Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No. 1545-0052

| Departme Internal F | ent of the Treasury Revenue Service | Note. The fo | oundation n | nav be able to | use a copy of thi | s return to satisfy | state rei | portir | na requirements. | |
|--------------------------------------|--|--|-------------------|----------------------|-------------------------|----------------------|-----------|----------|---|--|
| For cal | endar year 2010, or | | | | | , and ending | | p | , | |
| G Che | eck all that apply: | Initial return | Init | ial Return c | of a former p | ublic charity | | | | Final return |
| | | Amended ret | urn | | Address of | change | Nar | ne c | change | |
| | foundation | | | | | | | Α | Employer identification | number |
| Chap | man Family For and street (or P.O. box nur | oundation | vered to st | reat address) | | Room/suite | | _ | 26-6665176 Telephone number (see | the instructions) |
| | | | vereu to sti | leet address) | | Roomisuite | | В | (314) 862-8 | |
| City or to | Forsyth Blve | u. | | | State | ZIP code | | С | | n is pending, check here 🕨 |
| Sain | t Louis | | | | МО | 63105 | | | 1 Foreign organizations, | |
| | heck type of organiz | ation: X Sec | ction 501 | l(c)(3 <u>)</u> exer | npt private fo | oundation | | | 2 Foreign organizations i | meeting the 85% test, check |
| | Section 4947(a)(1 | , , | | | | private founda | | Е | here and attach compu If private foundation st | tation ► |
| | air market value of all ass from Part II, column (c), lii | | J Acc | | ethod: X C | ash Ac | crual | L . | |)(A), check here► |
| ⊳ s | , | 9,902. | (Part I | Other (specify | | cash basis.) | | F | If the foundation is in | a 60-month termination)(B), check here ► |
| • | Analysis of R | | (rarr, | | • | | | | | |
| | Expenses (Th | e total of amount | s in | | enue and s per books | (b) Net inv incor | | nt | (c) Adjusted net income | (d) Disbursements for charitable |
| | columns (b), (c), sarily equal the a | and (d) may not amounts in colum | neces- n (a) | | | | | | | purposes (cash basis only) |
| | (see the instructi | ons).) | | | | | | | | |
| | | s, grants, etc, received foundn is not req to a | | 2,4 | 156,047. | | | | | |
| | | ivings and tempo | | | | | | | | |
| | cash investme | ents | | | 37. | | | 37. | | |
| | 4 Dividends and int 5a Gross rents | terest from securities | | | 103,644. | 10 | 3,64 | 14. | | |
| | b Net rental income or (loss) | | | | | | | | | |
| R | 6a Net gain/(loss) fro | m sale of assets not o | n line 10 . | | | | | | | |
| E V | b Gross sales price assets on line 6a | | | | | | | | | |
| Е | | ncome (from Part IV, li | | | | | | 0. | | |
| N U | | n capital gain | | | | | | | | |
| Е | 10a Gross sales less returns and | | | | | | | | | |
| | allowances h Less: Cost of | | | | | | | | | |
| | goods sold | | | | | | | | | |
| | c Gross profit/(loss 11 Other income | s) (att sch) | | | | | | | | |
| | | (attach schedule |) | | | | | | | |
| | | es 1 through 11 | | 2,5 | 559 , 728. | 10 | 3,68 | 31. | | |
| | | officers, directors, trust | , | | 0. | | | | | |
| | | alaries and wages | | | 0. | | | | | |
| Δ | 16a Legal fees (attach | | | | 1,667. | | | | | 1,667. |
| A D M | | attach sch) L-1.61 | | | 1,235. | | | | | 1,200. |
| I | | attach sch) | | | | | | | | |
| | | | | - | | | | | | |
| O I P S F R A A T T I | 18 Taxes (attach schedule 19 Depreciation |)(see instr.) | • • • • • • • • • | | | | | | | |
| A A T T I I | sch) and depl | etion | | | | | | | | |
| Ń V G E | | ences, and meet | | | 5,512. | | | | | 5 512 |
| | | bublications | | | <u> </u> | | | | | <u>5,512.</u> 313. |
| A E N X D P | | es (attach schedu | | | | | | | | |
| E N s | | | | | | | | | | |
| S E S | 24 Total operatin expenses. Ad | ng and administration and administration and administration and a second statements and a second state | ative h 23 | | 8,727. | | | | | 8,692. |
| 5 | | ts, grants paid | | | 17,500. | | | | | 17,500. |
| | 26 Total expense | es and disbursen | nents. | | 26 227 | | | | | 0.0 1.00 |
| | Add lines 24 a 27 Subtract line 2 | and 25 | <u></u> | | 26,227. | | | | | 26,192. |
| | a Excess of rev | enue over exper | ises | _ | | | | | | |
| | and disburse | ments | | 2,5 | 533,501. | 1.0 | 2 60 |) 1 | | |
| | | come (if negative, enter | - | | | | 3,68 | ×⊥. | | |

BAA For Paperwork Reduction Act Notice, see the instructions.

