Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

_	_		be able to use a copy of this	return to satisfy state repo	rting requirements.	
For	alen	dar year 2010, or tax year beginning JUL	1, 2010	, and ending	<u>JUN 30, 2011</u>	
G C	heck	all that apply: Initial return		rmer public charity	Fınal return	
		Amended return	Address chang	ge	Name change	
Nar	ne of	foundation			A Employer identification	number
		WORE GOOD BOIDING TOX				
Nun	abor a	MORE GOOD FOUNDATION and street (or P O box number if mail is not delivered to street		15 / .	20-3385036	
Null	iber a		•		8 Telephone number	0.0
Cıt	. 0r to	1569 N TECHNOLOGY WAY	выре А	1100	801-310-13	
) City	י טו ונ	own, state, and ZIP code OREM, UT 84097			C If exemption application is p	
Н (heck	type of organization: X Section 501(c)(3) ex	ramat arivata faundation		D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test,
ï	_	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	tion		
I Fa		rket value of all assets at end of year J Accounting		Accrual	E If private foundation state under section 507(b)(1)	tus was terminated
		· 1 —	her (specify)	Accidal		•
	\$	131,887. (Part I, colu.		pasis.)	F If the foundation is in a (under section 507(b)(1)	
			(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	656,392.			
	2	Check In the foundation is not required to attach Sch. B		···········	- 1,	
	3	Interest on savings and temporary cash investments	177.	177.	177.	STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	9,292.	· · · · · · · · · · · · · · · · · · ·		
Revenue	b	assets on line 6a 9, 790.				
કુ	7	Capital gain net income (from Part IV, line 2)		9,292.		
	8	Net short-term capital gain			9,490.	
	9	Income modifications Gross sales less returns				
	Ι.	and allowances				
	l	Less Cost of goods sold Gross profit or (loss)				
	11	Other income				
	12	Total Add lines 1 through 11	665,861.	9,469.	9,667.	
	13	Compensation of officers, directors, trustees, etc	346,493.	0.	0.	346,493.
	14	Other employee salaries and wages	51,881.	0.	0.	51,881.
	15	Pension plans, employee benefits	24,865.	0.	0.	24,865.
ses	16a	Legal fees STMT 2	1,423.	0.	0.	1,423.
ğ	b	Accounting fees STMT 3	1,869.	177.	0:	1,692.
das Carrie Expenses	C	other properties WEDSTMT 4	4,218.	0.	0.	4,218.
<u>\$</u> ≥	17	hterest				
T t	18	axes 5167 5	27,999.	0.	<1,984.	> 29,983.
nisi (19	Tepreciation and depletion Ull	8,554.	0.	8,554.	
名喜	20	dccupancy <u>«</u>	12,909.	0.	0.	12,909.
TO À		Travel, conferences and meetings	4,892.	0.	0.	4,892.
မာမ္က	22	Printing and publications	331.	0.	0.	331.
) gui	23	Other expenses STMT 6	136,292.	9,292.	20,119.	106,881.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24	Total operating and administrative	601 706	0.460	26.602	F05 560
<u> </u>	25	expenses. Add lines 13 through 23	621,726.	9,469.	26,689.	585,568.
	123	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements. Add lines 24 and 25	621,726.	9,469.	26,689.	E0E EC0
	27	Subtract line 26 from line 12:	041,140.	7,407.	40,009.	585,568.
	"	Excess of revenue over expenses and disbursements	44,135.			
	ļ	Net investment income (if negative, enter -0-)		0.		
	l	Adjusted net income (if negative, enter -0-)			0.	
0235 12-0		LHA For Paperwork Reduction Act Notice, see	the instructions.			Form 990-PF (2010)

Decreases not included in line 2 (itemize) ►
 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

4 Add lines 1, 2, and 3

Form 990-PF (2010)

130,049.

130,049.

