to benefit deferred	(e) Expe	er nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a	verage veek	<del></del>		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v devoted to po	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v devoted to po	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v devoted to po	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v devoted to po	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account
NONE	"NONE."  (a) Name and address of each employee paid more than \$50		(b) Title, and a hours per v	verage veek	(c) Comper		(d) Contrib employee plans and	utions to benefit deferred	(e) Expe	nse account

Form 9	990-PF (2019) ' William C Chapman Family Foundation, Inc 46-	1625414 Page <b>7</b>
Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "No	ONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		<del> </del>
	number of others receiving over \$50,000 for professional services	<u> </u>
	rt IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	NONE	
٠.		
2		
3		
4		
	rt IX-B Summary of Program-Related Investments (see instructions)	
Des	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
_		
	other program-related investments. See instructions	
3		
Total	I. Add lines 1 through 3	0
		Form <b>990-PF</b> (2019)

Form 990-PF (2019)

Part Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın foundatı	ons,
	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	72,446
b	Average of monthly cash balances	1b	83,342
С	Fair market value of all other assets (see instructions)	1c	<u>.</u>
d	Total (add lines 1a, b, and c)	1 <u>d</u>	155,788
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	155,788
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	2,337
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	153,451
6	Minimum investment return. Enter 5% of line 5	6	7,673
Part		ons	
	and certain foreign organizations, check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	7,673
2a	Tax on investment income for 2019 from Part VI, line 5	<u> </u>	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	36
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,637
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,637
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	7,637
	XII 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	10,135
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	10,135
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	36
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,099
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	tner the four	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Part_	XIII Undistributed Income	(see instructions	<u> </u>			
	,		(a) Corpus	(b) Years pnor to 2018	(c) 2018	( <b>d</b> ) 2019
1	Distributable amount for 2019 from line 7	Part XI,				7,637
2	Undistributed income, if any, as of the	end of 2019				This is a first
<b>a</b>	Enter amount for 2018 only				0 3861 7. 0-90 Parts. 1700-770	14 1 2 5 5 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b		20, 20		e*************************************		ACT STANSON CARS
3 a	Excess distributions carryover, if ar From 2014	ny, to 2019				
b	From 2015					Spar-Sace, als multiplication and the hand many corrections
c	From 2016					
d	From 2017					
е	From 2018	3,216				
f	Total of lines 3a through e	-,	3,216			The second of th
4	Qualifying distributions for 2019 fro	om Part XII,				
_	line 4 ▶ \$ 10,135	h 0-			•	
a b	Applied to 2018, but not more than Applied to undistributed income of			Mandia Wellinda Aliante		
J	(Election required—see instructions			•		
С	Treated as distributions out of corp	•	Special and a major delige transportation has a suit a value to			
	required—see instructions)	-				
. <b>d</b>	Applied to 2019 distributable amou		洲部都给邓纳纳			7,637
е	Remaining amount distributed out of		2,498			
5	Excess distributions carryover appl					
	(If an amount appears in column (d amount must be shown in column (					
6	Enter the net total of each column		A .		MX TEST SEE	
-	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	5,714			
b	Prior years' undistributed income S	Subtract		_		
_	line 4b from line 2b	المرسفين مارسفم والمر		0		
С	Enter the amount of prior years' un- income for which a notice of deficie					
	been issued, or on which the section	•				
	tax has been previously assessed	, , ,				
d	Subtract line 6c from line 6b Taxab	ole				
	amount—see instructions			111277511a4170110721641.14od.,	Migdiffs took say	
е	Undistributed income for 2018 Sub 4a from line 2a Taxable amount—s					
	instructions	300			0	
f	Undistributed income for 2019 Sub	otract lines	eta eta		<b>指数型型的心态</b>	
. <b>.</b>	4d and 5 from line 1. This amount r	must be				
_	distributed in 2020					0
7	Amounts treated as distributions ou	•	•			
	to satisfy requirements imposed by 170(b)(1)(F) or 4942(g)(3) (Election					
	required—see instructions)	,a, 50	-			
8	Excess distributions carryover from	2014 not				
	applied on line 5 or line 7 (see instr					
9	Excess distributions carryover to	o 2020.				
40	Subtract lines 7 and 8 from line 6a		5,714			
10 a	Analysis of line 9 Excess from 2015					
a b	Excess from 2016					W. Tanganani sapanome - 3 taoni baning
C	Excess from 2017					
d	Excess from 2018	3,216				
е	Excess from 2019	2,498		a a service of Popular	30种种理学工程	Form <b>990-PF</b> (2019)
						roim <b>330-F</b> F (2019)