TEEA0301 07/23/10

| | | -PF (2010) Chapman Family Foundation | | 26-666 | |
|-----------------------|---------|---|-----------------------------|----------------|-----------------------|
| Par | H II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | End c | f year |
| r ar | | (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | | |
| | 2 | | 5,007. | 157,485. | 157,485. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts 🕨 | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch) ► | | | |
| A | | Less: allowance for doubtful accounts | | | |
| A S S E T | 8 | | | | |
| Ę | 9 | Prepaid expenses and deferred charges | | | |
| S | 10 | a Investments – U.S. and state government obligations (attach schedule) | | | |
| | | b Investments - corporate stock (attach schedule) . L-10bStmt | 2,869,639. | 5,249,904. | 5,692,417. |
| | | c Investments – corporate bonds (attach schedule) | | | |
| | | Investments – land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | | | | |
| | 14 | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) Total assets (to be completed by all filers – | | | |
| | 16 | Total assets (to be completed by all filers - | 0.074.646 | - 405 000 | 5 0 4 0 0 0 0 |
| | | see instructions. Also, see page 1, item I) | | 5,407,389. | 5,849,902. |
| L | 17 | | | | |
| Á | 18 | | | | |
| B | 19 | | | | |
| Ļ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| Ť | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - I | 22 | Other liabilities (describe ►) | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | | | |
| | | Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F E U | 24 | Unrestricted | · · · | 5,407,389. | |
| ТΝ | 25 | · · · · | | | |
| , D | 26 | · · · · · · · · · · · · · · · · · · · | | | |
| A S B S A | | Foundations that do not follow SFAS 117, check here ► and complete lines 27 through 31. | | | |
| E L T A | 27 | Capital stock, trust principal, or current funds | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| O E | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŘΣ | 30 | Total net assets or fund balances (see the instructions) | 2,874,646. | 5,407,389. | |
| | 31 | | | | |
| Deve | | (see the instructions) | 2,874,646. | 5,407,389. | |
| Par | | Analysis of Changes in Net Assets or Fund Balance | 25 | | |
| 1 | Tota | al net assets or fund balances at beginning of year – Part II, colum | n (a), line 30 (must agre | e with | 2 074 646 |
| | | | | | 2,874,646. |
| | | er amount from Part I, line 27a | | | 2,533,501. |
| | | r increases not included in line 2 (itemize) Tincrease in Ma | | | E 400 147 |
| | | lines 1, 2, and 3 | | | 5,408,147. |
| | | eases not included in line 2 (itemize) Loss of sale o | | <u> </u> | 758. |
| 6 | 1 O T 2 | al net assets or fund balances at end of year (line 4 minus line 5) - | - Part II, column (b), line | 6 | 5,407,389. |

| Form | 990-PF (2010) Chapman Fa | | | | 2 | 6-6665176 | Page 3 |
|------|---|---|---|-----------------|------|--|--|
| Par | t IV Capital Gains and L | <u>osses for Tax on Investmen</u> | t Income | | | | |
| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | | | | | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
| 1 a | 2,444 shares of BWG | I stock sold | | D | | 12/26/09 | 06/21/10 |
| Ł | • | | | | | | |
| C | | | | | | | |
| c | 1 | | | | | | |
| e |) | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other ba plus expense of sa | | | (h) Gain or (e) plus (f) m | |
| a | 75,006. | | 7 | 5 , 764. | | | -758. |
| Ł |) | | | | | | |
| | : | | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owned by | the foundation on 12/31/69 | | | (I) Gains (Colu | |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | | | jain minus column (k an -0-) or Losses (fr | |
| a | 1 | | | | | | -758. |
| Ł |) | | | | | | |
| c | | | | | | | |
| c | 1 | | | | | | |
| e | | | | | | | |
| 2 | Capital gain net income or (net | capital loss). | enter in Part I, line 7 er -0- in Part I, line 7 | - | 2 | | -758. |
| 3 | Net short-term capital gain or (le | oss) as defined in sections 1222(5) a | <u> </u> | | 2 | | -730. |
| | | 8, column (c) (see the instructions). | | . | 3 | | |
| Par | | Section 4940(e) for Reduce | | ont Inco | - | | |
| | | foundations subject to the section 49 | | | ne | | |
| Was | | is part blank. on 4942 tax on the distributable amo y under section 4940(e). Do not com | | period? . | | Yes | No |
| 1 | Enter the appropriate amount in | each column for each year; see the | instructions before making | any entries | s. | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use as | sets | (col | (d) Distributior umn (b) divided | |
| | 2009 | | | | | | |
| | 2008 | | | | | | |
| | 2007 | | | | | | |
| | 2006 | | | | | | |
| | 2005 | | | | | | |
| | Total of line 1, solumn (d) | | | | 2 | | |
| | | | | | 2 | | |
| 3 | | 5-year base period – divide the tota has been in existence if less than 5 | | | 3 | | |
| 4 | Enter the net value of noncharit | able-use assets for 2010 from Part λ | K, line 5 | | 4 | | |
| 5 | Multiply line 4 by line 3 | | | | 5 | | |
| 6 | Enter 1% of net investment inco | ome (1% of Part I, line 27b) | | | 6 | | |
| 7 | Add lines 5 and 6 | | | | 7 | | |
| 8 | Enter qualifying distributions fro | m Part XII, line 4 | | | 8 | | |
| | If line 8 is equal to or greater th Part VI instructions. | an line 7, check the box in Part VI, I | ine 1b, and complete that p | art using a | 1% | tax rate. See the | 2 |

| Form | 990-PF (2010) Chapman Family Foundation | | 66517 | | P | age 4 |
|--------|--|----------|-----------|------------|----------|--------------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | - see t | he instru | uctions) | | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary - see instr.) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | - | 1 | | 2,0 |)74. |
| | check here . ► 🔄 and enter 1% of Part I, line 27b | | | | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | | | |
| 2 | foundations only. Others enter -0-) | - | 2 | | | 0. |
| 3 | Add lines 1 and 2 | - | 3 | | 2,0 |)74. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0- | - | 4 5 | | <u> </u> | 0. |
| 5 6 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 5 | | 2,0 |)74. |
| 6 | Credits/Payments: 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | | | | |
| | Exempt foreign organizations – tax withheld at source | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | | | | | |
| | Backup withholding erroneously withhold | | | | | |
| | Total credits and payments. Add lines 6a through 6d | | 7 | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | 8 | | | 47. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | - | | 2 1 | .21. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | - | 10 | | 2,1 | 0. |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded | | - | | | <u> </u> |
| - | t VII-A Statements Regarding Activities | | •• • | | | |
| | | | | | Yes | No |
| I a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i participate or intervene in any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | | | |
| | (see the instructions for definition)? | | | 1b | | X |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities. | s publis | shed | | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1c | | Х |
| Ċ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| 6 | (1) On the foundation►\$ (2) On foundation managers►\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos | sed on | | _ | | |
| | foundation managers \dots \triangleright \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | х |
| | 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, art | icles | | | | |
| Ū | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | \$ | | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | Х |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | | 4 b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | Х |
| | 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 the with the state law remain in the governing instrument? | | | . 6 | х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | | | X | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | | | |
| | <u>CO - Colorado</u> | | | | | |
| b | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i> | | | 8b | х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3 | 3) or 49 | 942(i)(5) | | | |
| | for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' com | plete P | Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses. | eir nan | nes | 10 | | x |
| BAA | | | | Form 99 | 0-PF (| (2010) |

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|------|--|---------------------------|---------|---------|
| Part | t VII-A Statements Regarding Activities (Continued) | | - | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | x |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address► <u>N/A</u> | 13 | Х | |
| 14 | The books are in care of Susan Reynolds Telephone no. (573) | $\frac{1}{26}$ | 8-88 | 40 |
| | Located at ► 8020 Forsyth Blvd St. Louis MO ZIP + 4 ► 63105 | | | |
| 15 | Located at ► 8020 Forsyth Blvd St. Louis MO ZIP + 4 ► 63105 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here Check here Check here | | | - TT - |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country > | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | 103 | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | , | | |
| | (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? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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 X 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 the instructions)? | 1 | b | |
| | 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 2010? | 1 | 6 | x |
| 2 | | ··· ' | | |
| | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$): | | | |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? | , | | |
| | If 'Yes,' list the years ► 20, 20, 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions.) | | h | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶ 20, 20, 20 | | | |
| 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 2010 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 2010.) | 3 | ь | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its | | - | |
| | charitable purposes? | 4 | a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the terms of 20102. | | 6 | 37 |
| BAA | the tax year beginning in 2010? | 4 Form 9 | | (2010) |
| DAA | | | /JU-F F | (2010) |

| Form 990-PF (2010) Chapman Family Fo | | | 26-66 | 65176 | Page 6 |
|---|--|----------------------------|--|---------------------------|----------|
| Part VII-B Statements Regarding Activit | ies for Which Forn | n 4720 May Be Req | uired (continued) | | |
| 5a During the year did the foundation pay or incu | • | | | | |
| (1) Carry on propaganda, or otherwise attemp | t to influence legislation | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra | tion drive? | | | No | |
| (3) Provide a grant to an individual for travel, | study, or other similar p | ourposes? | Yes 🛛 🗌 🛛 | No | |
| (4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section | nan a charitable, etc, org 4940(d)(2)? (see instru | ganization described | Yes X | No | |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | is charitable scientific | literary or | | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53.4945 or in (see instructions)? | he transactions fail to q a current notice regard | ualify under the exception | ons | 5b | |
| Organizations relying on a current notice rega | | | | | |
| c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response | he foundation claim exe | mption from the | Yes | No | |
| If 'Yes,' attach the statement required by Regu | | | | | |
| 6 a Did the foundation, during the year, receive ar on a personal benefit contract? | | | Yes X | No | |
| b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870. | ums, directly or indirect | ly, on a personal benefit | contract? | 6b | X |
| 7a At any time during the tax year, was the found | lation a party to a prohit | pited tax shelter transact | ion? Yes X | No | |
| b If yes, did the foundation receive any proceeds | s or have any net incom | e attributable to the tran | saction? | 7b | х |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees | , |
| 1 List all officers, directors, trustees, foundatio | n managers and their c | ompensation (see instru | uctions). | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | |
| Robert_H. Chapman | | | compensation | | |
| 120 Coldstream Lane | Trustee | | | | |
| Aspen CO 81611 | 5.00 | 0. | 0. | | 0. |
| Cynthia M.Chapman | 0.00 | | | - | <u> </u> |
| 120 Coldstream Lane | Trustee | | | | |
| Aspen CO 81611 | 5.00 | 0. | 0. | | 0. |
| Susan Revnolds | | | | | |
| 8020 Forsyth Blvd. | - Executive Director | | | | |
| St. Louis MO 63105 | 10.00 | | 0. | | 0. |
| MO 05105 | - | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employee | 1 | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | |
| None | - | | | | |
| <u>^</u> | | | | | |
| | - | | | | |
| 0 | - | | | | |
| 0 | | | | | |
| <u></u> | _1 | 1 | 1 | 1 | |

0

.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| one | | |
| | | |
| | | |
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Part IX-A Summary of Direct Charitable Activities

| List tl organ | ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|------------------|--|------------|
| 1 | The Chapman Family Foundation will support non-profit organizations | 0 |
| | well being of individuals living in the United States | <u></u> 0. |
| 2 | By supporting charitable purposes that create safe and effective | |
| | learning environments, support medical research and health care programs | |
| | and foster deeper appreciation for the arts community, and develop | 0. |
| 3 | personal and professional skills allowing individuals to become insightful leaders | |
| | | |
| | | 0. |
| 4 | | |
| | | |
| | | |
| | | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | |

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| Form 990-PF (2010) | Chapman | Family | Foundation |
|--------------------|---------|--------|------------|
| | | | |

| 1 OIIII 330 -I | (2010) Chapman Family F | oundation | 20 0003170 | 1 4 |
|-----------------------|---------------------------|---|-----------------------|-----|
| Part X | Minimum Investment Return | (All domestic foundations must complete this part | . Foreign foundations | , |
| | see instructions.) | | - | |

| | see instructions.) | | |
|----------|--|----------|------------------------------|
| | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: | _ | |
| | Average monthly fair market value of securities | 1a | 2,995,231. |
| | • Average of monthly cash balances | 1 b | 67,034. |
| | Fair market value of all other assets (see instructions) | 1 c | |
| | 1 Total (add lines 1a, b, and c) | 1 d | 3,062,265. |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) 1e | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 3,062,265. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 45 024 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | <u>45,934.</u> 3,016,331. |
| - | | 6 | |
| 6 Par | Minimum investment return. Enter 5% of line 5 t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations) | - | 150,817. |
| rar | and certain foreign organizations check here ► and do not complete this pa | rt) | Junuations |
| 1 | | 1 | 150,817. |
| | a Tax on investment income for 2010 from Part VI, line 5 | - | 150,017. |
| | b Income tax for 2010. (This does not include the tax from Part VI.) | | |
| | Add lines 2a and 2b | 2c | 2,074. |
| | | 3 | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 4 | 148,743. |
| 4 | Recoveries of amounts treated as qualifying distributions | | 140 740 |
| 5 | Add lines 3 and 4 | 5 | 148,743. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 1 4 0 1 4 0 |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 148,743. |
| Pa | t XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: | | |
| ; | Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 | 1a | 26,192. |
| | Program-related investments – total from Part IX-B | 1 b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| | Amounts set aside for specific charitable projects that satisfy the: | | |
| 5 | a Suitability test (prior IRS approval required) | 3a | |
| I | 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 | 26,192. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 26,192. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether th qualifies for the section 4940(e) reduction of tax in those years. | ne found | ation |

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Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|----------------------|-----------------------------------|--------------------|--------------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 148,743. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | 140,743. |
| a Enter amount for 2009 only | | | 2,491. | |
| b Total for prior years: 20, 20, 20 | | | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 0. c From 2007 0. | | | | |
| d From 2008 | | | | |
| e From 2009 0. | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from Part | | | | |
| XII, line 4: ► \$ 26,192. | | | | |
| a Applied to 2009, but not more than line 2a | | | 2,491. | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2010 distributable amount | | | | 23,701. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2010 | | | | |
| same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed 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 | | 0. | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 125,042. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 0. | | | | |
| b Excess from 2007 0. | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 0. | | | | |

| Form 990-PF (2010) Chapman Family For | | | | 26-6665176 | Page 10 |
|---|-------------------------|---------------------------|-----------------------|-------------------|----------------|
| Part XIV Private Operating Foundation | is (see instruct | ions and Part V | /II-A, question 9 |) | N/A |
| 1 a If the foundation has received a ruling or detu is effective for 2010, enter the date of the rul | ermination letter th | at it is a private ope | erating foundation, a | and the ruling | |
| b Check box to indicate whether the foundation | n is a private opera | ting foundation des | cribed in section | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| b 85% of line 2a | | | | | |
| c 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 | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a 'Assets' alternative test – enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under 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 | | | | | |
| c 'Support' alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (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 | | | | | |
| Part XV Supplementary Information (| Complete this r | part only if the <i>i</i> | organization ha | d \$5,000 or more | in |

assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

Robert H. Chapman and Cynthia M. Chapman, Trustees

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here **X** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | | If recipient is an individual, show any relationship to any foundation manager or | status of | Purpose of grant or contribution | Amount |
|--------------------------------------|------------|---|-----------|-------------------------------------|---------|
| Name and address (home or | business) | substantial contributor | recipient | | |
| a Paid during the year | | | | | |
| Susan G. Komen Race fo | r the Cure | | | | |
| 5005 LBJ Freeway, Suit | te 250 | | | | |
| Dallas | TX 75244 | | 501(c)3 | Support Breast Cancer research | 4,000. |
| Annie's Hope | | | | | |
| 1333 W. Lockwood, Suit | ce 104 | | | | |
| Glendale | MO 63122 | | 501(c)3 | Support Camp Courage | 2,500. |
| Gateway Children's Cha | araties | | | | |
| 9824 Wild Deer Road | | | | | |
| St. Louis | MO 63124 | | 501(c)3 | Support early childhood development | 5,000. |
| Morton Mease Foundatio | on | | | | |
| 1200 Druid Road South | | | | | |
| Clearwater | FL 33756 | | 501(c)3 | Support women in healthcare | 1,000. |
| The Memorial Foundation designated t | | | | | - |
| 929 Gessner, Suite 265 | | | | | |
| Houston | TX 77024 | | 501(c)3 | Supporty spinal cord injury, rehab | 5,000. |
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| T - 4 - 1 | | | | ► 2. | 17 500 |
| b Approved for future payment | | | | ▶ 3a | 17,500. |
| | ~~ | | | | |
| The Memorial Foundatio | | | | | |
| 929 Gessner, Suite 265 | | | | | ~~ ~~ |
| Houston | TX 77024 | | 501 (c) 3 | Support spinal cord injury rehab a | 20,000. |
| Habitat for Humanity | | | | | |
| 3763 Forest Park Ave. | | | | | |
| St. Louis | MO 63108 | | 501 (c) 3 | support housing development | 40,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | 1 | | |

Total > 3b

60,000.

Page 12

| Ente | r gross | amounts unless otherwise indicated. | Unrelate | d business income | Excluded b | by section 512, 513, or 514 | (e) |
|--------------|---------|--|--------------------------------|-------------------------|-------------------------------|-----------------------------|--|
| 1 | Progr | am service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income (see the instructions) |
| 6 | | | | | 0000 | | |
| | | | | | | | |
| | | | | | | | |
| 0 | | | | | | | |
| C | | | | | | | |
| 6 | | | | | | | |
| f | | | | | | | |
| | | and contracts from government agencies | | | | | |
| 2 | | pership dues and assessments | | | | | |
| 3 | | t on savings and temporary cash investments | | | 14 | 37. | |
| 4 | Divide | ends and interest from securities | | | 14 | 103,644. | |
| 5 | Net re | ental income or (loss) from real estate: | | | | | |
| á | Debt-t | financed property | | | | | |
| ł | Not de | ebt-financed property | | | | | |
| 6 | Net ren | tal income or (loss) from personal property | | | | | |
| 7 | Other | investment income | | | | | |
| 8 | Gain or | (loss) from sales of assets other than inventory | | | | | |
| 9 | Net in | come or (loss) from special events | | | | | |
| 10 | | profit or (loss) from sales of inventory | | | | | |
| 11 | Other | revenue: | | | | | |
| ā | 1 | | | | | | |
| | | | | | | | |
| Ċ | | | | | | | |
| c | | | | | | | |
| e | | | | | | | |
| | | tal. Add columns (b), (d), and (e) | | | | 103,681. | |
| 12 | Total | Add line 12, columns (b), (d), and (e) | | | | | 103,681. |
| | | | | | | | 105,001. |
| (366 | WUIKS | heet in line 13 instructions to verify calculation | 15.) | | | | |
| Par | t XVI | B Relationship of Activities to the | Accomplis | shment of Exemp | ot Purpos | ses | |
| Lin | e No. | Explain below how each activity for which inc | ome is report | ed in column (e) of P | art X\/L-A c | contributed importantly | to the |
| L 111 | ▼ NO. | accomplishment of the foundation's exempt p | ourposes (oth | er than by providing fu | inds for suc | ch purposes). (See the | e instructions.) |
| | | | | | | | |
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| Form 990-PF (2010) Chapman Family Foundatic | Form 990-PF (2010) | Chapman | Family | Foundation |
|---|--------------------|---------|--------|------------|
|---|--------------------|---------|--------|------------|

Firm's name

Firm's address

Preparer

Use Only

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Yes | No |
|---|---------|-----|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1 a (1) | | Х |
| (2) Other assets | 1 a (2) | | Х |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1 b (1) | | Х |
| (2) Purchases of assets from a noncharitable exempt organization | 1 b (2) | | Х |
| (3) Rental of facilities, equipment, or other assets | 1 b (3) | | Х |
| (4) Reimbursement arrangements | 1 b (4) | | Х |
| (5) Loans or loan guarantees | 1 b (5) | | Х |
| (6) Performance of services or membership or fundraising solicitations | 1 b (6) | | Х |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | Х |

d If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------------|---|--|
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| | | | |
| 2a Is the | foundation directly or in | ndirectly affiliated with, or related to, one or mo | re tax-exempt organizations |

| | (a) Name of organization | (b) Type of organization | on | (c) Description of relationship |
|--------------|--|--|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Under penalties of perjury, I declare that I have ex correct, and complete. Declaration of preparer (oth | amined this return, including accompanying ner than taxpayer or fiduciary) is based on al | schedules and statements, Il information of which prep | and to the best of my knowledge and belief, it is true, arer has any knowledge. |
| | | | | |
| Sign | | | <u>.</u> | |
| | . | | | |
| | Signature of officer or trustee | | Date | Title |
| Sign Here | Signature of officer or trustee Print/Type preparer's name | Preparer's signature | Date Date | Title Check if X if PTIN |

(314) 862-8000 Form **990-PF** (2010)

Firm's EIN ►

Phone no.

