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Form 990-PF

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements 2012 For calendar year 2011, or tax year beginning 7/01 , 2011, and ending 6/30 THE CHRISMAN FOUNDATION Employer identification number 20-1891577 193 W 4050 N Telephone number (see the instructions) 435-723-0403 В PLEASANT VIEW, UT 84414 С If exemption application is pending, check here 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 Address change Name change here and attach computation н Check type of organization |X| Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method X Cash Accrual (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 basis) under section 507(b)(1)(B), check here Part & Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see instructions)) 200,000. Contributions, gifts, grants, etc, received (att sch) If the foundn is not req to att Sch B Interest on savings and temporary cash investments 252 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all assets on line 6a THE STATE OF THE S Capital gain net income (from Part IV, line 2) **©** N E Net short-term capital gain 9 Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 252 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) RECEIVED c Other prof fees (attach sch) NISTRAT 17 Interest S 18 Taxes (attach schedule)(see instrs). NOV 2 1 Depreciation (attach 19 sch) and depletion 20 Occupancy OGDEN. Travel, conferences, and meetings. EXP 22 Printing and publications 23 Other expenses (attach schedule) See Statement 1 -9 Total operating and administrative _ a expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid Part XV 79,700 4.5 79,700. Total expenses and disbursements. 79,691 79,700 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 120,561 and disbursements b Net investment income (if negative, enter 0-) 252. C Adjusted net income (if negative, enter -0-)

Day	£ 11 🛣	Balance Sheets	Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	 	nd of year
सम्ब	[c:113]	Dalance Silects	(See instructions)	(a) Book Value	(b) Book Value	
	ا 1	Cash — non-interest	-bearing	348,397.	468,95	58.
	2	Savings and tempor	ary cash investments			
	3	Accounts receivable	-			
	1	Less allowance for	doubtful accounts ►			
	4	Pledges receivable	-	per state of the s		
	1	Less allowance for	doubtful accounts ►			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)		7 (A)	
A S		Less allowance for	doubtful accounts ►	<u> </u>		
š	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses ar	nd deferred charges			
S	10 a	a investments – U S obligations (attach s	and state government chedule)			
		o Investments — corporate	•	<u> </u>		·
	9	c Investments — corporate	bonds (attach schedule)		Control of the Contro	100 Carrier 100 Ca
	11	Investments - land, equipment basis.	buildings, and			
		Less accumulated deprec (attach schedule)	• → → → → → → → → → →			
	12	Investments - morto	gage loans.			
	13	Investments — other	(attach schedule)		china de mora brood, materiales en ancient	
	14	Land, buildings, and e	equipment basis		77.	
		Less accumulated deprect (attach schedule)	•			
		Other assets (described to be compared to be compar	be ►) completed by all filers — Also, see page 1, item i)	348,397.	468,95	8. 0.
Ŀ	17	Accounts payable ar				16 J. 184 . 4 . 18 . 18 . 18 . 18 . 18 . 18
A	18	Grants payable				
B	19	Deferred revenue				
Ł	20	Loans from officers, direc	tors, trustees, & other disqualified persons			+ / /
Ī	21	Mortgages and other notes	s payable (attach schedule)			
I	22	Other liabilities (descr	nbe ►)			
É	22	Takal Balantina Zada	17 House 17 House Is 200	0.		0.
<u>_s</u>	23	Total liabilities (add		 		
		and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.	_		
N F E U T N	24	Unrestricted				
	25	Temporarily restricte				
A D	26	Permanently restrict				
A B A L T A		and complete lines	o not follow SFAS 117, check here $ ightharpoons$ X 27 through 31.	<u>.</u> 		
EL	27	Capital stock, trust p	orincipal, or current funds			
SNC	28 Paid-in or capital surplus, or land, building, and equipment fund					
OE	29	Retained earnings, accumi	ulated income, endowment, or other funds	348,397.	468,95	
RS	30 31	Total liabilities and	und balances (see instructions) net assets/fund balances	348,397. 348,397.	468,95 468,95	
Par	<u>.</u> † 1116	(see instructions) Analysis of Chan	ges in Net Assets or Fund Balanc		400,93	
					agree with	
1	end-d	of-year figure reported	alances at beginning of year — Part II, cold d on prior year's return) line 275	umm (a), ime эо (must a		1 348,397. 2 120,561.
2		r amount from Part I,			F	3
3		increases not included in lit	ie z (itelilize).			4 468,958.
4 5		lines 1, 2, and 3 ases not included in line 2 (utomizo) -		 	5
6		•	alances at end of year (line 4 minus line 5) — Part II column (b)	·	6 468,958.
_		GOODIO OI IUIIU DO	alanteed at one of your fillo tilling illic of	, ,		- ,

