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Form **990-PF**

Department of the Teasury

Internal Revenue or rvice

SCANNED SEP 3

Return of Private Foundation

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

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

OMB No 1545-0052

2010

For	cale	ndar year 2010, or tax year beginning		, and ending			
G	Chec	k all that apply Initial return	Initial return of a	former public charity		Final return	1
		Amended return	Address cha	nge		Name change	
Na	me o	foundation				A Employer identification	number
ĺ					ŀ		
<u>_</u>		THE GOOD CAUSE CHARIT				46-0498957	<u></u>
Nu	mber a	and street (or P O box number if mail is not delivered to stree	et address)	Room/s	uite	B Telephone number	
L		977 S WIND RIVER WAY				801-451-92	
Cit	y or t	town, state, and ZIP code KAYSVILLE, UT 84037				C If exemption application is p	
<u></u>	Ob1					D 1 Foreign organization 2 Foreign organizations me	s, check here
H_		k type of organization X Section 501(c)(3) e		4.4		2 Foreign organizations me check here and attach co	omputation
		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Account	Other taxable private found ting method X Cash	Accrual	1	E If private foundation sta	
		· —	other (specify)	Accidai		under section 507(b)(1	• •
	rom. ►\$		umn (d) must be on cash	basis.)	— '	F If the foundation is in a under section 507(b)(1)	
	art (T	(b) Net investmen			(d) Disbursements
1.2.1	21 ()	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	Income	"	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	37,300.	,		N/A	(Oash Gasis Gray)
	2	Check ▶ If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	1.		1.	. 	STATEMENT 1
	4	Dividends and interest from securities					
	5a	Gross rents					141
	b	Not rental income or (loss)					
9	6a	Net gain or (loss) from sale of assets not on line 10					
eun	b	Gross sales price for all asse's on line 6a		ļ			·
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
_	8	Net short-term capital gain	11212-1111	<u> </u>			··· '***;, '##, !;
	9	Income modifications Gross sales less returns					
	10a	and allowances				Hhrn h. h. h.	H rit ii'l . '
	1	Less Cost of goods sold					
	1	Gross profit or (loss)					······································
	11	Other Income	37,801.	RECEIVED	1		
_	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	37,501.	RECEIVED	0.0		0.
	14	Other employee salaries and wages			18	} 	
	15	Pension plans, employee benefits	<u> </u>	BEP 1 9 2011			
enses	I	Legal tees	10				
ens	1	Accounting fees STMT 2	600.	DGDEN, UT	0.		0.
and Administrative Exp	C	Other professional fees	t de la constant de l			<u> </u>	
Š	17	Interest					
rat	18	Taxes					
nist	19	Depreciation and depletion					
ä	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
a	22	Printing and publications					
Operating	23	Other expenses			_+		
erat	24	Total operating and administrative	600.		0.		0
å		expenses Add lines 13 through 23	35,800.		<u> </u>		0. 35,800.
		Contributions, gifts, grants paid	33,800.			············	33,000.
	26	Total expenses and disbursements.	36,400.	1	0.		35,800.
	27	Add lines 24 and 25 Subtract line 26 from line 12	30,400.		- +	 	33,000.
	i	Excess of revenue over expenses and disbursements	901.				
		Net investment income (if negative, enter -0-)		<u> </u>	1.	································	',,'',, ','-',' - ,', , , , , , , , , , , , , , , , , ,
	t .	Adjusted net income (if negative, enter -0-)				N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the Instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Elid 0	
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	55.	956.	
2 Savings and temporary cash investments			
3 Accounts receivable ►			
Less allowance for doubtful accounts			
4 Pledges receivable ►			
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
8 Inventories for sale or use			
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
9 Prepaid expenses and deterred charges 10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			***************************************
11 Investments - land, buildings, and equipment basis	•	•	
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other		 	n-n-mm
14 Land, buildings, and equipment basis		;	
l ess accumulated depreciation			
15 Other assets (describe ►)			
		056	956
16 Total assets (to be completed by all filers)	55.	956.	930
17 Accounts payable and accrued expenses			
18 Grants payable		<u>-</u>	
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe)		<u> </u>	
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31	·		
24 Unrestricted			
25 Permenantly restricted			
Permanently restricted Foundations that do not follow SFAS 117, check here		_	
roundations that up not follow area 117, theth liefe			
and complete lines 27 through 31.	0.	0.	
27 Capital stock, trust principal, or current funds	0.	0.	1
28 Paid-in or capital surplus, or land, bldg , and equipment fund	55.	956.	1
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	55.	956.	1
30 Total net assets or fund balances	33.		1
	55.	956.	
31 Total liabilities and net assets/fund balances		930.	L
Part III Analysis of Changes in Net Assets or Fund Ba	alances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	OU	1	5
(must agree with end-of-year figure reported on prior year's return)		2	90
Enter amount from Part I, line 27a		3	
Other increases not included in line 2 (Itemize)			95
Add lines 1, 2, and 3			
Decreases not included in line 2 (itemize)			95
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		Form 990-PF (20

