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SCANNED JUN 28 201

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2012 calen	dar year, or tax year beginning , 2012, and ending		, ,	
В	Check if a	pplicable	C Name of organization Create Good Foundation	D Employ	er Identific	ation Number
	Addr	ess change	Doing Business As	91-	20321	19
	Name	e change	Number and street (or P O box if mail is not delivered to street addr) Room/suite	E Telepho	ne number	
	Initial	l retum	936 N. 34th Street	(20	6) 32	3-9606
	H	unated	City, town or country State ZIP code + 4	1 (20	<u> </u>	3 3000
	H		Control NA 00103	G C	t- ¢	106 251
	Н	nded return	Seattle WA 98103 F Name and address of principal officer H(a) is this	G Gross r		196,351.
	∐ Appii	cation pending	The state of principal states	• .		
			JEFF MARTIN 936 N. 34TH STREET SEATTLE WA 98103	l affiliates inclu ' attach a list (see instruct	ions)
<u> </u>		empt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		_	
<u>J</u>		ite: N/		exemption nu		
K		organization	X Corporation Trust Association Other Lyear of Formation 199	8 M	State of lega	I domicile WA
Pa		Summar				
		-	e the organization's mission or most significant activities: The mission of			<u>Good</u>
မွ	<u>F</u>	<u>'oundati</u>	on is to bring clean water and jobs to the developi	ng worl	.d	
Activities & Governance	_			 -		
ē					-	
્ટ્ર	_	heck this bo				
∾ত			ing members of the governing body (Part VI, line 1a)		3	4
es			of individuals employed in calendar year 2012 (Part V, line 2a)		5	4_
Σ			of volunteers (estimate if necessary)		6	5
Ç			d business revenue from Part VIII, column (C), line 12		7a	
			business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·		7b	
_				Prior Year		Current Year
	8 C	ontributions	and grants (Part VIII, line 1h)	313,4	56	196,351.
Revenue			ce revenue (Part VIII, line 2g)		30.	130,331.
Ve		_	come (Part VIII, column (A), lines 3, 4, and 7d)		-	
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		+	
			- add-lines 8 through-11-(must equal Part VIII, column (A), line 12)	313,4	56.	196,351.
			nılar amounts paid (Part IX, column (A), lines 1-3)	165,3		125,568.
			to or for members (Part1X700Jumn (A), line 4)			
				35,9	52	93,542.
es	16 a D	rofossional	r complensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)			33,342.
ĕ					2.10× 20	
Expenses	b To	otal fundrais	ng)expenses (Part IX, column (D), line 25) ► 24,022.		BART M	
_	17 0	ther expens	es (Part X, column (A) lines 11a-11d, 11f-24e)	74,5	07.	148,203.
			s Add lines 13-17 (must equal Part IX, column (A), line 25)	275,7	93.	367,313.
	19 R	evenue less	expenses Subtract line 18 from line 12	37,6	63.	-170,962.
ts or			Beginn	ng of Currer	t Year	End of Year
Balz	20 To	otal assets (Part X, line 16)	216,0	72.	37,822.
Net Assets Fund Balan	21 To	otal liabilities	(Part X, line 26)	2,3	86.	76.
ZΞ	22 N	et assets or	fund balances. Subtract line 21 from line 20	213,6	86.	37,746.
Pa	rt II	Signatur	e Block			
Unde	r penalties	of perjury, I dec	are that I have examined this return, including accompanying schedules and statements, and to the best of my known	vledge and bel	ef, it is true	, correct, and
comp	olete Decla	ration of prepare	r (other han officer) is based on all information of which preparer has any knowledge			
			1 M News			· · · · · · · · · · · · · · · · · · ·
Sig	ın	Signatu		ate /	. 2	
He	re		3117 7.117	112/	<u> </u>	
		Type or	print name and title			
		Print/Type p	eparer's name Preparer's signature Date	Check	If PT	IN
Pai	id	FORRES	T MESSENGER, CPA 06/05/13	self-employe	d P	00011441
	parer	Firm's name	MESSENGER FINANCE CORPORATION			
	e Only			Firm's EIN	91-1	738467
	,		SEATTLE WA 98105	Phone no	(206)	729-9500
Max	the IDS	discuss thu	SERTILE WA 90103	1	(200)	V Voc No

Form 990 (2012)

Form 990 (2012) Create Good Foundation	91-2032119	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III	<u> </u>	x
1 Briefly describe the organization's mission:		
The mission of the Create Good		
Foundation is to bring clean water and jobs to the developing w	<u>orld.</u>	
		