a b c d e Complete	s sales price	(f) Depreciation (or allowab		(g) Cost or other base plus expense of sal		(h) Gain or	
c d e (e) Gros a b c d e Complete							
d e (e) Gros a b c d e Complete							
e (e) Gros a b c d e Complete							
(e) Gros a b c d e Complete							
a b c d e Complete							(>
b c d e Complete						(e) plus (f) m	
c d e Complete							
d e Complete							
e Complete		1					
Complete		-					
	only for assets show	ing gain in column (h)	and owned by	the foundation on 12/31/69	, -	(I) Gains (Coli	(h)
as o	(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 ar		(1)	gain minus column (I than -0-) or Losses (fr	(), but not less		
<u>a</u>							
b 							
d d					+		
							
2 Capital ga	in net income or (ne	t capital loss)	If gain, also e	enter in Part I, line 7		2	
3 Net short-	term capital gain or (loss) as defined in sec	- ' '	_			
If gain, als in Part I, I		e 8, column (c) (see ins	structions) f (l	oss), enter -0-		3	
		Section 4940(e) f	or Reduced	Tax on Net Investme	ent Incom	<u> </u>	
f 'Yes,' the four	dation does not qual	ify under section 4940	(e) Do not com			Yes	X No
1 Enter the			n year, see the	instructions before making	g any entrie	(d)	
Calendar y	(a) period years ear (or tax year nning in)	Adjusted qualifying o	listributions	(c) Net value of noncharitable-use ass	ets	Distribution Column (b) divided	
	2010		38,849.	25	9,827.		0.14951
	2009		23,467.		5,884.		0.24221
	2008			. <u> </u>			
	2007						
	2006	L <u>.</u>		`			
2 Total of lir	ne 1, column (d)					2	0.391736
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years				-	3	0.19586	
4 Enter the	net value of nonchari	table-use assets for 20	11 from Part X	X, line 5	ļ 	4	402,547
5 Multiply lin	5 Multiply line 4 by line 3				-	5	78,846
6 Enter 1%	of net investment inc	ome (1% of Part I, line	27b)			6	3
7 Add lines	5 and 6				-	7	78,849
8 Enter qual	ıfyıng distributions fr	om Part XII, line 4				8	79,700

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruct	ions)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here	argini per			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
t	b Domestic foundations that meet the section 4940(e) requirements in Part V,				
	check here ► X and enter 1% of Part I, line 27b				
C	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				
3	Add lines 1 and 2	3.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	3.			
6	Credits/Payments S	50/2003			
a	2011 estimated tax pmts and 2010 overpayment credited to 2011				
	Exempt foreign organizations – tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	0.			
8	Enter any penalty for underpayment of estimated tax. Check here	-			
_		3.			
9					
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11 (D2**	Enter the amount of line 10 to be Credited to 2012 estimated tax				
Par	tVII-A Statements Regarding Activities	780 A V			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes No			
t	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 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?	1c X			
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(// on the loan action	0 . $ \cdot $			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
2	foundation managers \$ 0.	2			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				
	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 of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3 X			
4 =	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X			
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X			
-	If 'Yes,' attach the statement required by General Instruction T	3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
0	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 				
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 X			
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	N/A				
t	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 X			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(6) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	(5) 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			
RΔΔ		Form 990-PF (2011)			

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If 'Yes,' did it have excess business holdings in 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 foundation had excess business holdings in 2011)

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 leopardize its charitable purpose that had not been removed from leopardy before the first day of the tax year beginning in 2011?