63105-1707

MO

MICHAEL D ZACCARELLO CPA

8020 FORSYTH BLVD

SAINT LOUIS

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

2010

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Chapman Family Foundation

| Chapman Family Foundation | 26-6665176 |
|--------------------------------|--|
| Organization type (check one): | |
| Filers of: | Section: |
| Form 990 or 990-EZ | 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization |
| Form 990-PF | X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

x For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc, contributions of \$5,000 or more during the year

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| | | | 990, | 990-EZ, | or | 990-PF) (2 | 2010) |
|-------------|-----|--------|------|---------|----|------------|-------|
| Name of org | ani | zation | | | | | |

| Page | 1 | of | 1 | of Part I |
|------|--------------|-----------|----------|-----------|
| Em | ployer ident | tificatio | n number | |

Chapman Family Foundation

| 26-6665176 |
|------------|
|------------|

Part I Contributors (see instructions.)

| (a) | (b) | (c) | (d) |
|---------------|---|-----------------------------------|---|
| Number | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 1 | Robert H. & Cynthia M. Chapman 120 Coldstream Lane Aspen CO 81611 | \$2,456,047. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| Form 2220 | |
|------------------|--|
|------------------|--|

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0142

| See separate instructions |
|---------------------------|
|---------------------------|

| partment of the Treasury ernal Revenue Service | | | arate instructions. corporation's tax re | eturn. | | | 2010 |
|--|--|-------------------------------|---|---------------------------------------|--------------|-----------------|--------------------------------|
| ne | | | | | Employer ic | lentification n | umber |
| napman Family F | | | | | 26-666 | | |
| owed and bill the co | oration is not required to file Form . prporation. However, the corporatio timated tax penalty line of the corp | n may . | still use Form 2220 | to figure the penalt | y. If so, er | nter the an | any penalty nount from page |
| art I Required A | nnual Payment | | | | | | |
| 1 Total tax (see instruc | tions) | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | 1 | 2,074 |
| 2a Personal holding com on line 1 | pany tax (Schedule PH (Form 112 | 0), line | 26) included | 2 a | | | |
| long-term contracts o | cluded on line 1 under section 460(r section 167(g) for depreciation ur | nder the | e income | 2 b | | | |
| | paid on fuels (see instructions) | | | | | 2 d | |
| Subtract line 2d from The corporation does | line 1. If the result is less than \$50 not owe the penalty | 00, do r | ot complete or file | this form. | | 3 | 2,074 |
| Enter the tax shown of zero or the tax year w | on the corporation's 2009 income ta vas for less than 12 months, skip t | ax retur t his line | n (see instructions). and enter the amo | Caution: If the tax | is | | |
| | | | | | | 4 | 2,074 |
| enter the amount from | ment. Enter the smaller of line 3 on n line 3 | | | | | 5 | 2,074 |
| | r Filing – Check the boxes 20, even if it does not owe | | | | iecked, i | the corpo | oration must |
| 5 The corporation is | s using the adjusted seasonal insta | Ilment | method. | - | | | |
| 7 The corporation is | s using the annualized income inst | allment | method. | | | | |
| | s a 'large corporation' figuring its fi | rst requ | iired installment bas | sed on the prior yea | ar's tax. | | |
| art III Figuring the | e Underpayment | | (a) | (b) | (| c) | (d) |
| Installment due dates | . Enter in columns (a) through | | () | (-) | | -7 | (-) |
| (d) the 15th day of the Use 5th month), 6th, | e 4th (<i>Form 990 – PF filers:</i> 9th, and 12th months of the | 9 | 05/15/10 | 06/15/10 | 09/1 | 5/10 | 12/15/10 |
| 7 above is checked, e A, line 38. If the box checked, see instruct If none of these boxe 5 above in each colur Estimated tax paid or instructions). For colu | s. If the box on line 6 and/or line enter the amounts from Schedule on line 8 (but not 6 or 7) is ions for the amounts to enter. s are checked, enter 25% of line nn | 10 | 517. | 519. | | 519. | 51 |
| | | 11 | | | | | |
| from line 11 on line 1 Complete lines 12 th before going to the n | rough 18 of one column ext column. | | | | | | |
| Complete lines 12 th before going to the n | rough 18 of one column ext column. line 18 of the preceding column | 12 | | | | | |
| Complete lines 12 th before going to the n Enter amount, if any, from Add lines 11 and 12 | ext column. line 18 of the preceding column | 13 | | | | | |
| Complete lines 12 th before going to the n Enter amount, if any, from Add lines 11 and 12 Add amounts on lines 16 a | ext column. line 18 of the preceding column | 13 14 | | 517. | | 1,036. | 1,555 |
| Complete lines 12 th before going to the n Enter amount, if any, from Add lines 11 and 12 Add amounts on lines 16 a Subtract line 14 from line If the amount on line | ext column. line 18 of the preceding column | 13 14 15 | | 0. | | 0. | 1,555 |
| Complete lines 12 th before going to the m Enter amount, if any, from Add lines 11 and 12 Add amounts on lines 16 a Subtract line 14 from line If the amount on line line 14. Otherwise, er Underpayment. If line 10, subtract line 15 fr | ext column. line 18 of the preceding column | 13 14 | 517. | | | | |