Other increases not included in line 2 (itemize)

(a) List and describe	the kind(s) of property sold (e.g., ouse; or common stock, 200 shs.	real estate,		(b) Ho	ow acquired Purchase Donation	(c) Date ac (mo., day	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a DOMAIN NAMES					P	VARIC	US	09/07/10
b FURNITURE					P	01/08	3/09	05/09/11
C				<u> </u>				
<u>d</u>				<u> </u>				
<u>e</u>	(f) Depreciation allowed	(a) Cos	st or other basis			(h) Gai	n or (loss	<u> </u>
(e) Gross sales price	(or allowable)		xpense of sale				(f) minus	
a 9,490.	0.							9,490.
b 300.	332.		83	0.				9,490. <198.
C		_						
d								
Complete only for assets showing ga	In in column (h) and owned by th	he foundation	on 12/31/69			(I) Gains (Co	l /h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)		С	ol. (k), but no Losses (f	ot less tha	n -0-) or
a								9.490.
b								9,490. <198.
C								
d								
e								
2 Capital gain net income or (net capita	I loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	ın Part I, lıne ın Part I, lıne	7 7	}	2	·		9,292.
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		d (6):		٦				
If (loss), enter -0- in Part I, line 8	, ,			لل	3			9,490.
Part V Qualification Und (For optional use by domestic private fou	er Section 4940(e) for					come		
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If "Yes," the foundation does not qualify t 1 Enter the appropriate amount in each	4942 tax on the distributable amounder section 4940(e) Do not cor	nplete this pa	ırt.		-		<u>.</u>	Yes X No
(a) Base period years	(b)		Net value of no	(c)	ahla-usa assa	te /	Distri	(d) bution ratio
Calendar year (or tax year beginning ii 2009	'' '	5,094.	Net value of the	/IICIIaiii	74,93	,,	col. (b) ar	vided by col. (c)) 7 • 6 7 4 9 8 1
2008		7,489.			$\frac{74,53}{205,55}$			2.712103
2007		2,669.	-		85,96			5.382313
2006		4,801.			80,20			2.927584
2005	238	8,817.			111,05	1.		2.150516
								00 045405
2 Total of line 1, column (d)		- 1 0 5				2		20.847497
3 Average distribution ratio for the 5-ye the foundation has been in existence		n line 2 by 5,	or by the number	r of yea	rs			1 160100
the foundation has been in existence	ii less tilali 5 years					3		4.169499
4 Enter the net value of noncharitable-L	use assets for 2010 from Part X, II	ine 5				4		92,471.
5 Multiply line 4 by line 3						5		385,558.
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		0.
7 Add lines 5 and 6						7		385,558
8 Enter qualifying distributions from Pa	art XII. line 4					8		585,568
If line 8 is equal to or greater than line		1b. and come	olete that nart usin	າດ ຂ 1%	tax rate			
See the Part VI instructions.		, απα συπη	mat part uoli	.g u 1/				
023521 12-07-10							F	orm 990-PF (2010

13030913 133063 MOREGOOD

	990-PF (2010) MORE GOOD FOUNDATION † VI Excise Tax Based on Investment Income (Section 49)	940(a) 4940(b) 4940(e) or 4	<u>20-3</u>	338503	6 ructio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here			300 11130	uctio	
	Date of ruling or determination letter:	l	1 1			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			0.
	of Part I, line 27b	and enter 176				<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	4% of Part Lippe 12 col (b)	1 1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2			0.
	Add lines 1 and 2	. Others enter -0-)	3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others anter -0-)	4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	y. Others enter -0-)	5			0.
	Credits/Payments:		 			<u> </u>
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a				
	Exempt foreign organizations - tax withheld at source	6b	1 1			
	Tax paid with application for extension of time to file (Form 8868)	6c	1			
	Backup withholding erroneously withheld	6d	1			
	Total credits and payments. Add lines 6a through 6d		7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	attached	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	attached .	9			0.
	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 2011 estimated tax	Refunded	11			
	rt VII-A Statements Regarding Activities	Refunded	1			
	During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or interveni	e in		Yes	s No
	any political campaign?	giolation of the Republication of intervent		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political pur	poses (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	·	ed or	1.0		
	distributed by the foundation in connection with the activities.	and copies or any materials position.				
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:				
	(1) On the foundation. > \$ 0. (2) On foundation manage					
	Enter the reimbursement (if any) paid by the foundation during the year for political expe		-			
	managers. ►\$ 0.					
	Has the foundation engaged in any activities that have not previously been reported to th	e IRS?		2		X
	If "Yes," attach a detailed description of the activities.					1
	Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles of incorporation.	or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha.			3		X_
	Did the foundation have unrelated business gross income of \$1,000 or more during the	-		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	-	N/	/A 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ar?	•	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) satisfies	d either:				
	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no manda 	atory directions that conflict with the stat	e law			
	remain in the governing instrument?			6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instruc	ctions) >				
	UT					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to th	e Attorney General (or designate)			1	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of	f section 4942(j)(3) or 4942(j)(5) for cal	endar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes,	," complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a sch	and all listing their names and addresses	TMT	9 10	X	