_	90-PF (2019) William C Chapman Fa	<del></del>	<u> </u>	VIII A	46-1625	
_	XIV Private Operating Foundati				<u> </u>	//A
	If the foundation has received a ruling or		•	ite operating		
	foundation, and the ruling is effective for		•	with and up a contract	4942(J)(3)	or 4942(j)(5)
	Check box to indicate whether the foundation  Enter the lesser of the adjusted net		T Toundation desc			4942()(3)
•	income from Part I or the minimum	Tax year	<del>                                     </del>	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed		<del> </del>	<del> </del>		0
)	85% of line 2a			<del>                                     </del>		0
	Qualifying distributions from Part XII, line 4, for each year listed	·				0
l	Amounts included in line 2c not used directly for active conduct of exempt activities					0
9	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					0
	Complete 3a, b, or c for the alternative test relied upon					
1	"Assets" alternative test—enter				1	
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
)	"Endowment" alternative test—enter 2/3		1		<del> </del>	
	of minimum investment return shown in				[	
	Part X, line 6, for each year listed					0
:	"Support" alternative test—enter		1	1		
	(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					0
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from				1	
	an exempt organization				<b></b>	0
	(4) Gross investment income	<u>/</u>	J	<u> </u>	<u> </u>	0
į	XV Supplementary Information	(Complete th	is part only if th	e foundation ha	ıd \$5,000 or more	in assets at
	any time during the year—s	see instruction	ns.)	<del></del>		
	Information Regarding Foundation Ma					
	List any managers of the foundation who before the close of any tax year (but only					undation
Α	ttached Statement					
	List any managers of the foundation who	own 10% or mo	ore of the stock of a	corporation (or an	equally large portion	of the
	ownership of a partnership or other entity	y) of which the fo	oundation has a 10%	% or greater interes	t	
-	Information Regarding Contribution, C	Grant, Gift. Loan	, Scholarship, etc	., Programs:		
	Check here ► X if the foundation onl unsolicited requests for funds. If the four	y makes contribi ndation makes gi	utions to preselecte fts, grants, etc , to i	d charitable organiz		accept
	conditions, complete items 2a, b, c, and	d See instructio	ns 			
l	The name, address, and telephone num	ber or email addi	ress of the person t	o whom application	s should be addresse	ed
,	The form in which applications should be	submitted and i	nformation and ma	terials they should i	nclude	<del></del>
;	Any submission deadlines					
<u>-</u>	Any restrictions or limitations on awards, factors	such as by geog	graphical areas, ch	arıtable fields, kınds	of institutions, or oth	er

Part XV Supplementary Information (conting 3 Grants and Contributions Paid During	ued) the Year or Approve	ed for Fut	ture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or		
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution		Amount
Name and address (home or business)  a Paid during the year See Attached Schedule	any foundation manager or substantial contributor	recipient	CONTRIBUTION		9,850
Total	<u> </u>		<u> </u>	3a	9,850
b Approved for future payment . None				Ja	3,550
Total	<u> </u>	<u> </u>	<u> </u>	3b	(