2 Did the organization undertake any significant program services during the year which were not listed on the		s 🛭 No
Form 990 or 990-EZ?	· · · · · · · · · · · · Yes	, F] 140
If 'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? \ \ Ye :	s 🛭 No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O.	es,	, F
4 Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expen	ses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou others, the total expenses, and revenue, if any, for each program service reported.	int of grants and allocation	ns to
4a (Code:) (Expenses \$ 21,800. including grants of \$ 21,800.)	(Revenue \$	0.)
GRANT TO FUNDA VIDA OF COSTA RICA - ORGANIZATION WHICH SUPPORTS	4	
INNER-CITY PROGRAMS FOR YOUTH AND ECONOMIC DEVELOPMENT IN SAN J		
COSTA RICA.		
	/D==	
4b (Code:) (Expenses \$ 13,400. including grants of \$ 13,400.)	(Revenue \$	<u>0.</u>)
BEHRHORST PARTNERS - GUATEMALA WATER PROJECTS		
		
4c (Code:) (Expenses \$ 160,363. including grants of \$ 90,368.)	(Revenue \$	0.)
ECOFILTRO - GUATEMALA - ECOFILTRO IS AN NGO FINANCED COMPANY		
WHICH MAKES HOME BASED CERAMIC WATER FILTERS AND DISTRIBUTES TH	EM	
THROUGH A SERIES OF LOCAL DISTRIBUTION SYSTEMS.		
	-	
4 d Other program services. (Describe in Schedule O.)	A.	
(Expenses \$ 109,837. including grants of \$ 0.) (Revenue	<u>۶</u> 0	.)
4 e Total program service expenses ► 305,400. BAA TEEA0102 08/08/12	Fo	rm 990 (2012)

TEEA0102 08/08/12

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Form 990 (2012) Create Good Foundation Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, 'complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
١	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 :	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u>x</u>	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H	20]	Х
ı	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Yes No Х 21 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 Х Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 35a X Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, complete Schedule R, Part V, line 2 Х 36 37 Х 37

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Form 990 (2012) Create Good Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
c	If Yes,' indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
c	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business		_	
	holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9 a		
t	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	i		
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
á	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ŧ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
,	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	_	-
(In Test has killed a Ferrit Fee to report these payments. In 116, provide an explanation in denotation of the contract of			

Form	990 (2012) Create Good Foundation 91-2032119		P	Page 6
Par	TVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	/, and	for	
	Schedule O. See instructions.	• •		
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	\Box		$\overline{}$
	members of the governing body?	7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		
9	The governing body?	8 a		
	Each committee with authority to act on behalf of the governing body?	8ь	X	\vdash
_				\vdash
9 ——	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9_		<u>x</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
b	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		Х
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this is done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers of key employees of the organization	15b		X
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			 -
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
L	taxable entity during the year?	16a		X
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		

1	_				_	_					
Form 990 (2012) Create Good Fou									91-2032		age 7
Rartivil Compensation of Officers Independent Contractors	s, Direct	ors,	Tru	ıste	es,	Key	En	nployees, Highes	t Compensated I	Employees,	and
Check if Schedule O contains a re		anv o	ues	tion i	ın th	is Pari	VII				. П
Section A. Officers, Directors, Tru											
1 a Complete this table for all persons required organization's tax year.	I to be liste	d. Rep	oort	com	pen	sation	for t	he calendar year endir	ng with or within the		
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), a 	cers, direct nd (F) if no	tors, tr	uste ens	es (v atıor	whet	her in s paid	dıvid	luals or organizations),	regardless of amount	of	
 List all of the organization's current key 	employee	s, ıf ar	y S	ee II	nstru	ictions	for	definition of 'key emplo	yee.'		
 List the organization's five current highwho received reportable compensation (Box 5 organization and any related organizations 	est comper of Form W	nsated /-2 and	em d/or	ploy Box	ees 7 of	(other Form	thar 109	n an officer, director, tn 9-MISC) of more than	ustee, or key employee \$100,000 from the	e)	
 List all of the organization's former offic of reportable compensation from the organizat 	ers, key er ion and an	nploye	es, ed c	and organ	high nizat	est co	mpe	ensated employees wh	o received more than S	\$100,000	
 List all of the organization's former directorganization, more than \$10,000 of reportable 	ctors or tr	ustee:	s tha	at re the c	ceiv	ed, in iizatio	the d n an	capacity as a former duited any related organiza	rector or trustee of the tions		
List persons in the following order individual tremployees; and former such persons	ustees or	directo	rs; i	nstiti	utior	al trus	stee	s; officers; key employe	ees; highest compensa	ited	
Check this box if neither the organization r	or any rela	ated o	rgan	izatı	on c	ompei	nsat	ed any current officer,	director, or trustee		
				(C	;)						
(A) Name and Title	(B) Average hours per	one bo	ion (do not check more than ox, unless person is both an icer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of othe	r
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) John Sage	_2.00							_		•	
Board Chair	0.00		\dashv	Х	\dashv			0.	0.		0.
(2) Jeff Hussey	_2.00			x		ł		0.	0.		0
Treasurer (3) Ken Kierstead	2.00		\vdash	^			-				0.
Secretary	-2.55			$_{\rm x}$				0.	0.		Ο.
(4) Jeff Martin	2.00		\Box								