orm 990-PF (2010) MORE GOOD FOUNDATION			<u> 20-33850</u>	<u> 36 </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		į	
any voter registration drive?		☐ Ye	s X No	İ	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?	r described in section	□ v _e	s X No		
	or advectional purposes or t		S LALINU		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No		
the prevention of cruelty to children or animals?			S LAL NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations	/-		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ıned			
expenditure responsibility for the grant?	Ŋ	Ī/A	s No		ŀ
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		ļ
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Information About Officers Discotors Truck		nagers. Highly			
Part VIII Paid Employees, and Contractors	oo, roundation me	agoro, rg	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
, , , , , , , , , , , , , , , , , , , ,	·	(c) Compensation	(d) Contributions to	(e) F	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense int, other
······································	to position	enter -0-)	compensation	alluv	wances
		255 225			•
SEE STATEMENT 10		357,985.	0.		0.
			_		
<u>-</u> <u>-</u>					
- MARKE U			,		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	accou	int, other wances
NONE	devoted to position		compensation	alluv	varices
NOINE					
		 			
Total number of other employees paid over \$50,000	<u> </u>	1	•		0
444,444			Form	990-PI	F (2010)
			. 0.111		(-0.0)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
ь	Average of monthly cash balances	1b	93,879.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	93,879.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	93,879.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,408.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	92,471.
6	Minimum investment return. Enter 5% of line 5	6	4,624.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations or organizations check here x and do not complete this part.)	tions and certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
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	1a	585,568.
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		3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	585,568.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	585,568.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the four	idation qualifies for the	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (se	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e			 	
4 Qualifying distributions for 2010 from				
Part XII, line 4: \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)			-	
d Applied to 2010 distributable amount e Remaining amount distributed out of corpus			1.00	
5 Excess distributions carryover applied to 2010		 		
(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				
b Prior years' undistributed income. Subtract	<u> </u>			
line 4b from line 2b				
c Enter the amount of prior years'	<u>.</u>		——————————————————————————————————————	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7			· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				-
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				- 000 DE

023581

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

3 Grants and Contributions Boid During the V		Daymant]
3 Grants and Contributions Paid During the Young	If recipient is an industrial	Payment	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager	status of recipient	contribution	Amount
a Paid during the year	Or Substantial Continuator	recipient		
a Paid during the year			•	
NONE				
NONE				
				1
		Ì		
			:	
Total	<u> </u>		▶ 3a	0
b Approved for future payment		_		0.
a reproved for factore payment		1		
NONE				
NONE				
				1
		L		<u> </u>
Total			► 3b	0.
023611 12-07-10			F	orm 990-PF (2010)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
ab	_				
· · · · · · · · · · · · · · · · · · ·					
				· ·	
e			1 1		
g Fees and contracts from government agencies				*	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	177.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	9,292.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_ _		_		
b					
C					
d					
e	_		. 	0.460	
12 Subtotal. Add columns (b), (d), and (e)	<u></u>	().	9,469.	
13 Total. Add line 12, columns (b), (d), and (e)				13	9,469.
(See worksheet in line 13 instructions to verify calculations.	.)				

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

Form **990-PF** (2010)

31111 000 1 1 <u>1 12</u> 0	HORE GOOD	L OOMDINE TON		<u> </u>
Part XVII	Information Regarding	Transfers To and T	ransactions and Relationships	With Noncharitable
	Exempt Organizations	·		

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of						Yes	No	
			(3) organizations) or in section 5					
a	Transfers	from the reporting founda	ation to a noncharitable exempt or	rganization of:				
	(1) Cash					1a(1)		<u>X</u>
	(2) Other	assets				1a(2)		<u> X</u>
b	Other tran	sactions:						
	(1) Sales	of assets to a noncharital	ble exempt organization			1b(1)		<u>X</u> _
	(2) Purch	ases of assets from a noi	ncharitable exempt organization			1b(2)		X
	(3) Renta	l of facilities, equipment,	or other assets			1b(3)		X
	(4) Reiml	bursement arrangements				1b(4)		<u> </u>
		s or loan guarantees				1b(5)		<u>X</u>
			mbership or fundraising solicitati			1b(6)		X
			iling lists, other assets, or paid en			1c_		<u>X</u>
d					ys show the fair market value of the goods, ot		ets,	
					in any transaction or sharing arrangement, sh	ow in		
			other assets, or services received					
(a) Li	ne no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and sh	aring an	angeme	nts
			N/A					
								
		····						
—	-							
								
								
								
		<u>-</u>		·				
22	Is the four	ndation directly or indirect	tly affiliated with, or related to, on	e or more tay-evennt organiza	tions described			
۷a		-	r than section 501(c)(3)) or in sec		mons described	Yes	X	No
h		omplete the following sch		3001 021 ·				
	11 100, 0	(a) Name of org		(b) Type of organization	(c) Description of relationsh			
		N/A		1 · · · · · · · · · · · · · · · · · · ·		<u> </u>		

		<i>l</i> .						
		<i>i l i</i>	<u> </u>					
					statements, and to the best of my knowledge and belie	ef, it is tn	це, сопте	ect,
Si	gn ind	complete Declaration of prepa	erer other than taxpayer or fiduciary) is t	based on all information of which pro	eparer has any knowledge			
He	ere	MOON						
		Signature of officer or tr	ustee					
		Print/Type preparer's na	ame Preparer's	signature				
		1	~ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Pa	iid	Slevenson	~>~.1\ _##tl	le				
Pr	eparer	Firm's name ► STE	VENSON SMITH CI	PA'S L				
Us	e Only							
		Firm's address ► 52	52 NORTH EDGEW	OOD DR				
_			OVO, UT 84604					
		··						

023622 04-26-11

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

20-3385036 MORE GOOD FOUNDATION Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III 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 aggregate 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 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) (2010)

Page 1 of 2 of Part I

Name of organization

Employer identification number

MORE GOOD FOUNDATION

20-3385036

MORE	GOOD FOUNDATION	20	<u>-3385036</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLAYTON CHRISTENSEN, HARVARD BUSINESS SCHOOL MORGAN HALL 143, SOLDIERS FIELD BOSTON, MA 02163	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DAVID NEELEMAN 2975 W EXECUTIVE PKWY, STE 184 LEHI, UT 84043	\$78,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	K-TEC 1206 SOUTH 1680 WEST OREM, UT 84058	\$ 57,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	KEN WOOLLEY 2795 E COTTONWOOD PKWY #400 SALT LAKE CITY, UT 84121	\$55,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	LDS FOUNDATION OF THE LDS CHURCH 150 SOCIAL HALL AVE, STE 500 SALT LAKE CITY, UT 84145	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	MINHAVIDA LLC - DAVID LISONBEE 304 EAST 1600 NORTH OREM, UT 84057	\$ 66,000.	Person X Payroll

Page 2 of 2 of Part I

Name of organization

Employer identification number

MORE GOOD FOUNDATION

20-3385036

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PEERY FOUNDATION 30 EAST 100 SOUTH, STE 900 SALT LAKE CITY, UT 84111	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>8</u>	STEVEN J & P A ANDERSEN FOUNDATION 671 SOMERSET ST FARMINGTON, UT 84025	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	ASHTON FAMILY FOUNDATION 199 N 290 W, STE 100 LINDON, UT 84042		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

Employer identification number

MORE GOOD FOUNDATION

20-3385036

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (

Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of org			Employer identification number
MORE G Part III	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religion	e columns (a) through (e) and the fo ous, charitable, etc , contributions o	20-3385036 501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of
(a) No. from Part I	\$1,000 or less for the year (Enter this inf	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
BANK INTEREST			_	177.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	177.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,423.	0.		1,423.
TO FM 990-PF, PG 1, LN 16A =	1,423.	0.		1,423.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCCOUNTING	1,869.	177.	(1,692.
TO FORM 990-PF, PG 1, LN 16B	1,869.	177.	(1,692.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
OTHER	4,218.	0.		4,218.
TO FORM 990-PF, PG 1, LN 16C	4,218.	0.		. 4,218.