Рa	rt XVI	-A Analysis of Income-Producing Ac	ctivities				•
Ente	er gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(a)
1	Progi	ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	( <b>d)</b> Amount	(e) Related or exempt function income (See instructions)
	a						
	b _						
	c <sup>—</sup>						
	d						
	e _						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					
4	Divid	ends and interest from securities			14	3,615	
5	Net r	ental income or (loss) from real estate	Company of This of the	andigamen diling bergen managen dili Le La Maria Lace de 7200 di Gali	minifilialindoopie to I grow	ที่จัดนิก มีของายีเธยูของนุ่นรู้ได้ย้าเขาในการโกรกากกุกก	ndinninappinninimanpanproproproproproproproproproproproproprop
		Debt-financed property					
		lot debt-financed property				<u> </u>	
6		ental income or (loss) from personal property			,		
7		r investment income					
8		or (loss) from sales of assets other than inventory				<u> </u>	
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue a		<u> </u>	ļ <u></u>	<u> </u>	
	p _						
	c _	<del></del>			ļ ————		
	d _						
	e _		april gran realist total a		SHT ALLST COMMENTS		
		otal Add columns (b), (d), and (e)	机类素物。	0	都"。江北縣	3,615	
		l. Add line 12, columns (b), (d), and (e)				13	3,615
		sheet in line 13 instructions to verify calculations		ant of Evamo	Durnaga	<del></del>	<del></del>
	rt XVI e No.						
	e No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt pur	ne is reported in c rooses (other than	olumn (e) of Part 2 by providing fund	KVI-A contributed s for such purpos	importantly to the ses) (See instruction	ons )
				<del></del>			· · · · · · · · · · · · · · · · · · ·
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Print/Type preparer's name

Larry A Pulliam, CPA

Firm's name Larry A Pulliam, CPA

Firm's address ▶ PO Box 38, Springer, OK 73458

Paid

Preparer Use Only

Form 9			Chapman Family F				1625414	Pa	ge 13
Part	XVI	Information Exempt Org	-	sfers to and Transac	tions and	Relationships With Noncha	aritable		
1	Dıd			ngage in any of the follo	wing with any	y other organization described		Yes	No
	ın se	ection 501(c) (other	er than section 501(c	c)(3) organizations) or in	section 527,	relating to political			
	orga	inizations?							1
а	Trar	sfers from the rep	oorting foundation to	a noncharitable exempt	organızatıon	of			
	(1)	Cash					1a(1)		X
	(2)	Other assets					1a(2)		X
b	Othe	er transactions							
	(1) \$	Sales of assets to	a noncharitable exe	mpt organization			1b(1)	<u> </u>	Х
	(2) I	Purchases of asse	ets from a noncharita	ible exempt organization			1b(2)		Х
	(3)	Rental of facilities,	equipment, or other	assets			1b(3)		X
	(4) [	Reimbursement ar	rrangements				1b(4)		X
	(5) l	∟oans or loan gua	rantees				1b(5)	L	X
				ip or fundraising solicitat			1b(6)	<u></u>	X
С				ts, other assets, or paid			_1c	L	X
d						b) should always show the fair mark			
	value	e of the goods, other	er assets, or services	given by the reporting foun	dation If the i	foundation received less than fair managed	arket		
						goods, other assets, or services rec			
_(a) Lin	e no	(b) Amount involved	(c) Name of non-	charitable exempt organization	(d)	Description of transfers, transactions, and	sharing arra	ngemer	nts
					<del></del>				
·			 			***************************************			
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2a	Is th	e foundation direc	tly or indirectly affilia	ated with, or related to, o	ne or more ta	ax-exempt organizations			
				ction 501(c)(3)) or in sec			☐ Yes	X N	lo
b	If "Y	es," complete the	following schedule						
		(a) Name of organ	ization	(b) Type of organ	zation	(c) Description of rela	ationship		
				_					
							<del></del>		
				etum, including accompanying schedu ayer) is based on all information of wh		, and to the best of my knowledge and belief, it is tri	ue,		
Sign	L	on, und somplete Decidate	on or propagati totale trian taxpo	, , , ,	C. propuler has all	Iviay (III	e IRS discuss e preparer sho		
Here		Uhhi		6/1/2020	- Lec			Yes	
	1 210	gnature of officer or trus	stee *	Date '	Title '				