0.

Executive Director

(5) Jeff Hussey

Treasurer

Part VII Section A. Officers, Directors, Trus	(B)	<u>Ley</u>	<u>=11</u>	1 <u>111</u> (0		e 5,	anı	a nighest con	ipensateu Emp	loyee	s (com)	_
(A) Name and title	Average hours per	Position (do not check more than on box, unless person is both a officer and a director/truste.			s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of other pensation		
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org an	perisation rom the anization d related anizations	
(15)	ļ 				_	-	-					
(16)	 						-				_	
(17)	 											
(18)	 											
(19)							_			1		
(20)	 										<u> </u>	_
(21)	 										-	
(22)	 						-					
(23)												_
(24)												_
(25)												
1 b Sub-total							• •	0.	0.		(0.
d Total (add lines 1b and 1c)							•	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ►							eive	d more than \$100,0	000 of reportable cor	npensa		
					-						Yes N	o
3 Did the organization list any former officer, director o on line 1a? If 'Yes,' complete Schedule J for such ind										. 3	3	X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual	an \$150,0	2000	If Y	es' c	com	olete	Sch	nedule J for		. 4	- ,	X.
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' cor	npensati	on fro	om a	any ι	unre	lated	org	janization or individ				X
Section B. Independent Contractors												
Complete this table for your five highest compensated compensation from the organization. Report compensation.	sation for	the o	cale	ndar	tors yea	that ir end	rece	with or within the	00,000 of organization's tax ye	ar.		
(A) Name and business addres	s			· · · · ·				(B) Description o		Compe	C) ensation	
							_					_
							$\overline{}$					_
												_
2 Total number of independent contractors (including b \$100,000 in compensation from the organization	·	ited (d ab	ove;) wno received moi	re than		000 /201	

	Check if Schedule O contains a response to any questi	on in this Part VIII			[
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N SE	1 a Federated campaigns 1 a				
8 5 €	b Membership dues 1b	7		ľ	
Z A	c Fundraising events 1 c		1		
유동	d Related organizations 1 d	7	İ	1	
S S	e Government grants (contributions) 1 e	7			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1f 196, 351				
ŠÄ	g Noncash contributions included in lns 1a-1f· \$		_]		
<u></u>	h Total. Add lines 1a-1f	196,351.			
PROGRAM SERVICE REVENUE	Business Code				
즱	2a				
S	b				
2	c		ļ	<u> </u>	
¥ S	d		<u> </u>	<u> </u>	
RA.	е		<u> </u>		
စ္က	f All other program service revenue				
=	g Total. Add lines 2a-2f	•			
	3 Investment income (including dividends, interest and				
	other sımılar amounts)				.
	4 Income from investment of tax-exempt bond proceeds				<u> </u>
	5 Royalties	<u> </u>	ļ <u></u> .		
	(i) Real (ii) Personal	-		ł	1
	6 a Gross rents				
	b Less' rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	<u> </u>			
	7 a Gross amount from sales of (i) Secunties (ii) Other	_		1	
	assets other than inventory				İ
	b Less: cost or other basis				
ı	and sales expenses				
	c Gain or (loss)				<u> </u>
	d Net gain or (loss)	<u> </u>			
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$				
즱	of contributions reported on line 1c)	}	}		
띮	See Part IV, line 18 a	-			1
팅	b Less: direct expenses b				
	c Net income or (loss) from fundraising events			 	-
	9 a Gross income from gaming activities. See Part IV, line 19	_			
	b Less direct expenses b	_	ļ	<u> </u>	
	c Net income or (loss) from gaming activities	<u></u>	 		
	10 a Gross sales of inventory, less returns and allowances		1	1	1
		4			
	b Less cost of goods sold b	_			<u> </u>
}	c Net income or (loss) from sales of inventory	-	 		
}	44 -			 	
ļ		- 	 	 	
	b	_	 	 	 -
	d All other revenue	- 	 	 	
İ	d All other revenue		 	 	
	e Total. Add lines 11a-11d			 	
	12 Total revenue. See instructions	<u>196,351.</u>	<u> </u>	<u> </u>	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	125,568.	125,568.							
4 5	Benefits paid to or for members									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	82,578.	69,923.	0.	12,655.					
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	10,964.	7,734.	1,347.	1,883.					
11	Fees for services (non-employees):									
а	Management									
Ł	Legal									
c	: Accounting									
d	l Lobbying									
e	Professional fundraising services. See Part IV, line 17 .									
f	Investment management fees									
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy			-						
17	Travel	· · · · · · · · · · · · · · · · · · ·								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	4,620.	3,696.	924.						
23	Insurance	7,413.	4,633.	1,245.	1,535.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
a b	PROGRAM SERVICES - OTHER	136,170.	93,846.	34,375.	7,949.					
d										
	All other expenses				 -					
25	Total functional expenses. Add lines 1 through 24e	367,313.	305,400.	37,891.	24,022.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)	•								

		Check if Schedule O contains a response to any question in this Part X			<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	216,072.	1	17,242.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Ą	7	Notes and loans receivable, net		7	
š	8	Inventories for sale or use		8	
A S S E T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
- 1	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	 -
	14	Intangible assets		14	
ı	15	Other assets. See Part IV, line 11		15	20,580.
	16		216,072.	16	37,822.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	2,386.	17	<u>37,822.</u> 76.
	18	Grants payable		18	70.
	19	Deferred revenue	 	19	
,]	20	Tax-exempt bond liabilities	 	20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I L I T	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
ij		Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
١,	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	2,386.	26	<u>76.</u>
E T		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets	184,783.	27	34,100.
ASSETS	28	Temporanly restricted net assets	28,903.	28	3,646.
- 1	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
PZC	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۱ٍ۱	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	213,686.	33	37,746.
Ĕ	34	Total liabilities and net assets/fund balances	216,072.	34	37,822.
		<u></u>			

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Form 990 (2012)

Form 990 (2012) Create Good Foundation 91-	2032119		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI		· · · · ·	<u>X</u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1	196	,351.
2 Total expenses (must equal Part IX, column (A), line 25)	2	367	,313.
3 Revenue less expenses Subtract line 2 from line 1	3	-170	,962.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	213	,686.
5 Net unrealized gains (losses) on investments	5		
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O)	9	4	,978.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
column (B)).	10	37	<u>,746.</u>
Part XII Financial Statements and Reporting			
Check of Schedule O contains a response to any question in this Part XII			[
		Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	ı		
Separate basis Consolidated basis Both consolidated and separate basis			_
b Were the organization's financial statements audited by an independent accountant?		2 b	x
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
basis, consolidated basis, or both:		1	
Separate basis Consolidated basis Both consolidated and separate basis			_
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it, 	2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit	3 b	
BAA		Form 99	0 (2012)

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2012

Create Good Foundation 91-2032119 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Non-functionally integrated Type III — Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (Iv) Is the (I) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify (vii) Amount of monetary (vi) Is the organization in column (I) listed in e organization in olumn (i) of your support? organization in column (i) organized in the US? organization support your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	157,590.	98,737.	156,668.	118,456.	96,351.	627,802.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	157,590.	98,737.	156,668.	118,456.	96,351.	627,802.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					-	
6	Public support. Subtract line 5 from line 4					<u>.</u>	627,802.
Sec	tion B. Total Support			···			
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	157,590.	98,737.	156,668.	118,456.	96,351.	627,802.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	!					l
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		100,000.	100,000.	195,000.	100,000.	495,000.
11	Total support. Add lines 7 through 10				<u>.</u>		1,122,802.
12	Gross receipts from related activities	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and st					ion 501(c)(3)	<u>.</u> . > 📋
	tion C. Computation of Pul						
	Public support percentage for 2012						<u>55.91 %</u>
15	Public support percentage from 20	11 Schedule A, Pa	rt II, line 14			<u>15</u>	64.87 %
16 a	33-1/3% support test — 2012. If t and stop here. The organization q						this box
t	33-1/3% support test — 2011. If the and stop here. The organization of	ne organization did jualifies as a public	not check a box o ly supported organ	n line 13 or 16a, ar iization	nd line 15 is 33-1/3	3% or more, check	this box · · · · · · ▶
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box ar	nd stop here . Exp	lain in Part IV how	
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	eets the 'facts-and- proumstances' test	circumstances' tes . The organization	t, check this box ar qualifies as a publ	nd stop here. Exp icly supported org	laın ın Part IV how anization	the · · · · · · ▶
18	Private foundation. If the organization	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶ 🗍