FORM 990-PF	TAX	ES	ST.	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
PAYROLL	29,873.	0.	0.	29,873.			
OTHER FEDERAL TAX REFUND	110. <1,984.	0.0.	0. <1,984.>	110. 0.			
TO FORM 990-PF, PG 1, LN 18	27,999.	999. 0. <1,984.> 29		29,983.			
FORM 990-PF	OTHER E	XPENSES	STATEMENT				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
INFORMATION TECHNOLOGY ADVERTISING	24,372. 923.	9,292.	0.	15,080. 923.			
OFFICE EXPENSES WORKERS COMP	831. 582.	0.	0. 0.	831. 582.			
BANK CHARGES LANGUAGE CONTRACT WRITERS MISCELLANEOUS DATA LINE FEES	1,201. 55,772. 1,032. 3,575.	0. 0. 0.	0. 0. 0.	1,201. 55,772. 1,032. 3,575.			
DOMAIN REGISTRATION HOSTING FEES POSTAGE & SHIPPING	12,763. 3,551. 267.	0.	0. 0. 0.	12,763. 3,551. 267.			
SMALL EQUIPMENT SUPPLIES	808. 576.	0. 0.	0. 0.	808. 576.			
TELECOMMUNICATIONS PAYROLL EXPENSES AMORTIZATION	8,157. 1,763. 20,119.	0. 0. 0.	0. 0. 20,119.	8,157. 1,763. 0.			

136,292.

106,881.

TO FORM 990-PF, PG 1, LN 23

9,292.

20,119.

FORM 990-PF	OTHER ASSETS	STATEMENT	7				
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE				
INTANGIBLE ASSETS LESS ACCUMULATED AMORTIZATION	47,983.	23,216.	23,21				
TO FORM 990-PF, PART II, LINE 15	47,983.	23,216.	23,216				
FORM 990-PF OT	HER LIABILITIES		STATEMENT	8			
DESCRIPTION		BOY AMOUNT					
PAYROLL TAX LIABILITIES		2,782.					
TOTAL TO FORM 990-PF, PART II, LI	NE 22	2,782.	1,83	88.			
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT	9			
NAME OF CONTRIBUTOR	ADDRESS						
ASHTON FAMILY FOUNDATION		199 N 290 W SUITE 100 LINDON, UT 84042					
MINHAVIDA LLC	304 EAST 1600 NORTH OREM, UT 84057						

FORM 990-PF		IST OF OFFICERS, DON'S FOUNDATION MANAGE		STATI	EMENT 10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JONATHAN JOHNSON 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SUI			0.	0.
GIUSEPPE MARTINEN 1569 N TECHNOLOGY 1100 OREM, UT 84097		VICE PRESIDENT ITE 40.00		0.	0.
HEATHER NEWELL 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SUI	·		0.	0.
KAREN TRIFILETTI 1569 N TECHNOLOGY 1100 OREM, UT 84097			60,363.	0.	0.
DAVID WIRTHLIN 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SU		0.	0.	0.
PAUL ALLEN 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SU		0.	0.	0.
ALAN ASHTON 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SU	BOARD MEMBER ITE 0.00	0.	0.	0.
JIM ENGEBRETSEN 1569 N TECHNOLOGY 1100 OREM, UT 84097	WAY BLDG A SU	BOARD MEMBER ITE 0.00	0.	0.	0.
KENNETH MUSSER WO 1569 N TECHNOLOGY 1100 OREM, UT 84097		_	0.	0.	0.

MORE GOOD FOUNDATION		20-3385036	5							
CHARLES CRANNEY BOARS 1569 N TECHNOLOGY WAY BLDG A SUITE			_							
1100 OREM, UT 84097	0.00	0. 0.	•							
TOM DICKSON BOARS 1569 N TECHNOLOGY WAY BLDG A SUITE	D MEMBER									
1100 OREM, UT 84097	0.00	0. 0.	,							
DAVID LISONBEE BOAR: 1569 N TECHNOLOGY WAY BLDG A SUITE	D MEMBER									
1100 OREM, UT 84097	0.00	0. 0.	,							
TOTALS INCLUDED ON 990-PF, PAGE 6, PART	VIII 357,98	5. 0. 0.	- , =							
FORM 990-PF SUMMARY OF DIRECT CH	ARITABLE ACTIVITIES	STATEMENT 11	= L -							
ACTIVITY ONE										
THE MORE GOOD FOUNDATION IS DEDICATED TO PROVIDING TOOLS, SUPPORT, EDUCATION, AND CONTENT TO HELP LDS-ORIENTED WEB SITES BE THE BEST THEY CAN BE. THE ORGANIZATION HELPS WITH GRAPHIC DESIGN, WEB DESIGN, PROGRAMMING, CONTENT DEVELOPMENT, HOSTING AND A WIDE RANGE OF OTHER SERVICES										

