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Form **990-EZ**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
vear may use this form year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public -

爲	A	For the 2008 calendar year, or tax year beginning 11/03	, 2008, and ending 12/31	, 2008
ELMON, OVE	<u>B</u> _	Check if applicable C	D E	nployer identification number
		Address change Please use IRS The Crossfit Foundation Inc	:	80-0513015
RE		Name change label or c/o Lauren Glassman		elephone number
24	椫	Initial return type: 3196 Willow Creek Rd, Box 2	95	(928) 445-9739
7	H	Specific Prescott, AZ 86301		
0	$\overline{}$	Amended return tions. Application pending		roup Exemption umber
130		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt of		
		must attach a completed Schedule A (Form 990 or 9	90-EZ). Other (specify) ►	
1 2 2010		Website: ► N/A Organization type (check only one) — X 501(c) (3) < (insert no.)		the organization is not n Schedule B (Form 990, F)
8		Check Lifthe organization is not a section 509(a)(3) supporting \$25,000. A return is not required, but if the organization chooses to		
		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$ instead of Form 990-EZ		►\$ 151,034.
İ	Pa	rt l 🏁 Revenue, Expenses, and Changes in Net Ass	ets or Fund Balances (See the instr	
0	Ì	1 Contributions, gifts, grants, and similar amounts received		1 28,045.
2010		2 Program service revenue including government fees and con	tracts	2
	- 1	3 Membership dues and assessments		3
SCANNED NOV 05		4 Investment income .	l e.l	4
0		5a Gross amount from sale of assets other than inventory	5a 5b	- 4
\geq		b Less: cost or other basis and sales expenses	<u> </u>	5c
Z	ξ	 c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from li Special events and activities (complete applicable parts of Schedule G). If any 	- · · · · · · ·	30
	Ě		ntributions	
Щ	ÿ	reported on line 1)	6a	
Z	-	b Less direct expenses other than fundraising expenses	6b	
2		c Net income or (loss) from special events analysis (Subtract line 6b from	<u> </u>	6c
Ç		7a Gross sales of inventory, less returns and attemaces	7a 122,989.	,54
S		b Less cost of doods sold	7b 87,887.	
		c Gross profit of (1955) from sales of invention (Subtract line 7	b from line 7a)	7c 35,102.
		8 Other revenue (describe)	8
		9 Total revenue (add lines in 2-3, 4, 50, 60, 76- and 8)	· · · · · · · · · · · · · · · · · · ·	9 63,147.
		9 Total revenue (add Imes 1, 2, 3, 4, 5c, 6c, 7e, and 8) 10 Grants and similar amounts-paid (attach schedule)	See Statement 1	10 23,674.
	_	11 Benefits paid to or for members		11
	E X P	12 Salaries, other compensation, and employee benefits		12
	P E N	13 Professional fees and other payments to independent contra	ctors.	13 2,658.
	N S	14 Occupancy, rent, utilities, and maintenance		14 593.
	S E S	15 Printing, publications, postage, and shipping		15 14.
	٦	16 Other expenses (describe ► See Statement 2) .	16 19,371.
		17 Total expenses (add lines 10 through 16)	•	17 46,310.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 16,837.
	N S	19 Net assets or fund balances at beginning of year (from line 2	27, column (A)) (must agree with end-of-year	262
	N S E E	figure reported on prior year's return)		19 0.
	' T	20 Other changes in net assets or fund balances (attach explan		20
	لے	21 Net assets or fund balances at end of year. Combine lines 18		21 16,837.
	Pa	rt II Balance Sheets. If Total assets on line 25, column (E		
	~~	(See the instructions for Part II)	(A) Beginning of ye	
	22	, , , , , , , , , , , , , , , , , , , ,	• ••	22 16,837.
		Land and buildings Other assets (describe	,	23
	24 25		-'	
	26)	
	27	·		
		A For Privacy Act and Paperwork Reduction Act Notice, see the in		Form 990-EZ (2008)