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 o	of Part I or if the organization failed to qualify under Part II. If the organization fail
to qualify under the tests listed below, please com	

Calen	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					1	
2	Gross receipts from admis-				 		
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						}
	related to the organization's tax-exempt purpose					•	1
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and						Ţ
	either paid to or expended on						
5	its behalf						
-	facilities furnished by a						
	governmental unit to the organization without charge	ļ			}		
6	Total. Add lines 1 through 5	-					
7 a	Amounts included on lines 1, 2, and 3 received from		=				
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13				ĺ		
	for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable		,,, <u>,</u>				
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						1
			·				
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
11 12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	for the organization		hird, fourth, or fifth	tax year as a sect	on 501(c)(3)	
11 12 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	of for the organization for th	ercentage				
11 12 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	for the organization top here	ercentage divided by line 13	, column (f))		15	8
11 12 13 14 Sect 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	for the organization top here. blic Support P 2 (line 8, column (f)	ercentage divided by line 13 art III, line 15	, column (f))		15	
11 12 13 14 Sect 15 16 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	for the organization here. blic Support P 2 (line 8, column (f) 11 Schedule A, Pa estment Incon	ercentage divided by line 13 art III, line 15 ne Percentage	, column (f))			of of of
11 12 13 14 Sect 15 16 Sect 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	for the organization here. blic Support P 2 (line 8, column (f) 111 Schedule A, Pa estment Incon 2012 (line 10c, col	ercentage divided by line 13 art III, line 15 ne Percentage lumn (f) divided by	, column (f))))		96 96
11 12 13 14 Sect 15 16 Sect 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	for the organization here. blic Support P 2 (line 8, column (f) 111 Schedule A, Pa estment Incon 2012 (line 10c, column 2011 Schedule A	ercentage) divided by line 13 int III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17	, column (f))))		96 96 96 96
11 12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	s for the organization here. blic Support P 2 (line 8, column (f) 111 Schedule A, Pa estment Incon 2012 (line 10c, column 2011 Schedule A the organization dins box and stop he	ercentage) divided by line 13 int III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17 d not check the boere. The organizati	, column (f)))) · · · · · · · · · · · · · · · · · ·	15 16 17 18 0 33-1/3%, and lin	8 8 8 8 8 1 8 8
11 12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	blic Support P 2 (line 8, column (f) 111 Schedule A, Pa estment Incon 2012 (line 10c, col m 2011 Schedule A the organization di shox and stop he the organization di check this box and	ercentage divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17 d not check the boare. The organizate d not check a box stop here. The organizate	, column (f))	ine 15 is more than bublicly supported of 19a, and line 16 is is as as a publicly sup	15 16 17 18 133-1/3%, and lin organization more than 33-1/3 ported organization	% % % e 17 ▶ ☐ %, and

