

(As Amended)

Form 990-EZ

Short Form 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)

OMB No 1545-1150

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C THE CP80 FOUNDATION, 1485 E 840 N, OREM, UT 84097. D Employer identification number 20-3530863. E Telephone number 801-705-4242. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual. Other (specify):

I Web site: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) [X] 501(c) ( 6 ) (insert no) 4947(a)(1) or 527

K Check [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 7,603.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows for revenue and expenses. Line 1: 7,600. Line 9: 7,603. Line 16: 65,252. Line 17: 68,249. Line 18: -60,646. Line 21: -60,646.

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Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 27 rows for balance sheets. Line 22: 7,603. Line 24: 7,293. Line 25: 14,896. Line 26: 75,542. Line 27: -60,646.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>SEE STATEMENT 5</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	70,266.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	70,266.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
RALPH J. YARRO, III 4526 NORTH VINTAGE DRIVE PROVO, UT 84604	TRUSTEE 0	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	SEE STATEMENT 6	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a strmt)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A, section 4955 N/A			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter amount of tax on line 40c reimbursed by the organization			0.

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ NONE

42 a The books are in care of ▶ RALPH YARRO

Telephone no ▶ 801-705-4242

Located at ▶ 1485 E 840 N, OREM UT

ZIP + 4 ▶ 84097

b 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)?

	Yes	No
42b		X
42c		X

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22 1

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here

N/A

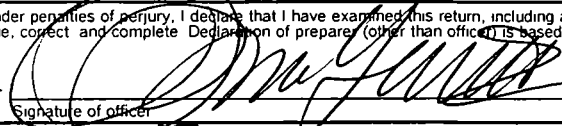
and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 43


N/A

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 1/22/2007 ▶ Type or print name and title: Ralph Yarro Chairman

Paid Preparer's Use Only

Preparer's signature:  Date: 1-3-07 Check if self-employed:  Preparer's SSN or PTIN (See General instruction W): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: HUBER, ERICKSON, & BOWMAN, LLC  
175 EAST 400 SOUTH, SUITE 1000  
SALT LAKE CITY, UT 84111-2344  
 EIN: N/A  
 Phone no: (801) 328-5000

-As Originally Filed-

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2005

Department of the Treasury Internal Revenue Service

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C THE CP80 FOUNDATION, 1485 E 840 N, OREM, UT 84097. D Employer identification number 20-2851656. E Telephone number 801-705-4242. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: X Cash, Accrual. Other (specify).

I Web site: N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): X 501(c) (6), 4947(a)(1) or 527.

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 7,603.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 7,603. Expenses total: 68,249. Net assets at end of year: -60,646.

RECEIVED IN CORRESPONDENCE IRS - OSC -532

JAN 26 2007

OGDEN, UT

SEE STATEMENT 1)

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 14,896. Total liabilities: 75,542. Net assets or fund balances: -60,646.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 02/01/06 Form 990-EZ (2005)

\*Do Not Detach, do not process

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 5		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	70,266.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	70,266.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
RALPH J. YARRO, III 4526 NORTH VINTAGE DRIVE PROVO, UT 84604	TRUSTEE 0	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	SEE STATEMENT 6	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a strmnt)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		N/A	
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter amount of tax on line 40c reimbursed by the organization			0.

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ NONE

42 a The books are in care of ▶ RALPH YARRO Telephone no. ▶ 801-705-4242  
 Located at ▶ 1485 E 840 N, OREM UT ZIP + 4 ▶ 84097

	Yes	No
42b		X
42c		X

b 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)?  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

**Please Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ <u>CHESLEY H. ERICKSON</u>	Date _____	Check if self employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u>
Firm's name (or yours if self-employed) ▶ <u>HUBER, ERICKSON, &amp; BOWMAN, LLC</u>	EIN ▶ <u>N/A</u>		
address and ZIP + 4 ▶ <u>175 EAST 400 SOUTH, SUITE 1000 SALT LAKE CITY, UT 84111-2344</u>	Phone no ▶ <u>(801) 328-5000</u>		

-As Originally Filed-

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FEDERAL STATEMENTS

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CLIENT 9010CP80

THE CP80 FOUNDATION

20-2851656

5/08/06

04 12PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ADVERTISING	\$	7,560.
AMORTIZATION		251.
DUES AND SUBSCRIPTIONS		109.
LOBBYISTS		34,121.
MEALS		3,536.
SUPPLIES		1,059.
TELEPHONE		35.
TRAVEL		17,775.
WEBSITE		556.
WHITE PAPER		250.
TOTAL	\$	<u>65,252.</u>

**STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
NET INTANGIBLE ASSETS	\$ 0.	\$ 7,293.
TOTAL	<u>\$ 0.</u>	<u>\$ 7,293.</u>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 75,542.
TOTAL	<u>\$ 0.</u>	<u>\$ 75,542.</u>

**STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDES AWARENESS OF PORNOGRAPHY, RESEARCH ABOUT PORNOGRAPHY, MEDICAL FINDINGS, SOCIAL IMPACTS, LEGAL RESOURCE, ADDICTION RESOURCE, AND TECHNICAL RESOURCE REGARDING PORNOGRAPHY. THE ORGANIZATION WILL LOBBY AND SUPPORT LEGISLATION BENEFICIAL TO INTERNET BUSINESSES, DEVELOP TECHNOLOGIES, PROVIDE IMPROVEMENT INTERNET SERVICE, BUILD CONSCIOUSNESS, AND ENCOURAGE THE CREATION AND USE OF CHANNELS TO CATEGORIZE ALL CONTENT OF THE WORLD WIDE WEB INTO SPECIFIC INTERNET CHANNELS. THE ORGANIZATION WILL ALSO WORK FOR THE ENACTMENT OF LAWS.

-As Originally Filed-

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THE CP80 FOUNDATION

20-2851656

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**STATEMENT 5**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE ORGANIZATION CREATED WRITTEN MATERIALS AND A WEBSITE IN ORDER TO ADVANCE THE PURPOSE OF PROVIDING AWARENESS OF PORNOGRAPHY, RESEARCH ABOUT PRONOGRAPHY, MEDICAL FINDINGS, SOCIAL IMPACTS, LEGAL RESOURCE, ADDICTION RESOURCE, AND TECHNICAL RESOURCE REGARDING PORNOGRAPHY. THE ORGANIZATION WORKED FOR THE ENACTMENT OF LAWS TO CATEGORIZE ALL CONTENT INTO CHANNELS ON THE WORLD WIDE WEB.		70,266.
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	\$ 70,266.

**STATEMENT 6**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

-As Amended-

2005

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CLIENT 9010CP80

THE CP80 FOUNDATION

20-2851656

5/08/06

04 12PM

STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ADVERTISING	\$	7,560.
AMORTIZATION		251.
DUES AND SUBSCRIPTIONS		109.
LOBBIEISTS		34,121.
MEALS		3,536.
SUPPLIES		1,059.
TELEPHONE		35.
TRAVEL		17,775.
WEBSITE		556.
WHITE PAPER		250.
TOTAL	\$	<u>65,252.</u>

STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
NET INTANGIBLE ASSETS	\$ 0.	\$ 7,293.
TOTAL	<u>\$ 0.</u>	<u>\$ 7,293.</u>

STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 75,542.
TOTAL	<u>\$ 0.</u>	<u>\$ 75,542.</u>

STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDES AWARENESS OF PORNOGRAPHY, RESEARCH ABOUT PRONOGRAPHY, MEDICAL FINDINGS, SOCIAL IMPACTS, LEGAL RESOURCE, ADDICTION RESOURCE, AND TECHNICAL RESOURCE REGARDING PORNOGRAPHY. THE ORGANIZATION WILL LOBBY AND SUPPORT LEGISLATION BENEFICIAL TO INTERNET BUSINESSES, DEVELOP TECHNOLOGIES, PROVIDE IMPROVEMENT INTERNET SERVICE, BUILD CONSCIOUSNESS, AND ENCOURAGE THE CREATION AND USE OF CHANNELS TO CATEGORIZE ALL CONTENT OF THE WORLD WIDE WEB INTO SPECIFIC INTERNET CHANNELS. THE ORGANIZATION WILL ALSO WORK FOR THE ENACTMENT OF LAWS.

-As Amended-

2005

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CLIENT 9010CP80

THE CP80 FOUNDATION

20-2851656

5/08/06

04 12PM

STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE ORGANIZATION CREATED WRITTEN MATERIALS AND A WEBSITE IN ORDER TO ADVANCE THE PURPOSE OF PROVIDING AWARENESS OF PORNOGRAPHY, RESEARCH ABOUT PRONOGRAPHY, MEDICAL FINDINGS, SOCIAL IMPACTS, LEGAL RESOURCE, ADDICTION RESOURCE, AND TECHNICAL RESOURCE REGARDING PORNOGRAPHY. THE ORGANIZATION WORKED FOR THE ENACTMENT OF LAWS TO CATEGORIZE ALL CONTENT INTO CHANNELS ON THE WORLD WIDE WEB.		70,266.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 70,266.</u>

STATEMENT 6  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO