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## Form **990-PF**

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

0	MB No	1545-00	52
	20	09	$\overline{)}$

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requ

7/01 , 2009, and ending 6/30 2010 For calendar year 2009, or tax year beginning Final return Initial return Initial Return of a former public charity G Check all that apply Address change Amended return Name change Employer identification number Use the THE CHRISMAN FOUNDATION 193 W 4050 N 20-1891577 IRS label. Otherwise, B Telephone number (see the instructions) print PLEASANT VIEW, UT 84414 435-723-0403 or type See Specific C If exemption application is pending, check here. Instructions D 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Accounting method | X | Cash Fair market value of all assets at end of year under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basıs ) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and Expenses (The total of amounts in for charitable expenses per books income income columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) 200,000 Contributions, gifts, grants, etc, received (att sch) If the foundn is not reg to att Sch B Interest on savings and temporary 6 40 40 40 cash investments Dividends and interest from securities ... 5a Gross rents b Net rental income or (loss) 3% REVENU 6a Net gain/(loss) from sale of assets not on line 10 **b** 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 10a Gross sales less returns and allowances ٠ 4 **b** Less Cost of goods sold. 25 \* c Gross profit/(loss) (att sch) 11 Other income (attach schedule) Total. Add lines 1 through 11 200,040 40 40 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ADMINISTRATIVE **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest Ö 18 Taxes (attach scheduleX see instr.) AUG 1 1 RS Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings. 22 Printing and publications Other expenses (attach schedule) 51 See Statement 1 Total operating and administrative expenses. Add lines 13 through 23 24 51 Contributions, gifts, grants paid Part XV 23,467. 25 467 Total expenses and disbursements. 23,467. 0 0. 23,518 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 176,522 and disbursements 40 b Net investment income (if negative, enter -0-).

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

40.

Part		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of	year	
art	<u>"                                    </u>	balance Sheets	(See instructions )	(a) Book Value	(b) Book Va	ue	(c) Fair M	arket Value
	1	Cash - non-interest	-bearing	10,098.	186,	619.		
	2	Savings and tempor	ary cash investments					
	3	Accounts receivable	<b>•</b>					
		Less. allowance for	doubtful accounts					
	4	Pledges receivable	<b>&gt;</b>					
		Less allowance for	doubtful accounts ►					
ŀ	5	Grants receivable						
	6	Receivables due from offic disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see the instructions).					
	7	Other notes and loans rec	eivable (attach sch).					
A		Less allowance for	doubtful accounts ►					
A S E T	8	Inventories for sale	or use					
Ę	9	Prepaid expenses a	nd deferred charges					
Ś	10 a	Investments – U S obligations (attach s	and state government chedule)					
	Ł	Investments — corporate	stock (attach schedule)					
	c	Investments - corporate	bonds (attach schedule)		•			
	11	Investments – land, equipment basis	buildings, and	á	y			, ,
		Less accumulated depred (attach schedule)	eration $lacksquare$					
	12	Investments - mort	gage loans					
	13	Investments - other	(attach schedule)					
	14	Land, buildings, and	equipment basis					2
		Less accumulated depred (attach schedule)	enation •					
		Total assets (to be	be <u>See Statement 2</u> ) completed by all filers — so, see page 1, item I)	10,098.	186,	1. 620.		0.
L	17		nd accrued expenses					
A	18	Grants payable	·				7 43 🖠	* *
B	19	Deferred revenue					a Á	
$ \cdot $	20	Loans from officers, direc	ctors, trustees, & other disqualified persons				•	
Ī	21	Mortgages and other note	s payable (attach schedule)				4 *	£
T	22	Other liabilities (desc	ribe					s 4
E			17.11	0		$\overline{}$		
S	23	•	I lines 17 through 22)	0.		0.		
		and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.					// ×
N F E U T N	24	Unrestricted						
E U	25	Temporarily restricted						
D	26	Permanently restrict						
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here $ ightharpoonup$ X 27 through 31.					
EL	27	Capital stock, trust	principal, or current funds	]				
SN	28	•	, or land, building, and equipment fund					
O E	29	, ,	nulated income, endowment, or other funds	10,098.	186,	620.		
RS	30	• •	fund balances (see the instructions)	10,098.		620.		
	31		net assets/fund balances	10,098.	186,			<u>.</u>
Part	III	Analysis of Char	iges in Net Assets or Fund Balanc	es				
1	Tota end-	I net assets or fund b	valances at beginning of year — Part II, colu and on prior year's return)	umn (a), line 30 (must ag	ree with	1		10,098
		er amount from Part I,				2		176,522
		increases not included in I				3		
		lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	4		186,620
		ases not included in line 2	(Itemize)			5	<del></del>	
			valances at end of year (line 4 minus line 5)	Part II column (b) I		6		186 620