3b	N	/A
4a		X
		il.
4b		X

Yes X No

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Part VII-B Statements Regarding Activiti	ies for Which Form	n 4720 May Be Req	uired (continued)				
5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	= ·	n (section 4945(e))?	Yes X	No E			
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry	Yes X	No			
(3) Provide a grant to an individual for travel,	study, or other sımılar	purposes?	Yes X	No S			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No &			
(5) Provide for any purpose other than religion educational purposes, or for the preventio			Yes X	No S			
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?							
Organizations relying on a current notice regarding disaster assistance check here							
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)							
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium:	S Yes X]No			
b Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract?	6b X			
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	dation a party to a prob	Ibited tax shelter transa	ection? Yes X	No Z			
b If 'Yes,' did the foundation receive any procee				N/A 7b			
Part VIII Information About Officers, Di and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees,			
1 List all officers, directors, trustees, foundation				· · · · · · · · · · · · · · · · · · ·			
(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 account, other allowances			
JOHN W CHRISMAN III	Director	0.	0.	0.			
196 W 1050 N	0						
PLEASANT VIEW, UT 84414 BARBARA A CHRISMAN	Director	0.	0.	0.			
2108 LOOKOUT POINT CIRCLE LAS VEGAS, NV 89117	0	0.	0.	0.			
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1- see ir	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) Expense account, other allowances			
None							
			·				
Total number of other employees paid over \$50,000)		•	. 0			

Form 990-PF (2011) THE CHRISMAN FOUNDATION	20-189	
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	lation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional services (see in:	structions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
	•	
Total number of others receiving over \$50,000 for professional services	<u> </u>	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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 N/A		
		
2		
~		
3		
~		
4		
*		
		<u></u>
Part IX-B Summary of Program-Related Investments (see Instruc	tions)	
Describe the two largest program-related investments made by the foundation duri		Amount
1	ing the tax year on lines I and 2	7 Allount
N/A		
2		
All other program-related investments See instructions		
3		

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Total. Add lines 1 through 3

ВАА

II A	see instructions.)	or cigir i	Junuations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes	1 a	
	Average monthly fair market value of securities.	1 b	408,677.
	Average of monthly cash balances	1c	400,077.
	: Fair market value of all other assets (see instructions)	1d	408,677.
	i Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c	14	400,011.
e			
2	(attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	0.
2	Subtract line 2 from line 1d	3	408,677.
3		3	400,011.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	6,130.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	402,547.
6	Minimum investment return. Enter 5% of line 5	6	20,127.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► and do not complete this part.)	ating fo	undations
1	Minimum investment return from Part X, line 6	1	20,127.
2 <i>a</i>	Tax on investment income for 2011 from Part VI, line 5	2532	
t	Income tax for 2011 (This does not include the tax from Part VI)		
	: Add lines 2a and 2b	2 c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,124.
4	Recoveries of amounts treated as gualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	20,124.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	20,124.
Par	t※XII〗 Qualifying Distributions (see ınstructions)	L. www	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	79,700.
ŧ	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	79,700.
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	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,697.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	r the four	ndation
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Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·	, – – – – –	 		
•	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	The livery of the			20 124
Ine 7 2 Undistributed income, if any, as of the end of 2011			7	20,124.
a Enter amount for 2010 only			0.	严连点 "多,
b Total for prior years 20 , 20 , 20	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.		*
3 Excess distributions carryover, if any, to 2011	Street Advisor			
a From 2006			1	
b From 2007				A AND PARTY.
c From 2008				
d From 2009 16, 641.			A 10 TO	T
e From 2010 25, 858.	I			
f Total of lines 3a through e	42,499.		AND THE RESERVE OF THE PERSON	
4 Qualifying distributions for 2011 from Part XII, line 4 ► \$ 79,700.			# ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	
a Applied to 2010, but not more than line 2a			Ω	
				7777
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
,				# G 25 %
 c Treated as distributions out of corpus (Election required — see instructions) 	0.			
d Applied to 2011 distributable amount	100000000000000000000000000000000000000	ON TOWN	Section 1	20,124.
e Remaining amount distributed out of corpus	59,576.			**
5 Excess distributions carryover applied to 2011	0.		1000	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				**
(-4)		A A A T T I A A		44.
6 Enter the net total of each column as				
indicated below:	100.075			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	102,075.	Marie		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		<u> </u>		
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				
amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines	3 3 3 3 3 3 3 3			
4d and 5 from line 1. This amount must be				0.
distributed in 2012				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 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012.		4.44.33.610		S. (1. 5 %)
Subtract lines 7 and 8 from line 6a	102,075.			Parisonal
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009 16, 641.				
d Excess from 2010 25, 858.	(4.66	4 - 4	to a second	No.
e Excess from 2011 59, 576.	10. Ta		A CONTRACTOR	The second second

	NDATION			20-1891577	Page 1
Part XIV Private Operating Founda					N/A
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling		-		
b Check box to indicate whether the founda		erating foundation		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		
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			3		
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets			 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	-				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			-		
c 'Support' alternative test - enter		_			
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		-			
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<u> </u>			1.65.000	• :
Part XV Supplementary Information assets at any time during the	(Complete this e year — see in	structions.)	organization na	aa \$5,000 or more	: IN
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav See Statement 2 b List any managers of the foundation who	nave contributed me contributed more	than \$5,000) (See	e section 507(d)(2)) rporation (or an equ		
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	rest		
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	arıtable organization		
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	d	
b The form in which applications should be	submitted and infor	mation and materi	als they should inclu	ide	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other fa	actors

3 Grants and Contributions Paid During the	ear or Approved for Fut	ture Paymer	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
See Statement 3				
	-			
-	_	· .		
· -				
	1			
•				
	<u> </u>	<u></u>	L	70.700
Total			<u>►</u> 3a	79,700.
b Approved for future payment				
	1			
Total	1	<u> </u>	► 3b	
rotal			- 3b	1

Part XVI A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a					
b					
c					
d		<u></u>			
e					
f	 			ļ	
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments			1	252	
Interest on savings and temporary cash investments Dividends and interest from securities	<u> </u>		1	252.	
			078 / 1843	The second secon	0.000
 Net rental income or (loss) from real estate a Debt-financed property 	3.50	<u>*</u>	3.44		28 1 (C. 10 (C.
b Not debt-financed property					
6 Net rental income or (loss) from personal property	}				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	<u> </u>				
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			3 1 1 1 5 1		
a	A	**************************************		**************************************	
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				252.	
13 Total. Add line 12, columns (b), (d), and (e).				13	252.
(See worksheet in line 13 instructions to verify calculat	ions)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
	

Form 990-PF (2011) THE CHRISMAN FOUNDATION 20-1891577 [Part XVIII.] Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe relating a Transfer (1) Casi (2) Other b Other tra (1) Sale (2) Puro (3) Ren (4) Rein (5) Loar (6) Perf c Sharing d If the an	ed in section 501(c) of to political organizations from the reporting the er assets ansactions as of assets to a nonchases of assets from tall of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee formance of services of facilities, equipments or loan guarantee facilities, equipments or loan guarantee formance of services of facilities, equipments or sever to any of the ansact, other assets, or settle to the properties of the services	of the Code (oth lons? foundation to a charitable exem a noncharitable ment, or other ments or membership ent, mailing lists bove is 'Yes,' coservices given by	er than section something in the organization assets or fundraising something in the reporting for th	501(c)(3) organ exempt organiza exempt organization exempt org		ways show the fair less than fair mark	1a (1) X 1a (2) X 1b (1) X 1b (2) X 1b (3) X 1b (4) X 1b (5) X 1b (6) X 1c X
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt	t organization	(d) Description of tra	nsfers, transactions, and	sharing arrangements
N/A				-			
	-						
			 _				
describe b If 'Yes,'	d in section 501(c) of complete the following	of the Code (oth- ng schedule	er than section 5	501(c)(3)) or in			Yes X No
	Name of organizati	on	(b) Type (of organization	(c) Description of re	ationship
N/A							
							