Form 990-EZ (2008) The Crossfit For	undation Inc			- 051	3015 Pag	qe 2				
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses					
What is the organization's primary exempt purpose? See Describe what was achieved in carrying out th describe the services provided, the number of program title.	e Statement 3 e organization's exempt purp persons benefited, or other r	ooses. In a clear and co relevant information for	ncise manner, each	and 4947	uired for 501(c)(3) (4) organizations an (a)(1) trusts; option thers.)	ıd al				
(Grants \$) If th	ıs amount ıncludes foreign gr	ants, check here		28 a						
(Grants \$) If th	ıs amount ıncludes foreign gr	rants, check here	<u> </u>	29 a						
31 Other program services (attach schedule	is amount includes foreign gr e) is amount includes foreign gr	•	▶□	30 a		—				
32 Total program service expenses (add li		ants, theth here	_	32		—				
Part IV: List of Officers, Directors,		niovees /List applic	ne even if not con		stad See the instra	-				
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions	to ns and	(e) Expense account and other allowand	ınt				
Lauren J Glassman 3196 Willow Creek Rd Box 295	Secretary 5.00			0.		0.				
Prescott, AZ 86301 Lynne Pitts 407 Athol Road	Director 0	0.		0.		0.				
Richmond, NH 03470 Joshua Murphy	Director	0.		0.		0.				
10 King James Lane Atlantic Highlands, NJ 07716	0									
Greq Glassman 840 Grapevine Lane Prescott, AZ 86305	President 0			0.		0.				
Thomas Crubaugh 707 Clubhouse Dr Aptos, CA 95003	Treasurer 0			0.		0.				
				_	- · · - · · - · · -					
		-								
DAA	week 4.00 a	21 (2 4/90			Form 900 F7 (00	<u> </u>				
BAA	TEEA0812L 0	71/14/09			Form 990-EZ (20	NQ)				

<u></u>			T	T
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,	1	, .	
	attach a statement explaining your reason for not reporting the income on Form 990-T.			
ā	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
27	If 'Yes,' complete applicable parts of Schedule N	36	× ;	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? ■ Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3,5		
30 6	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II and enter the total	- Jan 1	*	F-473
30	amount involved 501(c)(7) organizations Enter	^ % ₃	3	1
	i Initiation fees and capital contributions included on line 9	1337	. »	-5,
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			7
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		ر اد («	
_	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	3	, ć	
t	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40 ь	<i>i</i> 27	X
•	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.	, ;		
c	Enter amount of tax on line 40c reimbursed by the organization	'	3, 37,	. ***
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	<u></u>		*
	Shelter transaction / If 'Yes,' complete Form 8886-1 List the states with which a copy of this return is filed > AZ	40 e	ш	<u> </u>
42 :	The books are in care of ► Lauren Glassman Telephone no. ► (928)	445	-973	١٩
720	Located at > 3196 Willow Creek Rd, Box 295 Prescott AZ ZIP+4 > 86301	- 279.		' <u>-</u>
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country.	12.5	;	-11
		, ',	, *	1
		•	,	, , , , , , , , , , , , , , , , , , ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	`		
	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	,	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			v
BAA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/14/09 For	45 m 990	- EZ (X 2008)