023511 12-07-10

Part IV Capital Gains a	and Losses for Tax	on Investmen	t Income					
	ribe the kind(s) of property so rehouse, or common stock, 2		_	(b) Ho P - F D - C	w acquired Purchase Donation	(c) Date acqui (mo , day, ye	red r)	(d) Date sold (mo , day, yr)
1a								
b NO	NE							
<u>C</u>				ļ				·
d				ļ				
e				<u> </u>		41.0		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	st or other basis expense of sale			(h) Gain oi (e) plus (f) n		
<u>a</u>								
<u>b</u>				-		·		
C								
<u>d</u>			· · · · · · · · · · · · · · · · · · ·		-			
e Complete only for assets showing	o data in column (b) and own	ned by the foundation	n on 12/31/69) Cause (Col. /b	1 0010	
Complete only for assets showing	<u> </u>			\dashv) Gains (Col. (h (k), but not le:		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col (i) col (j), if any		Losses (from col (h))			
а								
<u>b</u>				-				
<u> </u>				-			_	
<u>d</u>								
<u>e</u>				$\overline{}$				
2. Capital gain not income or (not oar	If gain, als	o enter in Part I, line nter -0- in Part I, line	7	.	2			
2 Capital gain net income or (net cap	•		/	7 -	-			
3 Net short-term capital gain or (loss	•	2(5) and (6)		٦				
If gain, also enter in Part I, line 8, on If (loss), enter -0- in Part I, line 8	column (c)			 	,			
	nder Section 4940(e) for Reduced	Tax on Net	Inves	tment Inc	ome		
(For optional use by domestic private	foundations subject to the se	ection 4940(a) tax on	net investment in	come)				
(1 or optional ast by definestic private	Touridations subject to the st	70 40 40 40 40 KBX 011	THE WAY OF THE PARTY OF THE PAR	001110 /				
If section 4940(d)(2) applies, leave the	is part blank		•					
Was the foundation liable for the secti	on 4942 tax on the distributa	ble amount of any ve	ear in the base per	iod?				Yes X No
If "Yes," the foundation does not qualif	fy under section 4940(e) Do	not complete this pa	irt					
1 Enter the appropriate amount in e	ach column for each year, se	e instructions before	making any entrie	s				
(a) Base period years)		(c)				(d) ition ratio
Calendar year (or tax year beginnin	g in) Adjusted qualify	•	Net value of nor	ncharita		(col (ded by col (c))
2009		80,500.			3,038			26.497696
2008		84,808.			1,023			82.901271
2007		60,000.			1,949			30.785018
2006		5,592.			984			5.682927
2005		6,155.			1,306	·		4.712864
							_	
2 Total of line 1, column (d)						2]	150.579776
3 Average distribution ratio for the 5	-year base period - divide the	e total on line 2 by 5,	or by the number	of years				
the foundation has been in existen	ce if less than 5 years					3		30.115955
								2
4 Enter the net value of noncharitable	e-use assets for 2010 from F	Part X, line 5				4		2.
								60
5 Multiply line 4 by line 3						5		60.
C. Estar 10/ of set investment incom	a (10) of Dort Line (17h)							0.
6 Enter 1% of net investment income	e (1% of Part I, lille 270)		•			6		
7 Add lines 5 and 6						7		60.
Aud illes 3 dilu 0						-'-		
8 Enter qualifying distributions from	Part XII line 4					8		35,800.
If line 8 is equal to or greater than		VI line the and come	late that east uses	n a 10/. +	av rate			
See the Part VI instructions	inte 7, check the box in Part	ут, ште тр, ана сотр	nete that ball usin(y a 170 l	ax idle			
322								000 DE (52.55

Form 990-PF (2010) THE GOOD CAUSE CHARITABLE FOU	NDATION			498957		Page 4
Part VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e)	, or 494	18 - :	see instru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and						
Date of ruling or determination letter (attach copy of letter if no	ecessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▼ X and enter 1%	<u> </u>	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col (b)					_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	<u> </u>	2			0.
3 Add lines 1 and 2		<u> </u> _	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)	-	4			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		ļ	5			0.
6 Credits/Payments	1 1					
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a					
b Exempt foreign organizations - tax withheld at source	6b					
c Tax paid with application for extension of time to file (Form 8868)	6c					
d Backup withholding erroneously withheld	60		_ 1			0.
7 Total credits and payments Add lines 6a through 6d		-	7			<u> </u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	_	8			0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			9			.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	n.e		10			
11 Enter the amount of line 10 to be Credited to 2011 estimated tax	Refund	ea 🖊	11			
Part VII-A Statements Regarding Activities	inlation or did it portionate or in	toniono in			Yas	No
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	isiation of did it participate of it	ifetaetie m		1a	. 03	X
any political campaign?	acae (ean instructions for datin	ition\2		. 1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities as			05			
	id copies of any materials p	upiisi ieu .	01			
distributed by the foundation in connection with the activities.				10		х
 Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the 	ne vear					
(1) On the foundation \blacktriangleright \$ (2) On foundation manage	rs 🕨 \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foundation					
managers > \$ 0.	and tax miposts on realisation					
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?			2		Х
If "Yes," attach a detailed description of the activities.						,
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorpo	ration, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan				3_		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.				4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/	A 4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	r?			5		X
If "Yes," attach the statement required by General Instruction T.				İ		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either					
 By language in the governing instrument, or 						
 By state legislation that effectively amends the governing instrument so that no mandat 	ory directions that conflict with	the state la	W		•	,,
remain in the governing instrument?				6	 	X
7 Did the foundation have at least \$5,000 in assets at any time during the year?				7	ļ	Х
If "Yes," complete Part II, col. (c), and Part XV	. NONE					
8a Enter the states to which the foundation reports or with which it is registered (see instruct	nons) ► NONE		_	—		
		`	-			
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)	N/	A 8b	Ì	1
of each state as required by General Instruction G? If "No," attach explanation	postion 4049/i\/2\ or 4049/i\/E	for cales			<u> </u>	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of	complete Part YII/	i i oi caicill	101	9	Ì	Х
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche	dula lietura their names and address	•		10	 	X
10 Did any persons become substantial contributors during the tax year? If Yes, attach a sche	dure issuing their names and address			Form 99 0	-PF	

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Pa	rt VII-A Statements Regarding Activities (continued)	, 		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> X</u>	
	Website address ► N/A			
14	The books are in care of ► BRIAN J. WATTS Telephone no ► 801-45		<u> 200</u>	
	Located at ▶977 S WIND RIVER WAY, KAYSVILLE, UT ZIP+4 ▶84	037		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, . ▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country	1,		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·····		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2010?	10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X No			
	If "Yes," list the years 🕨,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	<u> </u>	- - -
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	ا . ا		v
	had not been removed from econordy before the first day of the tax year beginning in 2010?	i ∆h ∣	1	Ι Λ.