	<u></u>						
Sign Here	enalties of perjury. I declar and complete Declaration	e that I have examine of preparer (other that		g accompanying schoon all information of	edules and statements, and to which preparer has any known being the best of t	o the best of my knowledg	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
	Print/Type preparer's nar	ne	Preparer's sig	nature	Date	Check If	PTIN
Daid	STEPHEN L JC	HNSON CPA		1 5/1	11/15/12		P00389417
Paid			O, P.C.			Firm's EIN ► 20-5	
Preparer	· —	655 KIESEL					
Jse Only			4401-3665			Phone no (801) 393-7884
 BAA	<u>'</u>					,	Form 990-PF (2011)
353							(2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2011

Name of the organization		Employer identification number
THE CHRISMAN FOUNDATION		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 not tre	eated as a private foundation
	527 political organization	
Form 990-PF	X = 501(c)(3) exempt private foundation	•
	4947(a)(1) nonexempt charitable trust treater	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the	e General Rule or a Special Rule organization can check boxes for both the General Ri	ule and a Special Rule. See instructions
Note. Only a section 501(c)(7), (6), or (10)		ale and a Opecial ridie Gee instructions
General Rule	`	
)-F7 or 990-PF that received during the year, \$5,000	O or more (in money or property) from any one
contributor (Complete Parts I and II)	0-EZ, or 990-PF that received, during the year, \$5,000	y en more (in meney ex property) nom any one
Special Rules		
For a section 501(c)(3) organization film	ng Form 990 or 990-EZ that met the 33-1/3% support	test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi), and rece	gived from any one contributor, during the year, a con	ntribution of the greater of (1) \$5,000 or
	Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete	
For a section 501(c)(7), (8), or (10) organization of more than \$1,000	anization filing Form 990 or 990-EZ that received from for use <i>exclusively</i> for religious, charitable, scientific,	n any one contributor, during the year,
the prevention of cruelty to children or a	animals Complete Parts I, II, and III	merary, or educational purposes, or
For a section 501(c)(7), (8), or (10) orga	anization filing Form 990 or 990-EZ that received from	n any one contributor, during the year.
contributions for use exclusively for relic	gious, charitable, etc. purposes, but these contribution	ns did not total to more than \$1,000
purpose Do not complete any of the pa	al contributions that were received during the year foints unless the General Rule applies to this organizati	on because it received nonexclusively
religious, charitable, etc, contributions of		▶ \$
Caution An arganization that is not according	d but the Caseral Dula and/or the Special Dulas does	not file Schodule P (Form 900, 900 F7, or
990-PF) but it must answer 'No' on Part IV.	d by the General Rule and/or the Special Rules does , line 2, of its Form 990, or check the box on line H of	f its Form 990-EZ or on Part I, line 2, of its
Form 990-PF, to certify that it does not mee	et the filing requirements of Schedule B (Form 990, 9	90-EZ, or 990-PF)
BAA For Paperwork Reduction Act Notice	e, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
990EZ, or 990-PF.		

	B (Form 990, 990-EZ, or 990-PF) (2011)		Page	1 of	1 of Part 1
Name of org	_{lanization} HRISMAN FOUNDATION		,	r identification number 191577	er
				371377	
	*Contributors (see instructions) Use duplicate copies of Part I if additional s				
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu	I	(d) Type of con	
1	BILL & BARBARA_CHRISMAN	-		Person X Payroll	
	193 W 4050 N	\$20	00,000.	Noncash]
	PLEASANT VIEW, UT 84414			(Complete Pa is a noncash c	
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu	l tions	(d) Type of con	
		\$		Person Payroll Noncash	
		-	·	(Complete Pa ıs a noncash c	ontribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu		(d) Type of con	
		\$		Person Payroll Noncash	
				(Complete Pa	ontribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu	l tions	(d) Type of con	
		\$		Person Payroll Noncash	
	 			(Complete Pa is a noncash c	
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu	l tions	(d) Type of con	tribution
		\$	~_	Person Payroll Noncash	
	 			(Complete Pa	
(a) Number	(b) Name, address, and ZIP + 4	(c) Tota contribu	l tions	(d) Type of con	tribution
	 	\$	 -	Person Payroll Noncash (Complete Pais a noncash complete)	
		[.s a noncasii ci	onthounon)

Page

1 to 1 of Part II

Name of organization

THE CHRISMAN FOUNDATION

Employer identification number 20-1891577

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>·</u>	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		,	
ļ		\$\$	
(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
		\$\$	

Schedule E	(Form 990, 990-EZ, or 990-PF) (2011)		Page	1 to 1 of Part III				
Name of organ				Employer identification number 20-1891577				
Part III	Exclusively religious, charitable, e organizations that total more than	\$1,000 for the year.Comple	ete cols (a) through (e) a	(7), (8), or (10) nd the following line entry				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, ch (Enter this information once S space is needed	naritable, etc, ee instructions)	►\$N/A				
(a)	(b)	(c)		(d)				
No, from Part I	Purpose of gift	Use of gift	Des	cription of how gift is held				
	N/A							
	(e)							
	Transferee's name, addres	Transfer of gift	Relationship of transferor to transferee					
(a) No. from	(b)	(c)	Dog	(d)				
Part I	Purpose of gift	Use of gift	Desc	cription of how gift is held				
	-	· · · · · · · · · · · · · · · · · · ·						
		(e)						
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee				
		· _						
	<u> </u>							
(a)	(b)	(c)		(d)				
No. from Part I	Purpose of gift	Use of gift	Desc	cription of how gift is held				
rart i								
_		· · · · · · · · · · · · · · · · · · ·						
		(e) Transfer of gift						
	Transferee's name, addres		Relationship of	transferor to transferee				
			· · · · · · · · · · · · · · · · · · ·					
(a)	(b)	(c)		(d)				
No, from Part I	Purpose of gift	Use of gift	Desc	cription of how gift is held				
		(e)						
	—	Transfer of gift	police of the co	Annual Community of				
	Transferee's name, addres	s, and ZIP + 4	Relationship of	transferor to transferee				
f			 -					
RΔΛ			Cobodula D / Corm	900 000 E7 or 000 DE) (2011)				

Form **8868** (Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

- Internal Neverte			Dark Land sheet this boy	► X	
	re filing for an Automatic 3-Month Extension, co re filing for an Additional (Not Automatic) 3-Mor			<u></u>	
Do not con	re filing for an Additional (Not Automatic) 5-Mor Inplete Part II unless you have already been grant	ted an autom	natic 3-month extension on a nreviously	filed Form 8868	
corporation request an Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which reling of this form, visit www.irs.gov/efile and click	ot automatic n Part I or P must be sent) 3-month extension of time. You can el art II with the exception of Form 8870, I to the IRS in paper format (see instruc	ectronically file Form 8868 to nformation Return for Transfers	
Part I A	Automatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an	automatic 6	emonth extension - check this box and	complete Part I only	
All other co income tax	rporations (including 1120-C filers), partnerships returns	s, REMICS, a		st an extension of time to file	
	Name of exempt organization or other filer, see instructions		Enter mer sident	Employer identification number (EIN) or	
Type or	Traine of exempt arganization of early 100 management			, , ,	
print	THE CHRISMAN FOUNDATION			X 20-1891577	
File by the	Number, street, and room or suite number If a P O box, see	instructions		Social security number (SSN)	
due date for filing your	193 W 4050 N				
return See instructions	City town or post office, state and ZIP code For a foreign ac	ddress see instri	ictions		
	PLEASANT VIEW, UT 84414	20.000, 000			
	TELEASANI VIEW, OI 04414				
Enter the R	eturn code for the return that this application is	for (file a se	parate application for each return)	04	
Application Is For		Return Code	Application Is For	Return Code	
Form 990		01	Form 990-T (corporation)	07	
Form 990-B	L	02	Form 1041-A	08	
Form 990-E	Z	01	Form 4720	09	
Form 990-P	F	04	Form 5227	10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T	(trust other than above)	06	Form 8870	12	
Telephor If the or If this is check the exter I requesion the exterior than	Res are in the care of BARBARA CHRISMAN The No (435) 723-0403 The ganization does not have an office or place of bit of a Group Return, enter the organization's found is box If it is for part of the group, ansion is for the group, and the group of th	FAX No usiness in th ir digit Group check this b ration require rganization re	e United States, check this box Exemption Number (GEN) and attach a list with the nated to file Form 990-T) extension of time eturn for the organization named above and and and and and and and an	f this is for the whole group, ames and EINs of all members	
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	1720, or 6069	, enter the tentative tax, less any	3a \$ 3.	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

0.

3.

3b|\$

3c \$

2011	Federal Sta	tements		Page
:lient 20093	THE CHRISMAN F	20-1891577		
1/15/12				05 01P
Statement 1 Form 990-PF, Part I, Line 23 Other Expenses				
	(a) Expense <u>per Boo</u>	es Invest		(d) Charitable Purposes
BANK SERVICE CHARGES OFFICE SUPPLIES - CHECKS REIMBURSEMENTS	- A	27. 46. 32. -9. \$	0. \$ 0.	\$ 0.
Statement 2 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More	· Contributors			
JOHN W CHRISMAN III BARBARA A CHRISMAN		1	•	
Statement 3 Form 990-PF, Part XV, Line 3a				
Form 990-PF, Part XV, Line 3a Recipient Paid During the Year	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
Form 990-PF, Part XV, Line 3a	Donee <u>Relationship</u> NONE		Purpose of Grant CHARITABLE	<u>Amount</u> \$ 1,200
Name and Address UNITED WAY 2955 HARRISON, SUITE 201	Relationship	ation Status	Grant	\$ 1,200
Name and Address UNITED WAY 2955 HARRISON, SUITE 201 OGDEN, UT 84403 SALVATION ARMY 2618 GRANT AVE OGDEN, UT 84402	Relationship NONE	ation Status 501C3		\$ 1,200
Name and Address UNITED WAY 2955 HARRISON, SUITE 201 OGDEN, UT 84403 SALVATION ARMY 2618 GRANT AVE OGDEN, UT 84402 ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., FL. 17	Relationship NONE NONE	ation Status 501C3 501C3	Grant CHARITABLE CHARITABLE	\$ 1,200 10,000 3,000
Name and Address UNITED WAY 2955 HARRISON, SUITE 201 OGDEN, UT 84403 SALVATION ARMY 2618 GRANT AVE OGDEN, UT 84402 ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., FL. 17 CHICAGO, IL 60601 ASPCA 424 E 92nd St.	Relationship NONE NONE NONE	ation Status 501C3 501C3	Grant CHARITABLE CHARITABLE MEDICAL SCIENCES	\$ 1,200 10,000 3,000 4,000
Name and Address UNITED WAY 2955 HARRISON, SUITE 201 OGDEN, UT 84403 SALVATION ARMY 2618 GRANT AVE OGDEN, UT 84402 ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., FL. 17 CHICAGO, IL 60601 ASPCA 424 E 92nd St. NEW YORK, NY 10128 ST. ANNE'S 137 W BINFORD	Relationship NONE NONE NONE NONE	ation Status 501C3 501C3 501C3	Grant CHARITABLE CHARITABLE MEDICAL SCIENCES CHARITABLE	

2011	Federal Sta	Page 2		
Client 20093	THE CHRISMAN F	20-1891577		
1/15/12				05 01PN
Statement 3 (continued) 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_	Amount
JOYCE HANSEN HALL FOOD BANK 2504 F AVENUE OGDEN, UT 84401	_	501C3	CHARITABLE/HUMAN S	
BOX ELDER COMMUNITY PANTRY 272 N 200 W BRIGHAM CITY, UT 84302	NONE	501C3	CHARITABLE/HUMAN ITARIAN	2,000
YOUR COMMUNITY CONNECTION 2261 ADAMS AVE. OGDEN, UT 84401	NONE .	501C3	CHARITABLE	40,000
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	NONE	501C3	HUMANITARIAN	1,000
SMILE TRAIN 41 MADISON AVE., 28TH FLOOR NEW YORK, NY 10010	NONE	501C3	HUMANITARIAN	1,500
NATIONAL FOUNDATION OF THE BLIND 200 E WELLS STREET BALTIMORE, MD 21230	NONE	501C3	CHARITABLE	1,000
		-	Total 🛓	79,700