Form 990-E Part VI	Z (2008) The Crossfit Founda Section 501(c)(3) organization		01(c)(3) organ	30-0513		Page 4
raitvi	and complete the tables for line	es 50 and 51.	or(c)(s) organ	•	tatement 4	
46 Did th	ne organization engage in direct or indire	ct political campaign act	tivities on behalf o		Voc	$\overline{}$
for pu	ublic office? If 'Yes,' complete Schedule (C, Part I		•	46	X
47 Did th	ne organization engage in lobbying activit	ies? If 'Yes,' complete S	Schedule C, Part II	l.	47	<u> </u>
	organization operating a school as desc			·	. 48	<u> X</u>
	ne organization make any transfers to an	•	related organizatio	on?	49a	<u> X</u>
b If 'Ye	s,' was the related organization(s) a sect	ion 527 organization?		•	49Ь	
50 Comp	plete this table for the five highest compe yed more than \$100,000 of compensation	nsated employees (other from the organization.	r than officers, dir If there is none, e	ectors, trustees and key emp nter 'None.'	loyees) who ea	ch
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowance	i
None						
					-	
			·			
Total number	of other employees paid over \$100,000					
from	plete this table for the five highest compe the organization. If there is none, enter 'I (a) Name and address of each independent control	None.'		(b) Type of service	(c) Compensati	
None				(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						
T - 4 - 1 l-		## ## ## ## ## ## ## ## ## ## ## ## ##	>			
	Der of other independent contractors rece Under pedakies of perjury, I declare that I have examitrue, for pet, and complete Declaration of preparer (ined this return, including accor	npanying schedules and	statements, and to the best of my know reparer has any knowledge	wledge and belief, it	ıs
Sign Here	Squature of officer			10/////	/	
Here	/			Date		
	Type or print name and title			Secretary		
	Type of print frame and title		Detail 4	. Pro	parer's Identifying N	umber
Paid	Preparer's Signature	Lword -	Date	(74)(7) (Sell' 137 /	parer's Identifying Ni e instructions) ' 'À	
Pre-	HOT DCHODMH C CO.	MPANY, PC		employed N/	<u>n</u>	
parer's Use	yours if self-			EIN • N	N/A	
Ose Only	employed), address, and ZIP + 4 PRESCOTT, AZ 86			Phone no ► (928		3
	S discuss this return with the preparer sh		tions	Tritolie III - (320	► X Yes	No No
BAA	o allocado ano retarri with the preparer of	STATE OF HISH DE			Form 990-EZ	

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

OMB No 1545-0047 2008

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

The Crossfit Foundation Inc

Open to Public Inspection

		c/o	<u>Lauren Glassma</u>	n					30-05	513015	Ď		
Par	ŧΙ	Reason for Pu	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	(see i	nstruct	tions)		
The	orga	nization is not a pri	vate foundation becau	se it is. (Please check or	nly one	organiza	ation.)		-	-			
1	\Box	A church, convent	on of churches or asso	ociation of churches desc	ribed in	section	170(b)	(1)(A)(i)					
2	П	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)								
3	П	A hospital or coop	erative hospital service	e organization described	ın secti	on 170(l)(1)(A)(iii). (At	tach Sch	nedule H)		
4	П			d in conjunction with a h								pıtal's	
		name, city, and st	ate [.]										
5		An organization of 170(b)(1)(A)(iv).	perated for the benefit Complete Part II.)	of a college or university	owned	or opera	ated by a	gover	nmental	unit des	cribed in s	ection	
6	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described											
7	X	An organization th in section 170(b)(1	at normally receives a I XAXvi). (Complete Pa	substantial part of its su art II.)	pport fro	om a go	vernmer	ntal unit	t or from	the gen	eral public	described	
8	Ш	A community trust	described in section 1	170(b)(1)(A)(vi). (Complet	te Part I	l.)							
9		from activities relate investment income	ed to its exempt function	more than 33-1/3 % of its s is – subject to certain exce ss taxable income (less s omplete Part III.)	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from gros	SS	
10		An organization or	ganized and operated	exclusively to test for pu	blic safe	ety See	section	509(a)	(4). (see	e instruc	tions)		
11		more publicly supr	ported organizations d	exclusively for the benef lescribed in section 509(a lation and complete lines	a)(1) or :	section :	509(a)(2	ctions o !). See	f, or car section	ry out th 509(a)(3	e purposes). Check th	of one or le box that	
		a Type I	b Type II	c 🗌 Type III	– Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	
e	. [By checking this b than foundation m 509(a)(2).	ox, I certify that the or anagers and other that	ganization is not controll n one or more publicly su	ed direc upported	tły or ind Lorgania	directly zations o	by one lescribe	or more ed in sec	disquali tion 509	fied persor (a)(1) or se	ns other ection	
f			received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III supp	oorting o	rganization	· . 🗆	
ç	ı	Since August 17, 2	2006, has the organiza	tion accepted any gift of	r contrib	ution fro	m any	of the fo	llowing	persons	?		
												Yes No	
		(i) a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or t upported organization?	together	with pe	rsons de	escribed	d in (ii) a	ınd (ııı)	11 g (ı)		
		(ii) a family mer	nber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) at	oove?						11 g (iii)		
ŀ	1	Provide the follow	ng information about t	he organizations the orga	anızatıor	n suppo	rts.						
	Œ	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	(iv) Is the organization in col (i) listed in your governing document?			(vi) l organizat (i) organi U S	on in col	(vii) Amount of Support		
					Yes	No	Yes	No	Yes	No			
						:	!						
	_												
							-						
							ļ						
Tota	ı		. *			,		3					