PTIN Check X if self-employed P01071908

73-1610332

580 220 8303

Firm's EIN

Phone no

Date

## 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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

William C Chapman Family F	46-1625414				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun	idation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
• •	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ), (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule See			
General Rule					
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions tributions.				
Special Rules					
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 stions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	990-EZ), Part II, line the greater of <b>(1)</b>			
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, total contributions of more than \$1,000 exclusively for religious, charill purposes, or for the prevention of cruelty to children or animals. Complete	itable, scientific,			
contributor, during the contributions totaled in during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable reduring the year.	no such nat were received arts unless the			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

William C Chapman Family Foundation, Inc

Employer identification number
46-1625414

Part I_	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Chapman Energy PO Box 1425 Ardmore OK 73401 Foreign State or Province Foreign Country	\$33,500	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Part I, Line 16b (990-PF) - Accounting Fees

		275	0	(	275
	Description	Revenue and Expenses per Books	Net Investment	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Larry Pulliam CPA - Form 990PF Filing	275			275

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

		1	0	0	0
,	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 4940 Exc	ise Tax	1,			

William C. Chapman Family Foundation, Inc.

Form 990PF

Part VIII Line 1

Name and Address	Title	Hrs/Week Compensation	Benefits	Exp. Acct	
William C Chapman PO Box 1425 Ardmore, OK	President Director	1	0	0	0
Colin A. Chapman PO Box 1425 Ardmore, OK	Sec./Treas Director	1	0	0	0
Belinda Chapman-Morris PO Box 1425 Ardmore, OK	V. Pres Director	1	0	0	0
Edward Scott Chapman PO Box 1425 Ardmore, OK	Director	1	0	0	0
lan B. Chapman PO Box 1425 Ardmore, OK	Director	1	0	0	0

46-1625414

William C. Chapman Family Foundation, Inc. Form 990PF  $^{\cdot}$ 

PART XV Line 1a

## Substantial contributors

William C Chapman
Colin A. Chapman
Belinda Morris
Edward Scott Chapman
Ian B. Chapman
Chapman Energy
William C Chapman LP
Chapman Ranch Wildlife Enterprizes
Edward, Colin, Ian, Blenda Partnership

ECIB

46-1625414

William C. Chapman Family Foundation, Inc. Form 990PF PART XV Line 3a

## All Grant Recipients are 501(c)(3) Public Charities

Name	Address	Purpose	Amount
American Heart Association	7272 Greenville Ave Dallas, TX	Operating Support	50.00
Carter County Group	49 Heritage Ardmore, OK	<b>Operating Support</b>	1,500.00
Clarksville Education Foundation	1500 W Main Street Clarksville, TX	Memorial	100.00
Cross Timbers Hospice	207 C Street, NW Ardmore, OK	Memorial	200.00
Debbie Collins Dance	PO Box 1711 Ardmore, OK	<b>Operating Support</b>	250.00
Fran Drummond Day Care	PO Box 247 Madill, OK	Memorial	3,000.00
Goodland, Inc.	PO Box 1056 Hugo, OK	<b>Operating Support</b>	250.00
Johnston County Junior Livestock	1301 S. Airport Road Tishomingo, OK	Operating Support	500.00
Marshall County 4-H	11545 HWY 70 Madill, OK	<b>Operating Support</b>	250.00
Salvation Army	123 A Street, SW Ardmore, OK	Operating Support	3,500.00
Sara's Project	814 16th Avenue, NW Ardmore, OK	<b>Operating Support</b>	250.00
			9,850.00