0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, si	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1 <u>a</u>	0.
b	Average of monthly cash balances	1b	<u>0.</u> 2.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	<u>0.</u> 2.
3	Subtract line 2 from line 1d	3	2.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2.
6	Minimum investment return. Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	id certain	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
£	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		35,800.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	33,800.
b	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
a		3b	
	Cash distribution test (attach the required schedule) Publishing distributions Add lines to through 2b. Enter here and an Part V. line 8, and Part VIII. line 4.	4	35,800.
4 5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-	337000.
J	Income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,800.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years	Jaannes 101 (1	

. Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				0.
line 7			·····	
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only			0.	
b Total for prior years	···			,
b rotarior prior yours		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005 6,090.				
b From 2006 5,543.	1			
c From 2007 59,903.				
d From 2008 84,757. e From 2009 80,348.				
	236,641.			
f Total of lines 3a through e 4 Qualifying distributions for 2010 from	230/0121			······
Part XII, line 4 > \$ 35,800.				
a Applied to 2009, but not more than line 2a			0.	- item on the items of the time
b Applied to undistributed income of prior	. '!!!			
years (Election required - see instructions)		0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. '
c Treated as distributions out of corpus				,
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	0.
d Applied to 2010 distributable amount	35,800.			U •
e Remaining amount distributed out of corpus	33,800.		,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	272,441.		,	
b Prior years' undistributed income. Subtract		0.	·	
line 4b from line 2b		0.		
c 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 been previously	***************************************	0.		
assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2009 Subtract line		······································		
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2011			H , 11111 MIT 1 MI	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)			. `	
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	6,090.		,	
9 Excess distributions carryover to 2011		······	,	
Subtract lines 7 and 8 from line 6a	266,351.			
10 Analysis of line 9				_
a Excess from 2006 b Excess from 2007 59,903.				· ·
c Excess from 2008 84,757.			,	
d Excess from 2009 80 , 348 .				
e Excess from 2010 35,800.			<u> </u>	Form 990-PF (2010)

Part XIV Private Operating For		structions and Part V		N/A	98957 Pag
1 a If the foundation has received a ruling or d					-
foundation, and the ruling is effective for 2					
b Check box to indicate whether the foundat		=	in section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part 1 or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for		 	 	 	· · · · · · · · · · · · · · · · · · ·
each year listed			1		
b 85% of line 2a			 		
c Qualifying distributions from Part XII,	····				
line 4 for each year listed				li i	
d Amounts included in line 2c not				- 	
used directly for active conduct of					
exempt activities		1			
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		ļ]	J	
(1) Value of all assets				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from				 	
an exempt organization					
(4) Gross investment income				† 	
Part XV Supplementary Inform	nation (Comple	te this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during the			N/A		10 III 000010
Information Regarding Foundation					
a List any managers of the foundation who h	_	than 2% of the total con	tributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed mor			mbations received by the	e logilogion belove the clos	c or any tax
	, ,	, ,, ,,			
b List any managers of the foundation who o	wn 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a na	rtnershin or
other entity) of which the foundation has a			(o. an oquany large port	ion of the evilletomp of a pa	thoromp of
••	v				
2 Information Regarding Contribution	Grant Gift Loan	Scholarshin etc. P	roorams:		
Check here if the foundation only				not accept unsolicited reque	sete for funde. If
the foundation makes gifts, grants, etc. (se					
a The name, address, and telephone number					
a The name, address, and telephone number	i oi tile person to whoi	ii applications should be	audiesseu		
b The form in which applications should be s	submitted and informati	tion and materials they s	hould include		
c Any submission deadlines					
	with an his reserved	d area chamballa fiald-	kinda of inabilities	other factors	
d Any restrictions or limitations on awards, s	such as by geographica	ai areas, charitable fields	, kings of institutions, or	Other factors	
					Form 990-PF (20)
2601 12-07-10)	こいしに みみいうと としい

	SE CHARITABLE I	OUNDATION	46-0498	3957 Page
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
a Paid duning the year VAL VERDA STAKE RELIEF SOCIETY 2651 S 500 W BOUNTIFUL,	NONE	EXEMPT	SERVICE PROJECT	300
UT 84010				
CAUSE FOR HOPE FOUNDATION 10421 SOUTH JORDAN PARKWAY #660 SOUTH JORDAN, UT 84095	NONE	EXEMPT	CHARITY	30,500
DAVIS COX 977 S WIND RIVER WAY KAYSVILLE, UT 84037	NONE	N/A	MEDICAL EXPENSES FOR MAN WITH APLASTIC ANEMIA	5,000
Total			▶ 3a	35,800
b Approved for future payment			- 500	
NONE				
	!			
Total			▶ 3b	m 990-PF (20