(a) List and descr	The the kind(s) of property sold (e.g., rouse, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acqu P — Purcha D — Donati	ise	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A		···	5 Donation			-
b						
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis ile		(h) Gain or (e) plus (f) m	(loss) ınus (g)
a						
b					· · · · · · · · · · · · · · · · · · ·	
c						
d						
е						
	owing gain in column (h) and owned by				(I) Gains (Colu	ımn (h)
(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		tha	ain minus column (k nn -0-) <b>or</b> Losses (fr	om column (h))
a						
b						
<u> </u>				· · · ·		
d						
е			<u>_</u>			
2 Capital gain net income or (	net capital loss) If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		
3 Net short-term capital gain of	or (loss) as defined in sections 1222(5)	and (6)				
		16 (1)	_			
ın Part I, line 8	line 8, column (c) (see the instructions			3	·	
In Part I, line 8  Part V Qualification Und  (For optional use by domestic prival)	der Section 4940(e) for Reduce	d Tax on Net Investm		ne		
In Part I, line 8  Part V Qualification Und  (For optional use by domestic prival)  If section 4940(d)(2) applies, leav  Was the foundation liable for the self 'Yes,' the foundation does not qualification.	der Section 4940(e) for Reduce rate foundations subject to the section e this part blank N/A section 4942 tax on the distributable arrualify under section 4940(e) Do not contact the section 4	d Tax on Net Investmed 4940(a) tax on net inv	ent income se period?	ne	Yes	☐ No
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In Part I, line 8  Part V Qualification Unc  (For optional use by domestic prival)  If section 4940(d)(2) applies, leav  Was the foundation liable for the self 'Yes,' the foundation does not generate amount  (a)  Base period years Calendar year (or tax year beginning in)  2008  2007  2006  2005  2004  2 Total of line 1, column (d)  3 Average distribution ratio for number of years the foundal  4 Enter the net value of nonctions.	der Section 4940(e) for Reduce rate foundations subject to the section e this part blank N/A section 4942 tax on the distributable arrualify under section 4940(e) Do not control each column for each year, see the (b) Adjusted qualifying distributions	d Tax on Net Investment de la complete this part le instructions before making (c) Net value of noncharitable-use as la complete this part le instructions before making (c) Net value of noncharitable-use as la complete this part le instructions before making (c) Net value of noncharitable-use as la complete this part le complete	se period?  ng any entrie	ne ) es (colu	(d) Distribution	n ratio
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Part		ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter $11/17/04$ (attach copy of letter if necessary - see instr.)			
	Domestic foundations that meet the section 4940(e) requirements in Part V,			N/A
	check here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			ļ
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)		-	
	Add lines 1 and 2			
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4			
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
	Credits/Payments 2009 estimated tax pmts and 2008 overpayment credited to 2009  6a			
	2009 estimated tax pmts and 2008 overpayment credited to 2009  Exempt foreign organizations — tax withheld at source  6a  6b			
	Tax paid with application for extension of time to file (Form 8868)  6c			
	Backup withholding erroneously withheld  6d			
	Total credits and payments Add lines 6a through 6d		<del></del>	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
	Enter the amount of line 10 to be Credited to 2010 estimated tax			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	* 🦠	^	<b>%</b>
	Did the foundation file Form 1120-POL for this year?	1с		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation $\Rightarrow$ 0. (2) On foundation managers $\Rightarrow$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	•	•	\$
٦	foundation managers $\Rightarrow$ \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			لـنــا
-	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		<u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	_4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	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			
	<ul> <li>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?</li> </ul>	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	7	Х	<u> </u>
	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
va	N/A			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
BAA	Fo	rm <b>99</b>	0-PF	(2009)

Form 990-PF (2009) THE CHRISMAN FOUNI			20-18	<u>91577                                   </u>	Page (
Part VII-B   Statements Regarding Activiti	es for Which Form	n 4720 May Be Requ	uired (continued)		
5 a During the year did the foundation pay or incu	•			.	
(1) Carry on propaganda, or otherwise attempt	-		∐ Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	1 4955), or to carry		No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religior educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	] No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ _	]	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	] No	
If 'Yes,' attach the statement required by Regulation 6a Did the foundation, during the year, receive an		• •	S — —	,	
on a personal benefit contract? <b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	ctly, on a personal bene		No 6b	X
If 'Yes' to 6b, file Form 8870	•			,	
7a At any time during the tax year, was the found				No	27 / 2
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				7b	N/A
and Contractors	rectors, Trustees,	roundation manag	jers, nigrily Palu i	imployees	<b>&gt;</b> ,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	e account, owances
JOHN W CHRISMAN III	Director	0.	0.		0
196 W 1050 N	0				
PLEASANT VIEW, UT 84414					
BARBARA A CHRISMAN 2108 LOOKOUT POINT CIRCLE LAS VEGAS, NV 89117	Director 0	0.	0.		0
JOEL CHRISMAN	Director	0.	0.	1	0
5015 VARCO ROAD	0				
TACOMA, WA 98422				<del>                                     </del>	
2 Compensation of five highest-paid employee	es (other than those in	cluded on line 1 – see in	nstructions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo	
<u>None</u>			'		
Total number of other employees paid over \$50,000	)				0 BE (2000

	-189157	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Part VIII Information About Officers, Directors, Di	aid Empl	oyees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c	C) Compensation
None		
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions 3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
BAA	F	orm <b>990-PF</b> (2009)

## Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	23,467.
<b>b</b> Program-related investments — total from Part IX-B	1b	23, 107.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., p		
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part X	XIII, line 4	23,467.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment in Enter 1% of Part I, line 27b (see instructions).	ncome. 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,467.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

•	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				4,844.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			497.	
<b>b</b> Total for prior years 20 07, 20 06, 20 05		1,485.		
3 Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				
<b>d</b> From 2007				
<b>e</b> From 2008				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ <u>23,467.</u>				
a Applied to 2008, but not more than line 2a			497.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		1,485.		*
c Treated as distributions out of corpus	_			
(Election required — see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount	10011	*		4,844.
e Remaining amount distributed out of corpus	16,641.		,	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.		, , , , , , , , , , , , , , , , , , ,	0.
same amount must be shown in column (a) )	, (	A. M.	· ** * **	
	,	, atom		
6 Enter the net total of each column as indicated below:		****	" "	,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,641.	* .		***
<b>b</b> Prior years' undistributed income Subtract			A.	Mac
line 4b from line 2b	<u> </u>	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		0.		
d Subtract line 6c from line 6b Taxable		0		,
amount — see instructions		0.	·	
e Undistributed income for 2008 Subtract line 4a from			0.	
line 2a Taxable amount — see instructions	<u> </u>		0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	16,641.			
10 Analysis of line 9				
a Excess from 2005				
<b>b</b> Excess from 2006.	1			
c Excess from 2007	1			
d Excess from 2008.				
e Excess from 2009 16, 641.				

Form <b>990-PF</b> (2009) THE CHRISMAN FOU				20-1891577	Page <b>10</b>
Part XIV   Private Operating Foundation	<b>ons</b> (see instruc	ctions and Part \	VII-A, question 9	)	N/A
1a If the foundation has received a ruling or or is effective for 2009, enter the date of the	letermination letter ruling	that it is a private	operating foundatior	n, and the ruling	
<b>b</b> Check box to indicate whether the foundat		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	<b>(c)</b> 2007	(d) 2006	(e) Total
<b>b</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					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>		<del> </del>			
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 assets at any time during th			organization ha	d \$5,000 or mor	e in
1 Information Regarding Foundation Managers as List any managers of the foundation who is close of any tax year (but only if they have See Statement 3	nave contributed m	nore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the found	ation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 1	of the stock of a cor 10% or greater inter	rporation (or an equa est	ally large portion of t	he ownership of
2 Information Regarding Contribution, Grad Check here X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	s to preselected cha	arıtable organizations	s and does not acce anizations under oth	ot unsolicited er conditions,
<b>a</b> The name, address, and telephone number	er of the person to	whom applications	should be addressed	d	
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year See Statement 4				
Total		•	► 3a	23,467.
<b>b</b> Approved for future payment				
Total	<u> </u>	1	► 3t	<del></del>

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Form 990-PF (2009)

i dil Avia I Aliaivsis di Hicollicii Ioducilia Activitici	Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
---	------------	-------------	------------------	-------------------

nter gross	amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
, <b>1</b> Progr	am service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
•	an service revenue			touc		(See the mandenons)
е						
f		1				
	and contracts from government agencies					
	pership dues and assessments					
	t on savings and temporary cash investments			1	40.	
	ends and interest from securities					
	ental income or (loss) from real estate financed property	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
	ebt-financed property				· -	
	ntal income or (loss) from personal property	<u> </u>				
	investment income		<del></del>			
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory				-	
<b>11</b> Other	revenue			~ ≫	***	**
a						
-		ļļ.				
d	···	<del>                                     </del>		_		
e		<del> </del>				
	otal Add columns (b), (d), and (e)				40.	
	. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify of	ا محمدامانیمام			13	40.
art XVI-	Relationship of Activities to the	e Accomplis	hment of Exem	pt Purpose	es .	
Line No. ▼	Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is report t purposes (oth	ted in column (e) of er than by providing	Fart XVI-A co	ontributed important th purposes) (See t	ly to the he instructions )
N/A						<del></del> .
·						
						_
						<del>_</del>
			·····			· · · · · · · · · · · · · · · · · · ·
					·	<del> </del>
					<del></del>	
	-					<del></del>
			<del></del>			
						·

TEEA0502L 07/06/09

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  (2) Other assets.  b Other transactions:  (1) Sales of assets to a noncharitable exempt organization.  (2) Purchases of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Reimbursement arrangements.  (5) Loans or loan guarantees.  (6) Performance of services or membership or fundraising solicitations.  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.  d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.							1b (4) X 1b (5) X 1b (6) X 1c X
	Line no	(b) Amount involved		charitable exempt organization		cription of transfers, transactio	
N/	'A_						
		<del>-</del>			_		<del></del>
					_		<del></del>
							· · · · · · · · · · · · · · · · · · ·
		·	<del>                                     </del>				
						<del></del>	
		·	<u>                                     </u>				
			<del> </del>				<del></del>
					<del></del>		· · · · · · · · · · · · · · · · · · ·
		foundation directly or ibed in section 501(c) s,' complete the follow (a) Name of organization	ing schedule.	I with, or related to, one on than section 501(c)(3)) or  (b) Type of organization			Yes X No
N	/A	Tay Harrie of Organizat		(b) Type of organizati	011	(c) Description	i or relationship
/					-		
_						<del></del>	
_							
		-					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete. Declaration of preparer to their than taxpeyer or fiduciary) is based on all information of which preparer has any knowledge    S - U - // Director							
SIGE	Sign	ature of officer or frustee		~	Date	Title	Company Mark 5
HERE	Paid Pre-	Preparer's signature	SA	Fh.	Sale Date	Check if self employed	Preparer's Identifying number (See Signature in the instrs)  N/A
E	parer's	Firm's name (or JOHN	NSON & CO, P	.C.		EIN ► N	I/A
	Use Only	yours if self- employed), > 2655					
	,	address, and OGDE	EN, UT 84401	-3665		Phone no.	(801) 393-7884
B/	AA						Form 990-PF (2009)

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

2009

		• • • • • • • • • • • • • • • • • • •
Name of the organization		Employer identification number
THE CHRISMAN FOUNDATION	<u> </u>	20-1891577
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> tre	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 01111 330 1 1	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	a as a private touridation
Check if your organization is covered	i by the General Rule or a Special Rule	
<b>Note:</b> Only a section 501(c)(7), (8), o	or (10) organization can check boxes for both the General Ri	ule and a Special Rule See instructions
General Rule —		
_	90, 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	d II)	of more (in money of property) from any one
Special Rules —		
For a section 501(c)(3) organizati	ion filing Form 990 or 990-EZ, that met the 33-1/3% support	t test of the regulations under sections
509(a)(1)/170(b)(1)(A)(vi) and receive	red from any one contributor, during the year, a contribution of the I, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	greater of 1) \$5,000 or (2) 2% of the
	·	
aggregate contributions of more t	0) organization filing Form 990 or 990-EZ, that received fror than \$1,000 for use exclusively for religious, charitable, scie	n any one contributor, during the year, intific, literary, or educational purposes, or the
prevention of cruelty to children of	or animals Complete Parts I, II, and III	1 12 12 12 12 12 12 12 12 12 12 12 12 12
For a section 501(c)(7), (8), or (1	0) organization filing Form 990 or 990-EZ, that received from	m any one contributor, during the year,
this box is checked, enter here th	for religious, charitable, etc, purposes, but these contribution ne total contributions that were received during the year for a	an exclusively religious, charitable, etc.
purpose Do not complete any of	the parts unless the General Rule applies to this organization	on because it received nonexclusively
religious, charitable, etc, contribu	utions of \$5,000 or more during the year	<b>▶</b> \$
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 <b>must</b> answer 'No' on F	Part IV, line 2 of their Form 990, or check the box on line H open the filing requirements of Schedule B (Form 990, 990-EZ)	of its Form 990-EZ, or on line 2 of its Form
		·
for Form 990, 990EZ, or 990-PF.	rk Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009

