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Form 990-PF

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

Treated as a Private Foundation 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 For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE GOOD CAUSE CHARITABLE FOUNDATION 46-0498957 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 977 S WIND RIVER WAY 801-451-9200 City or town, state, and ZIP code C If exemption application is pending, check here KAYSVILLE, UT 84037 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J | Accounting method X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here -79 . (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (d) Disbursements (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income 38,000. N/A Contributions, gifts, grants, etc., received If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 38,000. Ō. Total. Add lines 1 through 11 О. 0. 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits SCANNED 16a Legal fees **b** Accounting fees c Other professional fees Administrative Ō 17 Interest 18 Taxes Ś 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 expenses. Add lines 13 through 23 39,035. 39,035 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 39,035 0 39,035. Add lines 24 and 25 27 Subtract line 26 from line 12 -1,035. a Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

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

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N/A

0

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains an	d Losses for Tax on In	vestment	Income						
	the kind(s) of property sold (e g louse, or common stock, 200 shs			` P	How ac - Purc - Dona	liase [(c) Date a (mo , d	acquired ay, yr)	(d) Date sold (mo , day, yr)
1a									
b NONI	<u> </u>								
<u>C</u>				-					
<u>d</u>									
<u>e</u>									<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss (f) minus	
<u>a</u>	·								
<u>b</u>									
<u>- C</u>		-							
<u>d</u>			 -						
Complete only for assets showing g	usin in column (h) and owned but	the foundation	on 12/21/60	\dashv			00:00 (0		
Complete only for assets showing g								ol (h) gain not less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (I), if any					(from col (
<u>a</u>									
<u>b</u>									
C									
<u>d</u>					-				
<u>e</u>				$\overline{}$					
2 Capital gain net income or (net capit	If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	}	2	·			
3 Net short-term capital gain or (loss)	•								
If gain, also enter in Part I, line 8, col		- (-)], [l			
If (loss), enter -0- in Part I, line 8	· — - · · · · · · · · · · · · · · · · ·			Ш	3	L			
Part V Qualification Und	der Section 4940(e) for	Reduced	Tax on Net	Inv	estm	nent Inc	ome		
(For optional use by domestic private fo	undations subject to the section 4	1940(a) tax on	net investment in	come	3)				
If section 4940(d)(2) applies, leave this	nart hlank								
in section 4540(0)(2) applies, leave this	part Dialik								
Was the foundation liable for the section			•	rıod?					Yes X No
If "Yes," the foundation does not qualify									
1 Enter the appropriate amount in each	 	uctions before	making any entri				Ψ-		(d)
(a) Base period years	(b) Adjusted qualifying dis	tributione	Net value of no	(C) nebau		uica accate	1		oùtion ratio
Calendar year (or tax year beginning	1117 · · · · · · · ·		ivet value of no		- ILAUIG				rided by col (c))
2010		5,800.	<u> </u>			2 3,038	•	1/,	900.00000 26.49769
2009		0,500.				$\frac{3,038}{1,023}$			82.90127
2008		4,808. 0,000.				$\frac{1,023}{1,949}$			30.78501
2007			-			984		 _	
2006		5,592.				704	•		5.68292
2 Total of line 1, column (d)							2	18,	045.866912
3 Average distribution ratio for the 5-y	•	on line 2 by 5,	or by the number	of ye	ars			_	600 15000
the foundation has been in existence	of less than 5 years						3_	3,	609.173382
4 Enter the net value of noncharitable-	use assets for 2011 from Part X,	line 5					4		432
5 Multiply line 4 by line 3							5		1,559,163
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		0
7 Add lines 5 and 6							7	<u> </u>	1,559,163
8 Enter qualifying distributions from P	art XII, line 4						8	l	39,035
If line 8 is equal to or greater than lin See the Part VI instructions		1b, and comp	elete that part usin	g a 1	% tax ı	rate			