Schedule D (Form 990) 2012 Create Good	Foundation		91-203		Page 2
Part川間 Organizations Maintaining Co	ollections of Art, Hist	orical Treasures,	or Other Similar As	sets (contin	าued)
3 Using the organization's acquisition, accession items (check all that apply):	n, and other records, check	any of the following th	at are a significant use of	ts collection	
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Othe	r			
c Preservation for future generations	_				
4 Provide a description of the organization's col Part XIII.	·	•			
During the year, did the organization solicit or to be sold to raise funds rather than to be mail	intained as part of the orgar	nization's collection?	<u>.</u> <u></u> . <u></u>	Yes	No
Partive Escrow and Custodial Arrange reported an amount on Form 99	ments. Complete if the 00, Part X, line 21.	organization answe	ered 'Yes' to Form 990), Part IV, lin	e 9, or
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?			assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII a	nd complete the following to	able.		<u> </u>	
				Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance				T 12.7	т т
2 a Did the organization include an amount on Fo				Yes	No
b If 'Yes,' explain the arrangement in Part XIII. (Check here if the explantion	has been provided in I	Part XIII		□ .
Rart V Endowment Funds. Complete	if the organization ans	swered 'Yes' to For	m 990, Part IV, line	10.	
(a) Cur	rent (b) Prior ye	ear (c) Two years	(d) Three years	(e) Four ye	ears
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endowment	ફ				
b Permanent endowment ►	용				
c Temporarily restricted endowment ►	- %				
The percentages in lines 2a, 2b, and 2c should	d equal 100%				
3 a Are there endowment funds not in the posses organization by:	sion of the organization tha	t are held and administ	ered for the	Yes	No
(i) unrelated organizations				. 3a(i)	
(ii) related organizations					+-
b If 'Yes' to 3a(II), are the related organizations					
4 Describe in Part XIII the intended uses of the	•			.100	
RantiVII Land, Buildings, and Equipme					
Description of property	(a) Cost or other basis	,	(c) Accumulated	(d) Book	value
Description of property	(investment)	basis (other)	depreciation	(a) Book	Agine
1 a Land					
b Buildings					
c Leasehold improvements					
			 		

Schedule **D** (Form 990) 2012

Schedule D (Form 990) 2012 Create Good Found	dation	91-2032119	Page 3
Part VII Investments - Other Securities. Se		line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	•		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	>		
Part VIII Investments - Program Related. Se		ine 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or	
		end-of-year market value	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<u>(10)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).		<u></u>	
Part IX Other Assets. See Form 990, Part X,			
(a) [Description	(b) Book valu	ле
(1) NET FIXED ASSETS		20,	580.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		·	
Total. (Column (b) must equal Form 990, Part X, column (B)	, l _I ne 15) <u></u> .	<u></u> ▶ 20,	580.
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of liability	(b) Book value		
(1) Federal income taxes		[
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. •		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote	to the organization's financial	statements that reports the organization's liability for uncertain tax posit	ions
under FIN 48 (ASC 740) Check here if the text of the footnote has been p	rovided in Part XIII		🔲

Schedule ·F (Form 990)

(17)

3 a Sub-total

b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the	ne organization					Employer identif	ication number
Creat	e Good Foundati	ion				91-20321	19
Part I	General Informat to Form 990, Part	ion on Activiti	es Outside the	e United S	tates. Complet	te if the organization	n answered 'Yes'
1 Fo	or grantmakers. Does the e grantees' eligibility for t	organization mair the grants or assis	ntain records to si tance, and the se	ubstantiate th lection criteri	e amount of its gr a used to award t	ants and other assistance?	e, XYes No
	or grantmakers. Describe nited States.	ın Part V the orga	anızatıon's proced	ures for moni	toring the use of i	ts grants and other assis	stance outside the
3 Ac	ctivities per Region (The	following Part I, II	ne 3 table can be	duplicated if	additional space	s needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region (b fundrais services, grants	es conducted in by type) (e.g., ing, program investments, to recipients in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) No	rth America	0	1	PROGRAM	SERVICE	ECONOMIC DEVELOPMENT	0.
(2) Ce	ntral America	- 0	_ 3	PROGRAM	SERVICE	ECONOMIC DEVELOPMENT	54,852.
(3) Ce	ntral America	0	1	PROGRAM	SERVICE	WATER PURIFICATION	250,548.
(4)							
(5)				<u> </u>			
(6)							
(7)							
(8)							
(9)					 		
(10)					 		
<u>(11)</u>							
(12)							
(13)					·		
(14)							
(15)							
(16)				ĺ			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

305,400.

91-2032119

Create Good Foundation Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)			:		,												A A	Schedule F (Form 990) 2012
(h) Description of non-cash assistance															į			Schedule
(g) Amount of non-cash assistance				i e					;								by the IRS, or for v	
(f) Manner of cash disbursement																	ized as tax-exempt	
(e) Amount of cash grant								,				;					eign country, recogn	
(d) Purpose of grant	PROGRAM	PROGRAM															narities by the fore	
(c) Region	Central America PROGRAM	North America PROGRAM															are recognized as chalency letter	
(b) IRS code section and EIN (if applicable)																	ions listed above that ection 501(c)(3) equivals or entitles.	
(a) Name of organization																	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
-	3	(S)	(9)	(4)	(2)	9	6	8	6	(10)	3	(12)	(13)	(14)	(15)	(16)	2 Ent	BAA