Form 2220 (2010)Chapman Family FoundationPart IVFiguring the Penalty

26-6665176 Page 2

| гaг | r iv Figuring the | Fenalty | | | | | | |
|-----|--|---|--------------------------|----|----------|----------|----------|----------|
| | | | | | (a) | (b) | (c) | (d) |
| 19 | Enter the date of paym month after the close o earlier (see instructions 990-T filers: Use 5th m | of the tax year, which s). (Form 990-PF and | ever is d Form | 19 | 05/15/11 | 05/15/11 | 05/15/11 | 05/15/11 |
| 20 | Number of days from d on line 9 to the date sh | ue date of installmer | nt | 20 | 365 | 334 | 242 | 151 |
| 21 | Number of days on line before 7/1/2010 | | | 21 | 46 | | | |
| 22 | Underpayment on line 17 x _ | | | | 3. | 1. | | |
| 23 | Number of days on line before 10/1/2010 | | | 23 | 92 | 92 | 15 | |
| 24 | Underpayment on line 17 x | Number of days on line 23 365 | x 4% | 24 | 5. | 5. | 1. | |
| 25 | Number of days on line before 1/1/2011 | | | 25 | 92 | 92 | 92 | 16 |
| 26 | Underpayment on line 17 x | Number of days on line 25 365 | x 4% | 26 | 5. | 5. | 5. | 1. |
| 27 | Number of days on line before 4/1/2011 | | | 27 | 90 | 90 | 90 | 90 |
| 28 | Underpayment on line 17 x | Number of days on line 27 365 | x 3% | 28 | 4. | 4. | 4. | 4. |
| 29 | Number of days on line before 7/1/2011 | | | 29 | 45 | 45 | 45 | 45 |
| 30 | Underpayment N on line 17 x | Number of days on line 29 x 365 | *% | 30 | | | | |
| 31 | Number of days on line before 10/1/2011 | | | 31 | | | | |
| 32 | Underpayment N on line 17 x | Number of days on line 31 x 365 | *% | 32 | | | | |
| 33 | Number of days on line before 1/1/2012 | e 20 after 9/30/2011 a | | 33 | | | | |
| 34 | Underpayment N on line 17 | Number of days on line 33 x 365 | *% | 34 | | | | |
| 35 | Number of days on line before 2/16/2012 | e 20 after 12/31/2011 | | 35 | | | | |
| 36 | Underpayment N on line 17 | Number of days on line 35 x 366 | *% | 36 | | | | |
| 37 | Add lines 22, 24, 26, 28 | 8, 30, 32, 34, and 36 | ; | 37 | 17. | 15. | 10. | 5. |
| 38 | Penalty. Add columns (comparable line for oth | ., | | | | | | 47. |
| | | | | | | | • | |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