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

585,568.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990PF (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return. Business or activity to which this form relates OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return					Business or activity to which this form relates					Identifying number
MOI	RE GOOD FOUNDATION			FO	RM 9	90-P	F PAGE	1		20-3385036
_	rt Election To Expense Certain Propert	v Under Section 17	9 Note: If vo						vou	
	Maximum amount (see instructions)	,	·			<u> </u>	, , , , , , , , , , , , , , , , , , ,	1		500,000.
	Fotal cost of section 179 property place	d ın service (see i	nstructions)				2	\top	0007000
	Threshold cost of section 179 property	=	-	,				3	\top	2,000,000.
	Reduction in limitation Subtract line 3 fi			er -0-				4	\top	
	Dollar limitation for tax year Subtract line 4 from line		•		see instruc	tions		5		
6	(a) Description of pro			(b) Cost (bu			(c) Elected	d cost		
					·				7	
							-		1	
									1	
7 1	isted property Enter the amount from	ine 29				7			1	
8	Total elected cost of section 179 proper	ty. Add amounts	ın column (d	c), lines 6 ar	nd 7			8		
9	Tentative deduction Enter the smaller	of line 5 or line 8						9		
10	Carryover of disallowed deduction from	line 13 of your 20	09 Form 45	62				10		
11	Business income limitation. Enter the sn	naller of business	income (no	t less than z	zero) or l	ıne 5		11		
12 3	Section 179 expense deduction Add lin	es 9 and 10, but	do not ente	r more than	line 11			12		
13	Carryover of disallowed deduction to 20	11 Add lines 9 ai	nd 10, less l	line 12	▶	13				
	: Do not use Part II or Part III below for	listed property In	stead, use	Part V						
Pa	rt II Special Depreciation Allowar	ice and Other De	preciation	(Do not inc	lude list	ed prope	erty)			
14	Special depreciation allowance for quali	fied property (oth	er than liste	d property)	placed i	n service	e during			
1	the tax year							14		
15	Property subject to section 168(f)(1) ele	ction						15		
	Other depreciation (including ACRS)							16		
Pa	rt III MACRS Depreciation (Do not	include listed pro	perty) (See	e instruction	ıs.)		_			
			Se	ection A					_,	
17	MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 20	010			_ 17		8,332.
18	f you are electing to group any assets placed in servi						<u> </u>			
	Section B - Assets		<u></u>		r Using	the Ger	neral Deprecia	ation Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(business/ii	or depreciation nvestment use instructions)	(d)	Recovery period	(e) Convention	(f) Method	3	(g) Depreciation deduction
<u>19a</u>	3-year property] [<u> </u>			<u> </u>		
<u>b</u>	5-year property			1,470	. 5		HY	SL		222.
c	7-year property] [
<u>d</u>	10-year property] [
_ <u>e</u>	15-year property	}								
f	20-year property	ļ ļ								
g	25-year property				2	25 yrs		S/L	_ _	
h	Residential rental property	/			2	7 5 yrs	MM	S/L		
		/			2	7 5 yrs	MM	S/L		
i	Nonresidential real property	/			3	39 yrs	MM	S/L		
		/					MM	S/L		
	Section C - Assets P	aced in Service	During 201	0 Tax Year	Using t	he Alter	native Deprec	ciation S	yste	<u>n</u>
<u>20a</u>	Class life	ļ ļ			_			S/L		
<u>b</u>	12-year					2 yrs		S/L	\perp	
_ <u>c</u>		/				10 yrs	MM	S/L	i	
	rt IV Summary (See instructions.)							1	1	
	Listed property Enter amount from line							21	<u> </u>	
	Total. Add amounts from line 12, lines 1									.
	Enter here and on the appropriate lines					see inst	tr	22	<u> </u>	8,554.
	For assets shown above and placed in		current yea	ar, enter the						
	portion of the basis attributable to secti	on 263A costs				23				