Page 3

Schedule F (Form 990) 2012 Create Good Foundation

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(h) Method of , valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2012 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Central America (b) Region (a) Type of grant or assistance (1) NONE **8** (38 € (10) (11) (12) (13) (14) 3 (3) € 3 8 <u>6</u> (15) (16) (17) 3 9

Sche	dule F (Form 990) 2012 Create Good Foundation9	1-2032119	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Tyes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505 12/17/12	Schedule F (Form	990) 2012

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Pt I Line 2 EXECUTIVE DIRECTOR VISITS ALL PROJECTS AND GRANTEES,
Pt I Line 2 DOCUMENTS WORK AND COMPARES TO DOLLARS USED, IMPACT
Pt_I_Line_2ASSESSMENTS_ARE_PERFORMED_AND_REPORTS_ARE_DUE_BY_EACH
Pt I Line 2 GRANTEE. GRANTEES ARE CHOSEN BASED ON PROJECT TYPE AND
Pt I Line 2 NEEDS OF EACH SPECIFIC PROJECT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public inspection

Name of the	e organization		Employer identification number
Creat	e Good	Foundation	91-2032119
Pt_XI		CHANGE IN OTHER ASSETS AND LIABILITIES DURING TH	HE YEAR
Pt_VI	 ,_L <u>ine</u>	11b 990 WAS DISTRIBUTED TO ALL BOARD MEMBERS VIA EMA	AIL.
	-		
	-		
- -			
-	 -		
			
- ~ ·			
	-		
	_		
 ·	- -		
- -			
- ·			

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-1

Description	Amount
PROGRAM SERVICES - OTHER	
CONSULTANTS	40,391.
PROJECT AWARENESS	540.
OTHER PROGRAM EXPENSES	52,915.
Total	93,846.

Supporting Statement of:

Form 990 p 10/Line 3 col (B)

Description	Amount
GUATEMALA NGOS	125,568.
Total	125,568.

Supporting Statement of:

Form 990 p 11/Line 28, column (A)

Description	Amount
TEMPORARILY RESTRICTED FUNDS	
COMPASS	14,861.
FOUNDERS FUND	8,042.
ECOFILTRO WATER FILTERS	6,000.
Total	28,903.

Supporting Statement of:

Form 990 p 12/Part XI, Line 9

Description	Amount	
OTHER CHANGES IN NET ASSET BALANCES		
DEPRECIATION	-4,620	
OTHER ADJUSTMENTS	-358	

 Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	ALL OTHER ECONOMIC AND WATER PURIFICATION	
Expenses	109,837.	ACTIVITIES IN CENTRAL AMERICA AND MEXICO.	
Grants Of	0.		
Revenue.	0.		

Create Good Foundation

91-2032119

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Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a)	(b)	(c)	(d)	(e)	(f)
	2008	2009	2010	2011	2012	Total
GRANT FROM PRIVATE FOUNDATION		100,000.	100,000.	195,000.	100,000.	495,000.