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	- see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%	}	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-)		_ 2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				0.
	Credits/Payments						
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a						
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)						
	Backup withholding erroneously withheld 6d 5		_ }				^
	Total credits and payments Add lines 6a through 6d		7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
_	Enter the amount of line 10 to be Credited to 2012 estimated tax Refunct It VII-A Statements Regarding Activities	ea 🖊	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or ii	ton cono	10			Vac	No
10	any political campaign?	ıfêi velle	111		1a	163	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defin	thon\2			1b		X
u	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials p		ed or				
	distributed by the foundation in connection with the activities.	Judiisiid	,				
c	Did the foundation file Form 1120-POL for this year?				10	:	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
-	(1) On the foundation > \$ 0 . (2) On foundation managers > \$	0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers ▶ \$ 0.						
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 incorporate	ration, c	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				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		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	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?				6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7		_ A
۸.	If "Yes," complete Part II, col. (c), and Part XV.						
83	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate		_				
O	of each state as required by General Instruction G? If "No," attach explanation	,	N	/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for cale		,	- 00		
3	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	, ioi calc			9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addressed	> e			10		X
<u></u>	and only personne decerned substantial contributors during the tax year. It les, attach a schedule issuing their names and address					חב	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensat	lon
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1 N/A		
2		—
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	>	0.
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P	art X Minimum Investment Return (All domestic foundations must complete this page 1	art. Foreign foun	idations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
a	Average monthly fair market value of securities	į	1a	0.
b	Average of monthly cash balances		1b	439.
ε	Fair market value of all other assets		10	
d	Total (add lines 1a, b, and c)		1d	439.
e	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	0.
3	Subtract line 2 from line 1d		3	439.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	7.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	432.
6	Minimum investment return. Enter 5% of line 5		6	22.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations of the property of the property of the part (see instructions) (Section 4942(j)(3) and (j)(5) private operations are property of the	ng foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	22.
2a	Tax on investment income for 2011 from Part VI, line 5			
b	Income tax for 2011 (This does not include the tax from Part VI)			
	Add lines 2a and 2b		20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	22.
4	Recoveries of amounts treated as qualifying distributions	ſ	4	0.
5	Add lines 3 and 4		5	22.
6	Deduction from distributable amount (see instructions)	1	6	0.
7 _	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	22.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1 <u>a</u>	39,035. 0.
b	Program-related investments - total from Part IX-B	[1b	0.
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			
а	Suitability test (prior IRS approval required)		3a	
b	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	I	4	39,035.
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	1	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	Ī	6	39,035.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the foundation o	ualifies for the	section
	4040(a) and about 444 and beautiful and	7		

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,	001903		2010	
line 7	wa. wana ama	······································	<u> </u>	22.
2 Undistributed income, if any, as of the end of 2011			0	
a Enter amount for 2010 only	чн, шин-, шин-,		0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011	· · · · · · · · · · · · · · · · · · ·			restation to the transfer of t
a From 2006 5,543. b From 2007 59,903.				
c From 2008 84,757.				
d From 2009 80,348.				
e From 2010 35,800.				
f Total of lines 3a through e	266,351.			
4 Qualifying distributions for 2011 from	2007331.			
Part XII, line 4 > \$ 39,035.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				, '' 11/1-1/2000 (''''11/20 - 1/1-1/2''
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		***************************************		22.
e Remaining amount distributed out of corpus	39,013.			221
5 Excess distributions carryover applied to 2011	0.	H'',','' ' Mizelenia ' 'Miselen'	**************************************	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	305,364.			~~~~
b Prior years' undistributed income Subtract		_		
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 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 instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be 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)	0.			·····
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	5,543.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	299,821.			······
O Analysis of line 9				
a Excess from 2007 59,903.				
b Excess from 2008 84,757.				
© Excess from 2009 80,348.				
d Excess from 2010 35,800.				
e Excess from 2011 39,013.				
				Form 990-PF (2011)