Form **4562** (2010)

P	amusement) Note: For any (vehicle for w	hich you are	using the	e standar	d milead	e rate o	-							
	through (c) of S	Section A, all	of Section	B, and Se	ction C i	f applica	ble.					_			(/
_		Depreciati				$\overline{}$		\neg	1						
<u>24a</u>	Do you have evidence to s	T		ment use o	laimed'?	_ <u> </u>	es L	l No	Ī			nce writ	ten? L	_ Yes ∟	No_
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percer	ent ,	(d) Cost or other basis	l (bu	(e) sis for depr siness/inve use onl	estment	(f) Recovery period	Meth Conve	nod/	Depre	(h) eciation uction	Election co	n 179
25	Special depreciation allo	owance for q	ualified liste	d propert	y placed	ın servi	ce durin	g the t	ax year an	d				00	<u> </u>
_	used more than 50% in								_		25]		ļ	
<u>26</u>	Property used more tha	n 50% in a c	jualified bus		·				Γ-			r		1	
		<u> </u>		%										1	
				%						ļ				 	
	Property used 50% or le		fied by see	_%		!			!	L					
21	Property used 50% of R	355 III a quai	ined busines			1			ľ	T 0 #		T	-		
_		 • • •		%						S/L·				1	
_		 		%			-							1	
20	Add amounts in column	/h\ lines 25	through 27		ro and o	lino 21	page 1		1,	S/L -	28			1	
	Add amounts in column						, page i					<u> </u>	29	 	
<u> 25</u>	Add amounts in column	i (i), iii le 20. L	-inter nere a		B - Info		on Hee	of Val	hiclas		-		29	<u> </u>	
Co.	mplete this section for ve ou provided vehicles to y	ehicles used	by a sole pr	oprietor, j	partner, c	or other	more th	an 5%	owner," (or related	person	n complete	ına this s	section fo	or
	se vehicles									·		•	Ü		
					(a)		b)		(c)	(d	<u> </u>	1	e)	(f	 \
30	Total business/investment	miles driven d	luring the		chicle	1	hicle	١ ،	/ehicle	Vehi	•	1	nicle	Vehi	
	year (do not include comr		3							1				1	
31	Total commuting miles		the year					T							
	Total other personal (no	_	•												
	driven	•	,,			1									
33	Total miles driven during	the year				1									
	Add lines 30 through 32														
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rımarıly by a	more												
	than 5% owner or relate	ed person?											,		
36	Is another vehicle availa	ble for perso	onal										İ		
	use?						l								
		Section C	- Question	s for Emp	oloyers V	Vho Pro	vide Ve	hicles	for Use b	y Their E	mploye	es			
Ans	swer these questions to	determine if	you meet ar	exception	n to com	pleting	Section	B for v	ehicles us	ed by em	ployee	s who a	re not m	nore than	5%
OW.	ners or related persons														
37	Do you maintain a writte	en policy sta	tement that	prohibits	ali perso	nal use	of vehicl	es, inc	luding cor	mmuting,	by you	r		Yes	No
38	employees? Do you maintain a writte	an nolicy sta	tement that	prohibite	nercona	Luca of	vobiolos	oveor	at commut	ana hy v	2015				
30	employees? See the ins										Jui				
39	Do you treat all use of v					meers, c	an ectors	, 01 17	o or more	OWITEIS					
	Do you provide more th	_		-		ınforma	tion from	n vour	employee	s ahout					
	the use of the vehicles,					miorina		ı you	ciiipioyee.	o about					
41	Do you meet the require					emonstra	ation use	- ?							
• •	Note: If your answer to								covered ve	ehicles					
Р	art VI Amortization	<u>., ., ., ., ., ., .</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	.00, 00,	101 001112			3, 1,,,,,,,,	0010100 10	,,,,,,,,,					·
<u> </u>	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs		Date amortizatio begins	n	Amortiza amoun	ble t		Code section	p	Amortiza eriod or per			mortization or this year	
42	Amortization of costs th	at begins du	unng your 20		ear							1			
															
															
43	Amortization of costs th	at began be	fore your 20	10 tax ye	ar							43		20,	119.
<u>44</u>	Total. Add amounts in o	column (f) S	ee the instru	ictions fo	r where t	o report						44			119.
016	252 12-21-10												F	orm 4562	2 (2010)