| Form 84 | 53-EO | Exempt Org | janization Declar Electronic | | Signature | for | | OMB No. 1545-1879 |
|---|---|--|--|--|---|--|---|--|
| | | For calendar year 2010, or ta | ax year beginning $ {\tt Jan} 1 $ | 5 | Dec 31 , | 2010 | | 0010 |
| Descriptions | | For use | with Forms 99 <mark>0</mark> , 990-EZ, 9 | 90-PF, 1120-PO | L, and 8868 | | | 2010 |
| Department of Internal Reven | | | See instruction | ctions | | | | |
| Name of exem | pt organization | | | | | | | ication number |
| | n Family Fo | | <u> </u> | | | 26-66 | 651 | 76 |
| Part I | | | formation (Whole Do | | | | | |
| box on line 5b, whichev | 1a. 2a. 3a. 4a. o | r 5a below and the amout blank (do not enter -0-) | Form 8453-EO and enter ant on that line of the return . If you entered -0- on the | n being with this | s form was blai | nk. then le | eave I | ine 1b. 2b. 3b. 4b. or |
| 1 a Form | 990 check here | ► b Total reve | nue, if any (Form 990, Pa | rt VIII, column (A | A), line 12) | | 1b | |
| | | | evenue, if any (Form 990- | | | | 2b | |
| | | | tal tax (Form 1120-POL, I | | | | 3b | |
| | | | sed on investment incom | | | | 4b | |
| 5 a Form | 8868 check here | e . ► X b Balance D | ue (Form 8868, Part I, line | e 3c or Part II, li | ne 8c) | | 5b | 500. |
| Part II | Declaration | n of Officer | | | | | | |
| | - | | | | | | | |
| w oi m di | rithdrawal (direct rganization's fed nust contact the ate. I also autho | debit) entry to the finan eral taxes owed on this U.S. Treasury Financial rize the financial instituti | gnated Financial Agent to cial institution account inc return, and the financial ir Agent at 1-888-353-4537 ions involved in the proces and resolve issues relate | licated in the tax istitution to debi no later than 2 b ssing of the elec | c preparation so t the entry to th pusiness days p tronic payment | oftware foi nis accoun prior to the | r páyr it. To e pavr | nent of the revoke a payment, I nent (settlement) |
| | executed the ele | ctronic disclosure conse | a state agency(ies) regulat nt contained within this re ied in Part I above) to the | turn allowing dis | sclosure by the | Fed/State IRS of thi | e prog s Fori | gram, I certify that m |
| organization true, correct electronic r organization | n's 2010 electror et, and complete eturn. I consent n's return to the | nic return and accompan . I further declare that the to allow my intermediate IRS and to receive from | ficer of the above named lying schedules and stater e amount in Part I above i e service provider, transm the IRS (a) an acknowled n or refund, and (c) the da | ments and to the is the amount sh itter, or electroni gment of receipt | best of my kno nown on the cop ic return origina or reason for i | owledge a py of the c ator (ERO) | nd be organi) to se | lief, they are zation's end the |
| Sign | | | | | | | | |
| Here | Signature of off | icer | Date | ▶ | Title | | | |
| | | | | | | | | |
| Part III | Declaration | n of Electronic Ret | urn Originator (ERO |) and Paid Pi | r eparer (see | e instruc ⁻ | tions | 5) |
| knowledge. the return. information IRS <i>e-file</i> P organization | If I am only a co The organization to be filed with Providers for Bus n's return and ac | ollector, I am not respon o officer will have signed the IRS, and have follow iness Returns. If I am al- ccompanying schedules | on's return and that the en sible for reviewing the ret this form before I submit red all other requirements so the Paid Preparer, und and statements, and to th on all information of which | urn and only dec the return. I will in Pub. 4163, M er penalties of p e best of my kno | clare that this for give the officer odernized e-Fil perjury I declare owledge and be | orm accur r a copy o le (MeF) Ir e that I hav | ately f all formation ve examples | reflects the data on orms and ation for Authorized amined the above |
| EDO's | ERO's | | | Date 11/27/12 | Check if also paid preparer | Check if self- employed | | ERO's SSN or PTIN P01285595 |
| ERO's Use | Firm's name | MICHAEL D Z | ACCARELLO CPA | | | EIN | | |
| Only | (or yours if self-employed), | ▶ 8020 FORSYT | | | | | | |
| | address, and ZIP code | SAINT LOUIS | | MO 6 | 531051707 | Phone no. | (3 | 14) 862-8000 |
| | dge and belief, th | | mined the above return ar d complete. Declaration of | nd accompanying | g schedules an | | | |
| | Print/Type preparer | s name | Preparer's signature | C | Date | Check | if | PTIN |
| Paid | | | | | | self-employe | ed | |
| Preparer Use Only | Firm's name | | | | | Firm's EIN 🕨 | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Firm's name Firm's address

Form 8453-EO (2010)

Phone no.

Form 990-PF, Page 1, Part I Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| Bryan Cave | Legal | 1,667. | | | 1,667. |
| Total | | 1,667. | | | 1,667. |

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| Bryan Cave Midwest Bank | Legal-Tax Bank Fees | <u> 1,200.</u> 35. | | | 1,200. |
| Total | | 1,235. | | | 1,200. |

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

| | End of Year | | | |
|--|---------------|----------------------|--|--|
| Line 10b - Investments - Corporate Stock: | Book Value | Fair Market Value | | |
| 90,125 shares of Barry-Wehmiller Group, Inc. stock | 2,793,875. | 3,236,389. | | |
| 68,394.524 shares of Barry-Wehmiller Group, Inc. stock | 2,456,029. | 2,456,028. | | |
| Total | 5,249,904. | 5,692,417. | | |

Supporting Statement of:

Form 990-PF, p1/Line 21(a)

| Description | Amount |
|--|--------|
| Council on Foundations Annual Conference | 5,512. |
| Total | 5,512. |

Supporting Statement of:

Form 990-PF, p2/Line 2(a)

| Description | Amount |
|-------------------------------------|--------|
| Midwest BankCentre Checking Account | 5,007. |
| Total | 5,007. |

Supporting Statement of:

Form 990-PF, p2/Line 10b(a)

| Description | Amount |
|--|------------|
| 92,569 shares of Barry-Wehmiller Group, Inc. | 2,869,639. |
| Total | 2,869,639. |

Supporting Statement of:

Form 990-PF, p2/Line 24(a)

| Description | Amount |
|---------------|-----------------------------|
| Stock Cash | <u>2,869,639.</u> 5,007. |
| Total | 2,874,646. |

Supporting Statement of:

Form 990-PF, p2/Line 24(b)

| Description | Amount |
|-------------|------------|
| BWGI Stock | 5,249,904. |
| Cash | 157,485. |

Continued

Supporting Statement of:

Form 990-PF, p2/Line 24(b)

| Description | Amount |
|-------------|------------|
| | |
| Total | 5,407,389. |

Supporting Statement of:

| Sch. B, page 2 (Copy 1)/Contribution amount-1 | |
|--|------------|
| Description | Amount |
| 68,394.524 shares of Barry-Wehmiller Group, Inc. stock | 2,456,047. |
| Total | 2,456,047. |