	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	ARISMAN FOUNDATION	' 1	r identification number 891577
Pari [	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	BILL & BARBARA CHRISMAN  193 W 4050 N  PLEASANT VIEW, UT 84414	\$200,000.	Person X 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)
(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)

Page

of 1

of Part II

Name of organization
THE CHRISMAN FOUNDATION

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1- . . .

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number 20-1891577

Part II	Noncash Property (see instructions )		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization
THE CHRISMAN FOUNDATION

Employer identification number 20-1891577

Part III · Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry )

	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, ch (Enter this information once –	iaritable, etc, see instructions	) ▶\$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	<del>-</del>
1 41(1	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relation	nship of transferor to trans	feree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
		(e)			
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift	is held
	Transferee's name, addres	Relatio	nship of transferor to trans	sferee	
	-		<del></del>	<del></del>	<del></del>

2009	Federal Stat	tements			Page 1
	THE CHRISMAN F	OUNDATION		;	20-1891577
Statement 1 Form 990-PF, Part I, Line 23 Other Expenses					
BANK SERVICE CHARGES OFFICE SUPPLIES - CHECKS		s Invest	ment Adjusted ome <u>Net Income</u>		(d) ritable rposes 0.
Statement 2 Form 990-PF, Part II, Line 15 Other Assets					
Rounding		Tota	<u>Book Value</u>		
Statement 3 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More JOHN W CHRISMAN III BARBARA A CHRISMAN	e Contributors				
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	7	Amount
UNITED WAY 2955 HARRISON, SUITE 201 OGDEN, UT 84403	NONE	501C3	CHARITABLE	<del></del> \$	1,000.
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	501C3	CHARITABLE		1,887.
OGDEN RESCUE MISSION 2781 WALL AVENUE OGDEN, UT 84401	NONE	501C3	CHARITABLE		3,000.

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2009	Federal S	Statements		Page 2
. ,	THE CHRISMA	AN FOUNDATION		 20-1891577
Statement 4 (continued) Form 990-PF, Part XV, Li Recipient Paid During th	e Year	Found-	Daywa a sa sa fa	
Name and Addre	Donee <u>ess</u> <u>Relationsh</u>	ation <u>ip</u> <u>Status</u>	Purpose of Grant	 Amount
SALVATION ARMY 2618 GRANT AVE OGDEN, UT 84402	NONE	501C3	CHARITABLE	\$ 4,000.
OGDEN ALANO CLUB 684 24TH ST. OGDEN, UT 84401	NONE	501C3	CHARITABLE	1,000.

OGDEN, UT 84402				
OGDEN ALANO CLUB 684 24TH ST. OGDEN, UT 84401	NONE	501C3	CHARITABLE	1,000.
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., FL. 17 CHICAGO, IL 60601	NONE	501C3	MEDICAL SCIENCES	800.
SPECIAL OLYMPICS UTAH 243 E 400 S, SUITE 111 SALT LAKE CITY, UT 84111	NONE	501C3	CHARITABLE	250.
BOWL FOR THE CURE - USBC 621 SIX FLAGS DRIVE ARLINGTON, TX 76011	NONE	501C3	MEDICAL SCIENCES	50.
STANDARD EXAMINER - PET ADOPTION 332 STANDARD WAY OGDEN, UT 84401	NONE	501C3	CHARITABLE	480.
WEBER COUNTY SCHOOL FOUNDATION 5320 ADAMS AVE. PKWY. OGDEN, UT 84405	NONE	GOVT	EDUCATION	500.
ASPCA 424 E 92nd St. NEW YORK, NY 10128	NONE	501C3	CHARITABLE	500.
ST. JUDE'S RANCH 100 ST. JUDE'S STREET BOULDER CITY, NV 89005	NONE	501C3	CHARITABLE	10,000.

Total \$ 23,467.