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 The Crossfit Foundation Inc 30-0513015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (c) 2006 (d) 2007 (e) 2008 (a) 2004 (b) 2005 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 0. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 0 0 0 0 0 0. Total. Add lines 1-3 . 19g Ź~ 4 The portion of total contributions by each person Ž 1 Ŕ Se. (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0<u>.</u> -1<u>\$</u> shown on line 11, column (f) ... **Public support.** Subtract line 5 from line 4 Ο. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 0 0 0 0 0 0. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents. rovalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 争物 , 12 gr ૠું, · 36.4 当日本職工・機 20 0. 12 0. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here **►** X Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test -- 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

BAA

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 The Crossfit Foundation Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	, , , , , , , , , , , , , , , , , , , ,	\					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1-5							
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	Add lines 7a and 7b						1	
	Public support (Subtract line		·					
·	7c from line 6)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		47 5 5 -				
Sec	tion B. Total Support	_ ` '		<u> </u>	1, 7, 4	25 m 2000 1 3	'yo'	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200		(f) Total
		(a) 2004	(0) 2003	(0) 2000	(a) 2007	(e) 200	0	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							11 12
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		,					
13	Total support. (add ins 9, 10c, 11, and 12.)	10 M 10 M	Address F	品数,就感觉了了。	A. 14.14.14	The section	4,	
	First five years. If the Form 990 organization, check this box and				· · · · · · · · · · · · · · · · · · ·	·		3)
				· · · · · · · · · · · · · · · · · · ·			• • • • •	<u> </u>
	tion C. Computation of Pul							
	Public support percentage for 20)		15	%
	Public support percentage from 2					-	16	%
<u>Sec</u>	tion D. Computation of Inv	estment Incor	ne Percentage	е				
17	Investment income percentage for	or 2008 (line 10c,	column (f) divide	ed by line 13, colu	ımn (f))		17	%
18	Investment income percentage fa	rom 2007 Schedu	le A, Part IV-A, Iı	ne 27h			18	%
	33-1/3 support tests - 2008. If the omore than 33-1/3%, check this b	ox and stop here	. The organization	n qualifies as a pi	ublicly supported o	organization		▶ []
	33-1/3 support tests - 2007. If the second of the second o							, and line 18
_∠∪	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instruc	tions	<u> </u>

Schedule A	(Form	990 or	990-E2	z) 2008	Tl	he C	ros	sfit	Fo	unda	tion	Inc		30-0513015	Page 4
Part IV⊗	Supp	lemer	ıtal In	forma	tion	. Cor	nple	te th	ıs pa	rt to	provi	de the	explanation requadditional inform	red by Part II,	line 10;
	Part	II, line	17a	or 17b	; or	Part	III, I	iné 1	2. P	rovid	e any	other	additional inform	ation. (see ins	tructions)
								-							- -
									- - -					-	
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		. _			. _ _										

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

2008

Federal Statements

The Crossfit Foundation Inc. c/o Lauren Glassman

Page 1

30-0513015

Statement 1 Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid**

Donee's Name: Donee's Address:

Relationship of Donee: Description of Property: Date of Gift:

Book Value:

Method Used to Determine BV: Fair Market Value:

Method Used to Determine FMV:

Operation Phoenix

93 S. Jackson Street #19310

Seattle, WA 98104

None

Equipment 12/31/2008 23,674. Cost

Cost

\$ 23,674.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion bank charges Information Technology Office Expenses Telephone Travel

50. 3,019. 15,004. 580. 92. 626. 19,371. Total \$

Statement 3 Form 990-EZ. Part III **Organization's Primary Exempt Purpose**

The mission of the Foundation is to raise funds to be used to provide support and assistance to the men and women of the military, law enforcement and first responder communities and their families, as well as to enhance the quality of life and fitness of deserving families by sponsoring such worthwhile efforts as Infant Swim Rescue (ISR), providing exercise equipment, and other beneficial acts as deemed appropriate by the Board of Trustees.

Statement 4 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No