Total

<u>100,000.</u> <u>100,000.</u> <u>195,000.</u> <u>100,000.</u> <u>495,000.</u>

Form **8868** (Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

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 extention on a previously filed Form 8868. Electronic filling (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 of time to file any of the forms listed in Part I or Part I with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filling of this form, visit www iris gov/efile and click on e-file for Charities & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only	internal Revenue		monto appo			
Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8888.						▶ 🛛
Electronic Riling (e-Rile). You can electronically file Form 8888 it you need a 3-month automatic extension of time to file (e) months for a corporation required to file Form 890-T), or an additional joint automatic 3-month extension of time to 18e any of the forms listed in Fart I or Part II with the exception of Form 8870, Information Return for Transfers expension of time to 18e any of the forms listed in Fart I or Part II with the exception of Form 8870, Information Return for Transfers extension of time to 18e any of the forms listed in Fart I or Part II with the exception of Form 8870, Information Return for Transfers extension of time to deals on the electronic filing of this form 980-T and requesting an automatic 6-month extension - check this box and complete Part I only	-	-				
corporation required to file Form 990-T, or an additional floot automatic) 3-month extension of time to file form 990-T and request an extension of time to file you file forms sided in Part to Fert in with the exception of Form 897 (increase) in Part 1 and 1						
A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	corporation re request an ex Associated V	equired to file Form 990-T), or an additional (not aut xtension of time to file any of the forms listed in Part Vith Certain Personal Benefit Contracts, which must	omatic) 3-m I or Part II v be sent to t	ionth extension of time. You can electronica with the exception of Form 8870, Informatio he IRS in paper format (see instructions) F	ally file Form 8868 to in Return for Transfer	rs
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income for returns Enter filer's identifying number, see instructions	Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income for returns Enter filer's identifying number, see instructions	A corporation	required to file Form 990-T and requesting an auto	matic 6-moi	nth extension - check this box and comple	te Part I only	▶□
Enter filer's Identifying number, see instructions	•					
Name of exempt organization or other filer, see instructions Secretary	income tax re	eturns	viiOs, ailu li			
Type or print Create Good Foundation 91-2032119				Enter filer's identif	 	
rine typ the decides for more on sure number if a PO box, see instructions Seattle		Name of exempt organization or other filer, see instructions			Employer identification nu	mber (EIN) or
Create Good Poundation Social security number (SSN) Soci	Type or					
The prime of this group return See Chy, town or post office, state, and ZIP code For a foreign address, see instructions Seattle	print					
100 100		Number, street, and room or suite number if a P O box, see instru	ictions		Social security number (SSN)	
Enter the Return code for the return that this application is for (file a separate application for each return)		936 N. 34th Street				
Enter the Return code for the return that this application is for (file a separate application for each return)		City, town or post office, state, and ZIP code. For a foreign address	s, see instruction	ns		
Application Return Code Return Code Ser Code Code Ser Code Code Ser Code	Insudctions	Seattle			WA 9810	3
Sefor Code Sefor Code Sefor Code Sefor Code Form 990-EZ O1 Form 990-T (corporation) O7 O7 Form 990-ED O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 O9 Form 990-PF O4 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 Form 890-T (trust other than above) O6 Form 8870 12 Form 890-T (trust other than above) O6 Form 8870 12 Form 890-T (trust other than above) O7 Form 8870 12 Form 8870 12 Form 890-T (trust other than above) O8 Form 8870 12 Form 8870 13 Form 8870 14 Form 8870 15 Form 8870	Enter the Ref	turn code for the return that this application is for (file	e a separate	e application for each return)		. 01
Form 990-BL 02 Form 1041-A 08 Form 4720 (Individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6089 111 Form 990-T (trust other than above) 06 Form 8870 12 Telephone No * (206) 328-9506 FAX No. * If the organization does not have an office or place of business in the United States, check this box						
Form 4720 (individual) Form 990-PF O4 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of Ponna Martin Telephone No (206) 328-9606 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If this is for the whole group, check this box. If this is for the whole group, check this box. If this is for the organization is for the organization required to file Form 990-T) extension of time until Aug 15	Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-PF	Form 990-BL		02	Form 1041-A		08
Form 990-T (section 401(a) or 408(a) trust) The books are in the care of Donna Martin Telephone No (206) 328-9606 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 1520 13to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 12 or Martin digital for the organization's return for the organization named above. The tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3 b S 0. 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. 3 b S 0. 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. 3 c S 0. Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	Form 4720 (II	ndıvidual)	03	Form 4720		09
Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) The books are in the care of Donna Martin	<u>`</u>		04	Form 5227		10
The books are in the care of ► <u>Donna_Martin</u>			05	Form 6069		11
Telephone No ► (206) 328-9606 FAX No. ► If the organization does not have an office or place of business in the United States, check this box			-	Form 8870		12
Change in accounting period 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	Telephor If the org If this is f check thi the exten I reque until The ex	ne No (206) 328-9606 anization does not have an office or place of busine for a Group Return, enter the organization's four digits box If it is for part of the group, che asion is for. If it is for part of the group, che asion is for. If it is for part of the group, che asion is for. If it is for part of the group, che asion is for. If it is for part of the group, che asion is for. If it is for part of the group, che asion is for a corporation for the organization's return for. If it is for part of the group, che asion is for the organization's return for. If it is for part of the group, che asion is for the organization's return for. If it is for part of the group, che asion is for the organization's return for. If it is for part of the group, che asion is for a corporation for the group is for	ss in the Un t Group Exe ck this box. I required to ization retur , and endin	ited States, check this box	this is for the whole g	group,
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	Character 3 a If this a	ange in accounting period application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, er	nter the tentative tax, less any		
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	b If this a	upplication is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated tax		
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	c Balanc	ce due. Subtract line 3b from line 3a. Include your pa	ayment with	this form, if required, by using		
	Caution. If y	ou are going to make an electronic fund withdrawal				