	Part XVI-A	Analysis of li	ncome-Producing	Activities
•	FRILATION	Wilelasia of II	iconie-Froudcing	Monaines

er gross amounts unless otherwise indicated Program service revenue	(a) Business	(b)	(c)		(e)
- -	000111000	Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
}	code		code	Airiouiit	Tunction income
)					
·					
i					
·					
		 			
Fees and contracts from government agencies					
Membership dues and assessments			1		_
nterest on savings and temporary cash				_ [
nvestments			14	1.	
Dividends and interest from securities					,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Net rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory					
let income or (loss) from special events			_		
Gross profit or (loss) from sales of inventory	<u> </u>	_			
Other revenue			1 1		
		.			
				·	
l					
Subtotal Add columns (b), (d), and (e)		0	•	1.	
Total Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculation	ns)				
Relationship of Activities e No. Explain below how each activity for which					Number of
the foundation's exempt purposes (other	than by providing fund	s for such purposes)		ted importantly to the accomp	Mishiment of
1					
					 -

Form 990-PF (OOD CAUSE CHAR	ITABLE FOUNDA	TION	46-049	<u>8957</u>	Pa	ge 13
Part XVII		egarding Transfers To	and Transactions	and Relation	ships With Noncha	ritable	е	
1 Did the e	Exempt Organ		and with any other organization	as described in sec	tion FO1/a) of		Yes	Na
	-	rectly engage in any of the follow)(3) organizations) or in section 5	-		(i) (c) 01		162	NO
		ation to a noncharitable exempt o						
(1) Cash	· · · · ·	and to a manonament of				1a(1)	i i	Х
(2) Othe						1a(2)		Х
b Other tran	nsactions							
(1) Sales	s of assets to a noncharita	ble exempt organization				1b(1)		X
(2) Purc	hases of assets from a no	ncharitable exempt organization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets				1b(3)		X
(4) Reim	bursement arrangements					1b(4)		X
(5) Loan	s or loan guarantees					1b(5)	ļ <u>.</u>	<u>X</u>
		embership or fundraising solicitati				16(6)		<u>X</u>
_		illing lists, other assets, or paid er				16	L	<u>X</u>
	•	"Yes," complete the following sch	· ·	=	· · · · · · · · · · · · · · · · · · ·		ets,	
		oundation. If the foundation recei other assets, or services received		Je ili any transactio	n or snaring arrangement, s	now in		
(a) Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description	n of transfers, transactions, and	shanno ar	rangeme	nte
(4) 2	(5) /	N/A		(4) 555,,,		37.G.1119 G.	angonic	
				- 				
								
								
								
		<u></u>						
				 				-
								
				 				
								
2a Is the fou	ndation directly or indirect	tly affiliated with, or related to, one	e or more tax-exempt organi	zations described				
	•	r than section 501(c)(3)) or in sec	-			Yes	X	No
	omplete the following sch							
	(a) Name of org	anization	(b) Type of organization		(c) Description of relations	пр		
	N/A							
								
								
Unde	er penalties of pentity. I declare	e that I have exampled this return, include	ting accompanying schedules and	d statements, and to the	ne best of my knowledge and bel	ef. it is tru	e. correc	:t.
Sign and	complete Declaration of prepa	rer (other than tarps, er of fiduciary) is t	pased on all information of which	preparer has any know	ledge	-,	.,	
Here L	J Iroh		9/14/	11				
	Signature of officer or tru	istee	Date	> _	Title			
	Print/Type preparer's na			Date	Check if PTIN			
		(\		La a 11	self- employed			
Paid	RANDY SELL			4.7.11				
Preparer	Firm's name ► PRO	FESSIONAL BUST	ress advisors	, LLC	Firm's EIN ►			
Use Only		06 000000 500	idm criems on					
		06 SOUTH 500 WE		U	001	06	1044	`
		UNTIFUL, UT 84) <u> </u>		Phone no 801-2	m 990		
		,	\		ro	… フラひ	-FF(2	(טוט:

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

Schedule of Contributors

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE GOOD CAUSE CHARITABLE FOUNDATION

