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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2011, and ending For calendar year 2011 or tax year beginning Name of foundation A Employer identification number THE ELAINE AND EUGENE CHISMER FAMILY 54-1880826 B Telephone number (see instructions) Number and street (or P O. box number if mail is not delivered to street address) Room/suite P.O. BOX 40200, FL9-100-10-19 (804) 788-2098 City or town, state, and ZIP code С If exemption application is pending, check here JACKSONVILLE, FL 32203-0200 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation SH Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amount of the column (a) (see instruction) J Accounting method: X Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here . (Part I, column (d) must be on cash basis.) (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per income income purposes books (cash basis only) 2 3 Interest on savings and temporary cash investments STMT 6,219 6,219 4 Dividends and interest from securities . . **5a** Gross rents b Net rental income or (loss) 404 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 35,010. assets on line 6a 404 Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications . Gross sales less returns 10 a and allowances · **b** Less Cost of goods sold , Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 6,623 Total. Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Expenses 15 Pension plans, employee benefits Legal fees (attach-schedule) 16a 1,250 NONE Accounting fees (attach-schedule) STMT 2 NONE ь Other professional fees (attach schediller. 3. 1,142 1,142 C melest WAY .I. I. 2012. . [9] 17 Ċ 53 Taxes (attach-schedule) (see instructions STMT. 4. Deprectation (attach (schedule) and depletion . 19 Occupancy 20 Travel, conferences, and meetings. 21 22 Printing and publications Other expenses (attach schedule) 23 Total operating and administrative expenses. <u>2,445</u> NONE Add lines 13 through 23 1,142 1,250 35,000 Contributions, gifts, grants paid 37.445 142 NONE 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 8 Excess of revenue over expenses and disbursements -30,822 5,481 b Net investment income (if negative, enter -0-)

Part II		Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year		End of year		
_	ai t		amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-beari	ng	NONE	NON		
	2	Savings and temporary	cash investments	4,971.	8,814	. 8,814.	
	3	Accounts receivable ▶					
		Less allowance for doub	otful accounts				
	4						
		Less allowance for doub	otful accounts >				
	5						
	6		officers, directors, trustees, and other	· · · · · · · · · · · · · · · · · · ·			
		disqualified persons (atta	ach schedule) (see instructions)				
	7	Other notes and loans re	eceivable (attach schedule) 🕨 _*	····	* NON	В	
			otful accounts	NONE	NON	ie none	
	8		se				
Assets	9		eferred charges				
ISS	10 a		government obligations (attach schedule).	NONE	NON	NONE	
`			stock (attach schedule)	207,013.	172,407		
	1		bonds (attach schedule)	NONE	NON		
	11	Investments - land, building	Is, NONE	NONE		110111	
	1	and equipment basis Less accumulated deprecia	etion >	NONE	NON	r R	
		(attach schedule)		NONE	NON		
	12 13		loans	NONE	NON		
	14	Land, buildings, and		HOND	11011	110111	
		equipment basis Less accumulated deprecia	ation				
	4-	(attach schedule)	·	NONE	NON	NON!	
	15		completed by all filers - see the	NONE	NON	NON	
	16		age 1, item 1)	211,984.	181,221	186,337	
_	17		ccrued expenses		101,221	100,337	
				<u></u>	<u></u> .	-	
	18		· · · · · · · · · · · · · · · · · · ·			╡	
Liabilities	19 20				· · · · · · · · · · · · · · · · · · ·	-	
賣	21		ors, trustees, and other disqualified persons	· -		7	
Ë	22		e		· · ·	=	
	22	Other habilities (describe	'			-	
	23	Total liabilities (add line	es 17 through 22)				
_			low SFAS 117, check here			7	
			24 through 26 and lines 30 and 31.				
S	24	Unrestricted	· · · · · · · · · · · · · · · · · · ·				
Ž	25						
Fund Balance	26						
d E		•	not follow SFAS 117,				
ᆵ			plete lines 27 through 31. ► X				
P			cipal, or current funds	211,984.	181,221		
			r land, bldg, and equipment fund				
Net Assets	29	•	lated income, endowment, or other funds	NONE	NON	IB	
Ą	30	=	d balances (see instructions)	211,984.	181,221	_	
Š	31		net assets/fund balances (see				
_		instructions)		211,984.	181,221		
P	art II		anges in Net Assets or Fund I			· · · · · · · · · · · · · · · · · · ·	
			palances at beginning of year - Part		(must agree with		
٠			on prior year's return)			211,984.	
2	Ente	r amount from Part I. I	ine 27a	•••••	2	-30,822.	
3	Othe	er increases not includ	ine 27a ed in line 2 (itemize) ► SEE STAT	TEMENT 5	3	59.	
						181,221.	
_	_				· · · · · · · · · · 		
6	Tota	I net assets or fund ba	line 2 (itemize) ▶ lances at end of year (line 4 minus lin	ne 5) - Part II, column (b), line 30 6	181,221.	
-							

Part IV Capital Gain	s and Losses for Tax on Inve	stment Income			
	nd describe the kind(s) of property sold (e prick warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED	SECURITIES				
b					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a 35,001.		34,606.			395.
b					
c					
d			ļ		
e	<u> </u>		ļ		
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col. (h) g	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less Losses (from co	
	as of 12/31/69	over col. (j), if any			
<u>a</u>					<u> 3</u> 95 .
<u>b</u>					
<u>c</u>					
<u>d</u>			ļ		
<u>e</u>					
2 Capital gain net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		404.
3 Net short-term canital dail	n or (loss) as defined in sections 122		-		404.
The state of the s	irt I, line 8, column (c) (see insti				
-	· · · · · · · · · · · · · · · · · · ·		2		
Part V Qualification	Under Section 4940(e) for Redu	uced Tax on Net Investment	ncome		
	, leave this part blank. r the section 4942 tax on the distrib not qualify under section 4940(e). I	• •	ase perio	d ⁷	Yes X No
	ount in each column for each year;		any onte		
(a)			any entr	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution r (col. (b) divided by	/ col (c))
2010	35,727.	230,487.	<u> </u>		500657304
2009	35,828.	255,562.	ļ		019298644
2008	35,717.	323,966.			024922368
2007 2006	36,885. 30,790.	384,602.	 		590433747
2006	30,790.	404,793.	 	0.07	<u>606356829</u>
2 Total of line 1 column (4)		2	0 57	7/1/60000
	d) o for the 5-year base period - divide t		-	0.57	741 <u>66</u> 8892
-	ndation has been in existence if less	• • •	3	0 11	548333778
number of years the four	idation has been in existence in less	than 5 years			340333110
4 Enter the net value of no	ncharitable-use assets for 2011 from	m Part X, line 5	4		210,859.
5 Multiply line 4 by line 3			5		24,351.
	ent income (1% of Part I, line 27b)		6		55.
7 Add lines 5 and 6			7	<u></u>	24,406
8 Enter qualifying distribut	ions from Part XII, line 4 reater than line 7, check the box i	n Part VI line 1h and complete	8 that part	using a 1% ta	36,250.
Part VI instructions.	. Color mon mo 7, oneon the box i	sit vi, into vo, alla complete	ur part	231119 G 1/0 LG	A 1010. OGG 1110

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation >\$ (2) On foundation managers > \$____ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$_ Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of X incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?.......... Х 4a b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either · By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Х 8b 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete X

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

X

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3Ь

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2011 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

orm	990-PF (2011)			80826		Page 6
Par	t VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requ	ired (continued)		
5a	During the year did the foundation pay or incur any amou	nt to.				
	(1) Carry on propaganda, or otherwise attempt to influen-	ce legislation (section	4945(e))?	. Yes X No	o	
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry o	n,		
	directly or indirectly, any voter registration drive?			Yes X No	。	
	(3) Provide a grant to an individual for travel, study, or otl				.	
	(4) Provide a grant to an organization other than a				-	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	· · · · · ·	•		.	
	(5) Provide for any purpose other than religious, ch					
	• • • • • • • • • • • • • • • • • • • •		• •			
	purposes, or for the prevention of cruelty to children of				*	
D	If any answer is "Yes" to 5a(1)-(5), did any of the					
	Regulations section 53.4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disast					
C	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	cemption from the ta	×		
	because it maintained expenditure responsibility for the g	rant?		Yes No	0	
	If "Yes," attach the statement required by Regulations sect	ion 53.4945-5(d)				
6a	Did the foundation, during the year, receive any fund		ctly, to pay premium	15	1 1	
	on a personal benefit contract?				.	
ь	Did the foundation, during the year, pay premiums, direct				6ь	l x
	If "Yes" to 6b, file Form 8870.	., от тапост, от о р	ordenar Benenic Gentre		-3-	—
7 2	At any time during the tax year, was the foundation a part	by to a prohibited tay	chalter transaction?	Yes X No	_	
	If "Yes," did the foundation receive any proceeds or have				1 1	ĺ
	Minformation About Officers, Directors				7b	
	and Contractors	,,	dation managers,	inginy i ala cilipi	oycos,	
1	List all officers, directors, trustees, foundation ma					
1		(b) Title, and average hours per week		(d) Contributions to	(e) Expens	
1	List all officers, directors, trustees, foundation ma		(c) Compensation (f not paid, enter -0-)		(e) Expens	
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	other allo	
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allo	owances
	List all officers, directors, trustees, foundation material (a) Name and address STATEMENT 6 Compensation of five highest-paid employees	(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	other allc	- 0 -
	List all officers, directors, trustees, foundation ma (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	other allc	- 0 -
SEE 2	List all officers, directors, trustees, foundation material (a) Name and address STATEMENT 6 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (If not paid, enter -0-) -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - () -	other allo	- 0 -
SEE 2	List all officers, directors, trustees, foundation material (a) Name and address STATEMENT 6 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	other allc	owances - 0 -
SEE 2	List all officers, directors, trustees, foundation material (a) Name and address STATEMENT 6 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (If not paid, enter -0-) -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	ons). If no	owances - 0 -
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	owances - 0 - one, enter e account, owances
SEE 2	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	ons). If no	owances - 0 -
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (lf not paid, enter -0-) - 0 - ce included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, enter

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

_				
Р	а	n	۵	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
SEE STATEMENT 8	NONE
Total number of others receiving over \$50,000 for professional services ▶	NONE
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
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1NONE	
2	
All other program-related investments. See instructions.	
3NONE	
<u> </u>	
Total Add lines 1 through 3	
Total. Add lines 1 through 3	

Par	Winimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	jn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	207,655.
b	Average of monthly cash balances	1b	6,415.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	214,070.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	3	214,070.
	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	3,211.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	210,859.
6	Minimum investment return. Enter 5% of line 5	6	10,543.
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this p	art.)	
1	Minimum investment return from Part X, line 6	1	10,543.
	Tax on investment income for 2011 from Part VI, line 5 2a 55.		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	55.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,488.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	10,488.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	10,488.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<u></u>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	36,250.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	36,250.
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	55.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,195.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calc		
	qualifies for the section 4940(e) reduction of tax in those years.	- ·-··· G ·····	

Part XIII Undistributed Income (see instructions) (b) (a) (c) (d) Corpus Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI. 10,488. Undistributed income, if any, as of the end of 2011 NONE Enter amount for 2010 only Total for prior years 20_09, 20____, 20 NONE Excess distributions carryover, if any, to 2011 From 2006 10,924. 18,331 From 2007 From 2008 20,039 23,084 From 2009 From 2010 24,349. Total of lines 3a through e 96,727 Qualifying distributions for 2011 from Part XII, line 4. ▶ \$ 36,250. NONE Applied to 2010, but not more than line 2a . . . Applied to undistributed income of prior years NONE (Election required - see instructions) Treated as distributions out of corpus (Election NONE required - see instructions) 10,488. Applied to 2011 distributable amount 25,762 Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 NONE NONE (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: 122,489 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract NONE line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has NONE been previously assessed Subtract line 6c from line 6b. Taxable amount - see instructions . . NONE Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see NONE Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be NONE distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) NONE Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . 10,924 Excess distributions carryover to 2012. 111,565 Subtract lines 7 and 8 from line 6a Analysis of line 9. 10 18,331 Excess from 2007 . . . 20,039. b Excess from 2008 . . . 23,084. c Excess from 2009 . . . 24,349. d Excess from 2010 . . . 25,762 e Excess from 2011 .

Form 990-PF (2011)

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

JSA 1E1490 1 000 FU2789 L369 04/20/2012 12:11:44

factors:

N/A

3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	-
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Commission	
a Paid during the year				
SEE STATEMENT 10				
				İ
		l		
		ŀ		
		Ĭ		
		l		
Total		<u> </u>		35,000
b Approved for future payment	T	: · · · · ·	Ja	33,000
b ripproved for ruture payment				
		Ĭ		
				i
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			l	
Total		·	▶ 3b	

Part XVI-A Analysis of Income-Produ	cing Activ	/ities			
nter gross amounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	6,219.	
5 Net rental income or (loss) from real estate					
a Debt-financed property ,		-			
b Not debt-financed property					
6 Net rental income or (loss) from personal property			1		
7 Other investment income			+		
Gain or (loss) from sales of assets other than inventory			18	404.	
•			1 10	104.	
9 Net income or (loss) from special events			 		
Offices profit or (loss) from sales of inventory	ļ		+		
1 Other revenue: a			 		
b					
c			 		
d			- 		
e					
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)				6,623.	
Line No. Explain below how each activit accomplishment of the foundation					
			···	· · · · · · · · · · · · · · · · · · ·	
		NOT APPLICABI	E		
	-				<u> </u>
			-		
SA					Form 990-PF (201

Form 99	0-PF (2	011)				54-1880826		Pa	age 13
Part 2	XVII	Information R Exempt Organ		nsfers To and Transact	tions and	d Relationships With No	onchari	table	9
iı	n sect					y other organization describe ection 527, relating to politic		Yes	No
			g foundation to a	noncharitable exempt organ	nization of:				
								ļ	X
		ner assets transactions:		• • • • • • • • • • • • • • • • • • • •			. 1a(2)	1	X
	• • • • • • •		charitable evemn	nt organization			15/17		X
· (:	1) Dai 2) Pui	rchases of assets from	m a noncharitable	e exempt organization			. 1b(1)	1	X
(:	3) Rei	ntal of facilities, equi	oment, or other a	ssets			1b(3)	1	X
(-	4) Rei	mbursement arrange	ements				1b(4)	1	X
(!	5) Loa	ans or loan guarantee	s				1b(5)		X
{	6) Per	formance of services	or membership	or fundraising solicitations			. 1b(6)		X
									X
v	alue d	of the goods, other n any transaction or	assets, or service sharing arrange	es given by the reporting forment, show in column (d)	oundation. the value	Column (b) should always shif the foundation received lead the goods, other assets, o	ess than r service	fair n	narket eived.
(a) Line	on e	(b) Amount involved	(c) Name of nor	ncharitable exempt organization	(d) Desc	cription of transfers, transactions, and	sharing arra	angeme	ents
	<u></u>	 		-	-				
					 				
					<u> </u>				-
	T i				1				
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	-				<u> </u>				
									
					 				
				······································					
d	lescrib	ped in section 501(c) "complete the follow	of the Code (oth ving schedule.	nated with, or related to, or er than section 501(c)(3)) o		· —	Y	es [X No
		(a) Name of organizatio	n	(b) Type of organization		(c) Description of relat	ionship		
									
				-					
						· · · · · · · · · · · · · · · · · · ·			
		-							
Sign	Under	r penalties of perjury, I declarit, and complete Declaration of	preparer (other than tax)	payer) is based on all information of which	schedules and preparer has a				
Here		Claime M	insul.	- (-60)			IRS discu		below_
	- I	nature of officer or trustee	nn.	Date	Title	(see instru	ctions)?	Yes	No
	1. <u>12.</u> 1	.AINE M. CHISM Print/Type preparer's		Preparer's signature		Date Check I	, PTIN		
Paid Prepa	aror .	MARLENE WHEA	TLEY	marline West	luz	04/20/2012 self-employe		162	51

32203-0200

Phone no. 804-788-2098 Form **990-PF** (2011)

Firm's EIN ▶ 94-1687665

Preparer

Use Only

► BANK OF AMERICA, N. A.

Firm's address ▶ P.O. BOX 40200, FL9-100-10-19

JACKSONVILLE,

TIVE STINGUIS TOVO

	NET INVESTMENT INCOME	123. 2,803. 8. 3,285. 6,219.
4 SECURITIES 	REVENUE AND EXPENSES PER BOOKS	123. 2,803. 8. 3,285. 6,219.
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	DESCRIPTION	US GOVERNMENT INT REPORTED AS NONQUALIFI DOMESTIC DIVIDENDS OTHER INTEREST NONQUALIFIED DOMESTIC DIVIDENDS

STATEMENT

- ACCOUNTING FEES	
Н	
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OPF	ii
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CHARITABLE PURPOSES	1,250.
ADJUSTED NET INCOME	======================================
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,250. 1,250. ==========
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

STATEMENT

FEES	
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OTHER =====	
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990	
FORM	

	NET	INVESTMENT	INCOME	1 1 1 1	1,142.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,142.	11 11 14 14 11 11 41 41 41 41 11	
REVENUE	AND	EXPENSES	PER BOOKS	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1,142.	1 1 1 1 1 1 1 1	1,142.		
			DESCRIPTION		CUSTODIAN & MANAGEMENT FEES (A		TOTALS		

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
DESCRIPTION
PER BOOKS
FEDERAL TAX PAYMENT - PRIOR YE
TOTALS

S3.

FORM 990PF, PART III - OTHER	INCREASES IN NET WORT	H OR FUND BALANCES
DESCRIPTION		AMOUNT
TAX EFFECTIVE INCOME		58.
ROUNDING		1.
	TOTAL	59.
		=======================================

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

ELAINE M. CHISMER

ADDRESS:

147 WEST LANDING

WILLIAMSBURG, VA 23185

TITLE:

PRESIDENT

OFFICER NAME:

WILLIAM M. BALAVAGE, CPA

ADDRESS:

325 BUNKER HILL ROAD WYOMING, PA 18644

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME:

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME: NONE RECIPIENT NAME: PATRICIA GILMORE

ADDRESS:

12350 JEFFERSON AVE NEWPORT NEWS, VA 23602-2360 RECIPIENT'S PHONE NUMBER: 757-249-6017 FORM, INFORMATION AND MATERIALS:

LETTER

SUBMISSION DEADLINES:

NONE

THE ELAINE AND EUGENE CHISMER FAMILY 54-1880826 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CHILDREN'S HOSP KING'S DAUGHTERS ADDRESS: 601 CHILDREN'S LN NORFOLK, VA 23507 RELATIONSHIP: NONE PURPOSE OF GRANT: HAYES CLONINGER END FD CHILDHOOD CANCER FOUNDATION STATUS OF RECIPIENT:

TOTAL GRANTS PAID:

PUBLIC CHARITY

35,000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB № 1545-0092

Employer identification number

2011

THE ELAINE AND EUGENE CHISMER FAMILY 54-1880826 Note. Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales price the entire year (Example 100 shares 7% preferred of "Z" Co) (mo., day, yr.) (mo , day, yr) (see instructions) Subtract (e) from (d) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (e) Cost or other basis (d) Sales price the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) LONG-TERM CAPITAL GAIN DIVIDENDS **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b............ 395. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2011

chedule	D /Form	1041)	2011

32

28

29

30

32

Subtract line 28 from line 27

Enter the amount from line 26 (If line 26 is blank, enter -0-)

(see the Schedule G instructions in the instructions for Form 1041)

Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts

Page 2

THE ELAINE AND EUGENE CHIS	MER FAMILY			54-18808	
Part II Long-Term Capital Gains and	Losses - Assets			(-) ((D) October (C)
(a) Description of property (Example. 100 sh. 7% preferred of "Z" Co.)	acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 167.545 COLUMBIA CONVERTIB SECURITIES FD CL Z SH	05/15/2006	11/15/2011	2,327.00	2,957.00	-630.00
127.815 COLUMBIA CONVERTIB SECURITIES FD CL Z SH 1364.873 COLUMBIA DIVIDEND	12/23/2003	11/15/2011	1,775.00	2,150.00	-375.00
CLASS Z SHARES	01/13/2010	11/15/2011	18,235.00	16,556.00	1,679.00
1166.073 PIMCO TOTAL RETUR	06/01/2010	11/15/2011	12,664.00	12,943.00	-279.00
6b Total. Combine the amounts in column	(f). Enter here and	on Schedule D. lin	le 6b		395.00

THE ELAINE AND EUGENE CHISMER 54-1880826



Balance Sheet 12/30/2011

Cusip	Asset	Units	Basis	Market Value
693390700	PIMCO TOTAL RETURN FUND	5844.123	64,357.00	63,525.62
19765N245	COLUMBIA DIVIDEND INCOME FUND	6879.150	83,444.09	93,694.02
19765H727	COLUMBIA CONVERTIBLE SECURITIES	1484.159	24,606.01	20,303.30
	Cash/Cash Equivalent	8813.730	8,813.73	8,813.73
		Totals:	181 220 83	186 336 67