Part XIV Private Operating Fo	OUNDATIONS (See In-			N/A	0-0430337 Fage
			TA, question 5/	Ν/ Α	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	<u> </u>	▶ 1		4040(1)(5)
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 0010	Prior 3 yea		(a) Total
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(4) 200	8 (e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				ŀ	
line 4 for each year listed	·		 -		
d Amounts included in line 2c not	ı				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	ı				
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					
(1) Value of all assets			<u> </u>		
(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	l			Į.	
listed	<u>_</u>				
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)			Ì	1	
(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 Info	rmation (Comple	te this part only	if the found	lation had \$5.000	or more in assets
at any time during t				N/A	7 01 111010 111 1200010
1 Information Regarding Foundatio					
a List any managers of the foundation who	_	than 2% of the total con	tributions receive	d by the foundation befo	re the close of any tax
year (but only if they have contributed m					To the chart of any tan
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	(or an equally lar	ge portion of the owners	hip of a partnership or
other entity) of which the foundation has			(or an oquany rar	go portion of the orinor	p or a paramoromp or
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. P	rograms:		
Check here ► if the foundation o			_	d does not accept upsoli	icited requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone number	per of the person to who	m applications should be	e addressed		
a The hame, address, and telephone herm	sor or the person to mile.	approations on a a			
b The form in which applications should b	e submitted and informa	tion and materials they s	should include		
c Any submission deadlines					
d Anumatustiana a-ti-utatiana an a	a ouch so by seese-	al araba abartable folds	kinds of institute	and or other factors	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitadie lielos	, KINUS OT INSULULI	ons, or other factors	
					Form 000 DE (201:

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment		
Recipient (home so business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CAUSE FOR HOPE FOUNDATION	NONE	EXEMPT	ADMINISTRATIVE	
10421 SOUTH JORDAN PARKWAY #660			PURPOSES	
SOUTH JORDAN, UT 84095				30,000.
WINDRIDGE ELEMENTARY	NONE	EXEMPT	SCHOOL FUND RAISER	
1300 S 700 E				
KAYSVILLE, UT 84037				250.
SIGNS OF HOPE INTERNATIONAL	NONE	EXEMPT	TRAVEL EXPENSES	
375 S MAIN STREET, STE #2 ALPINE, UT 84004				250
AUFINE, OI 04004				230,
PS CIRCULATIONS 977 S WIND RIVER WAY	NONE	N/A	EDUCATION ASSISTANCE	
KAYSVILLE, UT 84037				135.
COMMUNITY FOUNDATION OF OGDEN VALLEY	NONE	EXEMPT	ADMINISTRATIVE	
PO BOX 684	NO.N.Z		PURPOSES	
EDEN, UT 84310				2,000.
Total SEE COI	NTINUATION SHE	ET(S)	▶ 3a	39,035.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	ousiness income	Exclu	ded by section 512, 513, or 514	(e)
•	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b					
C					
d					<u> </u>
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property		<u> </u>			
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					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	_				
b	_				
C					
d	_				
e					
2 Subtotal Add columns (b), (d), and (e)		0	•	0.	
3 Total. Add line 12, columns (b), (d), and (e)				13	C
(See worksheet in line 13 instructions to verify calculations)				

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)					
_						
-						

123621 12-02-11

123622

Use Only

Firm's address ▶ 1706 SOUTH 500 WEST, SUITE 200

BOUNTIFUL, UT 840

Phone no

801-296-1060

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

46-0498957 THE GOOD CAUSE CHARITABLE FOUNDATION Organization type (check one): Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special 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, total 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. 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing 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) (2011)

Name of organization

Employer identification number

THE GOOD CAUSE CHARITABLE FOUNDATION

46-0498957

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIAN & JANA WATTS CHARITABLE REMAINDER UNITRUST 977 S WIND RIVER WAY KAYSVILLE, UT 84037		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRIAN & JANA WATTS INVESTMENTS LLC 977 S WIND RIVER WAY KAYSVILLE, UT 84037		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there

Name of organization

Employer identification number

THE GOOD CAUSE CHARITABLE FOUNDATION

46-0498957

ert II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) FMV (c Description of noncash property given (see in		(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			

Name of orga	nlzation	Employer identification number						
THE GO	OD CAUSE CHARITABLE FOU	NDATION		46-0498957				
Part III	Exclusively religious, charitable, etc., individ year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	ual contributions to section 501(c following line entry: For organizatio contributions of \$1,000 or less for	:)(7), (8), or (10) organizations ons completing Part III, enter r the year. (Enter this information once	ons that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
-		(e) Transfer of gif	<u> </u>					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Done	cription of how gift is held				
Part I	(b) Furpose of grit	(c) Use of gift	(u) Desc	emption of now gift is neig				
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
		nt						
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee				

Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor DAVIS HIGH SCHOOL EXEMPT PROGRAM DESIGNED TO NONE 325 S MAIN HELP UNDERPRIVILEGED STUDENTS 6,000. KAYSVILLE, UT 84037 SYDNEE TAYLOR NONE N/A MISSIONARY DONATION 940 WIND RIVER WAY KAYSVILLE, UT 84037 100. TREVOR TAYLOR NONE N/A MISSIONARY DONATION 940 WIND RIVER WAY KAYSVILLE, UT 84037 100. TO HELP NEEDY FAMILIES UTAH FOOD BANK NONE EXEMPT WITH FOOD 3150 S 900 W SALT LAKE CITY, UT 84119 200. 6,400. Total from continuation sheets

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

Form 8868 (Rev. 1-2012)

Internal Revenue Service File a separate application for each return.								
• If you are filing for an Automatic 3-Month Extension, complete			e only Pa	rt I and check this box			X	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
	-						ration	
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
		is listed in Part I or Part II with the exc						
	· ·	which must be sent to the IRS in paper	-					
		ick on e-file for Chantles & Nonprofits.		(330 mandana). For more details t	JII 1110 0100	nonio illing of time it	,,,,	
Part I		3-Month Extension of Time		ubmit original (no copies ne	eded)	· · · · · · · · · · · · · · · · · · ·		
		Form 990-T and requesting an auton						
Part I only	•	Point 990-1 and requesting an auton	iatic offic	THE SALEHSION CHOCK THIS SOX and	Complete	•		
•	•• • • • •	ing 1120-C filers), partnerships, REM	 Co and t	rusto must uso Form 7004 to maues	t an extens	ion of time		
	me tax returns.	iling 1120-C illers), partiferships, helvii	Cs, and u	usis musi use Form 7004 to reques	an extens		<u>-</u>	
Type or	Name of exemp	organization or other filer, see instruc	ctions.		Employer identification number (EIN)			
print					X 46-0498957			
File by the		and room or suite no. If a P.O. box, se						
due date for filing your	'	ND RIVER WAY				curity number (SSN)		
instructions	ım See							
Enter the F	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 4	
Applicatio	on		Return	Application			Return	
Is For			Code	Is For			Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08		
Form 990-			01	Form 4720			09	
Form 990-PF		04	Form 5227			10		
Form 990-	T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)			06	Form 8870 1			12	
		BRIAN J. WATTS						
• The boo	oks are in the care	of ▶ 977 S WIND RIVE	ER WAY	Y - KAYSVILLE, UT	84037			
Telepho	one No. ► 801	-451-9200		FAX No. ▶				
•		ot have an office or place of business	in the Un	nited States, check this box				
		rn, enter the organization's four digit (If this is for	the whole group, c	heck this	
box ▶ □		of the group, check this box						
		3-month (6 months for a corporation	required t		until			
	r the organization'		Organiza	tion return for the organization harne	eu above.	THE EXTERNSION		
_	X calendar year							
	tax year begin			d andia -				
	tax year begin	ming	, an	d ending	-	- •		
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period								
3a if this	is application is fo	Form 990-BL, 990-PF, 990-T, 4720, o	vr 6069 .c.	nter the tentative tax loss any				
			א , פסטט וע	mer the termative tax, less any		•	0.	
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			refundable en dite and	3a	\$	<u> </u>		
		-	-		3ь	•	^	
		ated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						^		
		ronic Federal Tax Payment System). S			3c	\$	0.	
Caution. If	i you are going to	make an electronic fund withdrawal w	/ith this Fo	orm 8868, see Form 8453-EO and Fo	<u>orm 8879-E</u>	O for payment instr	uctions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)			i_			Page 2	
●ุ lf you are filing for an Additional (Not Automatic	3-Month Ext	ension, c	omplete	only Part II and check th	is box	X	
Note. Only complete Part II if you have already beer	n granted an a	utomatic :	3-month	extension on a previously	filed Form 8868.		
 If you are filing for an Automatic 3-Month Extension 							
Part 相 Additional (Not Automatic) :	3-Month Ex	ctension	n of Tin	ne. Only file the origi	nal (no copies neede	ed)	
				Enter filer's	s identifying number, see	instructions	
Type or Name of exempt organization or other fi	ler, see instruc	ctions			Employer identification r	umber (EIN) or	
print COOP CANGE CHART			DT037	X 46-0498957			
THE GOOD CAUSE CHARITABLE FOUN							
fling your 0.77 C WIND DIVED WAY	I value, street, and footh of suite no. If a P.O. box, see his				Social security number (SSN)	
instructions. City, town or post office, state, and ZIP KAYSVILLE, UT 84037	code. For a fo	reign add	ress, see	instructions.	<u> </u>		
Enter the Return code for the return that this applica	ation is for (file	a separa	te applica	ation for each return)		0 4	
Application		Return	Applica	ation			
ls For		Code	Is For	······································		Code	
Form 990		01		***************************************			
Form 990-BL		02	Form 10			08	
Form 990-EZ		01	Form 47			09	
Form 990-PF		04	Form 52			10,	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 60			11 12:	
Form 990-T (trust other than above)		06	Form 88		wieuch filed Form 8868	1 12	
STOP! Do not complete Part II if you were not all BRIAN J		an auton	natic 3-n	ionth extension on a pre	viously filed Form 6666.		
• The books are in the care of > 977 S W		ימש פה	v _ k	TAVSVTT.T.E. IIT	84037		
Telephone No. ► 801-451-9200	IND KIVI	MA.		No. >	04037		
 If the organization does not have an office or pla 	oo of business	ia tha Lle				•	
 If this is for a Group Return, enter the organization 						up, check this	
box . If it is for part of the group, check th							
4 I request an additional 3-month extension of the				5, 2012.			
5 For calendar year 2011, or other tax year				, and end	ing	<u> </u>	
6 If the tax year entered in line 5 is for less than		heck reas	ion:	Initial return	Final return		
Change in accounting period	•			i I			
7 State in detail why you need the extension							
INFORMATION NEEDED TO	ILE RE	IURN :	NOT A	VAILABLE			
					 		
8a If this application is for Form 990-BL, 990-PF,	990-T, 4720,	or 6069, e	enter the 1	tentative tax, less any		•	
nonrefundable credits. See instructions.					8a \$	0.	
b If this application is for Form 990-PF, 990-T, 4							
tax payments made. Include any prior year o	verpayment al	lowed as	a credit a	nd any amount paid		0	
previously with Form 8868.					8b \$	0.	
c Balance due. Subtract line 8b from line 8a. li			th this fo	rm, if required, by using		0	
EFTPS (Electronic Federal Tax Payment Syst					8c \$	0.	
				ompleted for Part II		4 % 17 . 4	
Under penalties of perjury, I declare that I have examined it is true, correct, and complete, and that I am authorized	this form, includ to prepare this fo	ling accomom.	panying so	chedules and statements, and	to the best of my knowledge	and deliet,	
Signature >	Title >		#	<u> </u>	Date > 3	W	
					Form 88	38 (Rev. 1-2012)	
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V				1			