Employer identification number

46-0498957

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990∙EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special I	Rules					
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	contributions for us If this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. ad, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions of \$5,000 or more during the year.				
but it mu	st answer "No" on f	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify g requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer Identification number

THE GOOD CAUSE CHARITABLE FOUNDATION

46-0498957

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIAN & JANA WATTS CHARITABLE REMAINDER UNITRUST 977 S WIND RIVER WAY KAYSVILLE, UT 84037	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(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) No.	(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) No.	(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) No.	(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.)

of Part II

Employer identification number

THE GOOD CAUSE CHARITABLE FOUNDATION

46-0498957

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(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 B (Form 990, 990-EZ, or 990-PF) (2010) of Part III **Employer identification number** Name of organization THE GOOD CAUSE CHARITABLE FOUNDATION 46-0498957 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) > \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF. INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
INTEREST INCOME					1.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			1.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) - ADJUSTED E NET INCOM		
ACCOUNTING	600.	().		0.
TO FORM 990-PF, PG 1, LN 16B	600.	(· ·	·····	0.

Form 8868 (Rev. 1-2011)							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Unly complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868							
If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art i (on page 1).		·			
Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
ype or Name of exempt organization Employer identification nu							
print THE GOOD CAUSE CHARITABLE FO	OUNDA	TION	46-0498957				
Number, street, and room or suite no. If a P.O. box, see instructions. 977 S WIND RIVER WAY							
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions KAYSVILLE, UT 84037	oreign add	ress, see instructions.					
Enter the Return code for the return that this application is for (file	a senara	te application for each return)		04			
	a separa	te application for each return)		[0]4]			
Application	Return	Application		Return			
Is For	Code	Is For		Codé			
Form 990	01						
Form 990-BL	02	Form 1041-A		08 :			
Form 990-EZ	03	Form 4720		09:			
Form 990-PF	04	Form 5227		10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-T (trust other than above)	06	Form 8870					
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	sly filed Form 8868.				
BRIAN J. WATTS							
 The books are in the care of ► 977 S WIND RIVI 	ER WA	Y + KAYSVILLE, UT 84	037	1			
Telephone No. ► 801-451-9200		FAX No. ►					
If the organization does not have an office or place of business.	s in the Un	nited States, check this box	>				
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	s is for the whole group, c	heck this			
box ▶ . If it is for part of the group, check this box ▶							
4 I request an additional 3-month extension of time until	NOVĚM	BER 15, 2011.		,			
5 For calendar year 2010, or other tax year beginning		, and ending		<u> </u>			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final return				
Change in accounting period				i			
7 State in detail why you need the extension							
INFORMATION NEEDED TO PREPARE							
	AN A	CCURATE RETURN NOT Y	ET AVAILABLE				
	AN A	CCURATE RETURN NOT Y	ET AVAILABLE				
	AN AG	CCURATE RETURN NOT Y	ET AVAILABLE				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,			ET AVAILABLE				
nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	8a \$	0 •			
nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	8a \$	0 •			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069,	or 6069, e enter any	nter the tentative tax, less any refundable credits and estimated		:			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all	or 6069, e enter any	nter the tentative tax, less any refundable credits and estimated	8a \$	0 .			
 nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. 	or 6069, e enter any lowed as a	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a \$	0.			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your page 1.	or 6069, e enter any lowed as a	nter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a \$:			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$	0.			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$	0.			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your paternament. See instructions (Electronic Federal Tax Payment System). See instructions.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$	0.			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional seed of periors, 1 declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$	0.			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional substract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional substraction of payment system (Signature). Include the structure of prepare that I have examined this form, include it is true, correct, and complete, and that I am authorized to prepare this form.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$ e best of my knowledge and b	0 • 0 •			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional seed of periors, 1 declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$ e best of my knowledge and b	0 • 0 •			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional seed of periors, 1 declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$ e best of my knowledge and b	0 • 0 •			
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment all previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pattern (Electronic Federal Tax Payment System). See instructional seed of periors, 1 declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	or 6069, e enter any lowed as a syment wit uctions.	refundable credits and estimated a credit and any amount paid this form, if required, by using	8a \$ 8b \$ 8c \$ e best of my knowledge and b	0 • 0 •			
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