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Form **990-EZ** Department of the Treasury

Internal Revenue Service

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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

				008	and end	ing SEP	<u>30,</u>	2009		
В	Check rapplicate	ole Please	C Name of organization	•		D	Employer	identification number		
	Addre	use IRS label or	CAROLINA'S DISTRICT OF KEY CL	JUB						
	Name Chang	print or	INTERNATIONAL % J. SCOTT JOHN	ISON			23-7421139			
	Initia	type	Number and street (or P.O. box, if mail is not delivered to stree		F	Room/suite E	E Telephone number			
$\overline{}$	Term	ıın- Specific	2008 PINECREST DRIVE				252-	353- <u>214</u> 1		
F	Ame.	nded tions	City or town, state or country, and ZIP + 4			1-	Group Exe			
\vdash	retur Appliq pendi		GREENVILLE, NC 27858				Number 1	•		
			(3) organizations and 4947(a)(1) nonexempt charitable trusts m			G Accounti				
	- 561	ינטוו טט וועטון	Schedule A (Form 990 or 990-EZ)	usi allacii a co	ilibiereo					
_	Maha:		ecify)	4h						
		te: ► <u>N /</u>		the organization is not						
		zation type		dule B (Form 990, 990-EZ, or 990-PF)						
	Check		the organization is not a section 509(a)(3) supporting organization		receipts are	normally not ir	iore than \$	25,000. A return is not		
			organization chooses to file a return, be sure to file a complete retu					246056		
			nd 7b, to line 9 to determine gross receipts; if \$1,000,000 or more				<u>▶</u> \$			
P	art i		nue, Expenses, and Changes in Net Assets o	r rund ba	nances (S	ee the instruc		, '		
	1		ns, gifts, grants, and similar amounts received				<u> </u>	3810.		
	2	-	ervice revenue including government fees and contracts				2	269511.		
	3		ip dues and assessments				3	69258.		
	4	Investment	· · · · · · · · · · · · · · · · · · ·				4	3677.		
	5a	Gross amo	unt from sale of assets other than inventory	5a						
	Ь	Less: cost	or other basis and sales expenses	5b						
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from	line 5a) (attach	r schedule)		5c			
Ë	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any	amount is fro	m g <mark>aming,</mark> cl	neck here ►				
Revenue	a	Gross rever								
æ		reported or	1 line 1) DEGENALED	6a						
	b	Less: direct	t expenses office that the transing expenses	6ь						
	C	Net income	or (loss) rom special events and activites subtract line 6b from	line 6a)			6c			
	7a		s of inventory, less meturns an opationy ances	7a						
	Ь	Less: cost of	of good sepold	7b						
	C	Gross profi	it or (lbss) from sales of inventory (Suphract line 7b from line 7a)	7c						
	8	Other rever) 8							
	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	346256.		
	10	Grants and	similar amounts paid (attach schedule)				10			
	11		id to or for members				11			
Ś	12	Salaries, ot	ther compensation, and employee benefits				12			
nse	13		al fees and other payments to independent contractors	13						
Expenses	14		, rent, utilities, and maintenance	14	228.					
ш	15		ublications, postage, and shipping	15						
	16		nses (describe) 16	322547.					
	17	Total expe	nses. Add lines 10 through 16	17	322775.					
	18		deficit) for the year (Subtract line 17 from line 9)				18	23481.		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))							
SS	''		e with end-of-year figure reported on prior year's return)				19	299544.		
et /	20	• -	ges in net assets or fund balances (attach explanation)				20	2,3,3,1,1,1		
Ž	21		or fund balances at end of year. Combine lines 18 through 20			1	21	323025.		
P	art II		ce Sheets. If Total assets on line 25, column (B) are \$2,500	0.000 or more.	file Form 99) instead of Fo		<u> </u>		
<u></u>	<u></u>	J	(See the instructions for Part II.)	<u> </u>	T I	Beginning of y		(B) End of year		
22	Cas	h eavings a	and investments		1,	2993		323025.		
23		ıd and buildi					23	323023.		
24			escribe <u>► Other Depreciable Assets</u>	!	\		28. 24	0.		
24 25		al assets	Ochet Debrectable Wasers		- '	2995		323025.		
25 26			(describe >		\	4333	0. 26	323023.		
			and balances (line 27 of column (B) must agree with line 21)		- '	2995		323025.		
832 132	171		or Privacy Act and Paperwork Reduction Act Notice, see the Inst	ructions for Eo	rm 990		<u> </u>	Form 990-EZ (2008)		

CAROLINA'S DISTRICT OF KEY CLUB Form 990-EZ (2008) INTERNATIONAL % J. SCOTT JOHNSON 23-7421139 Page 2 Part III | Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses (Required for 501(c)(3) What is the organization's primary exempt purpose? See Statement 5 and (4) organizations and 4947(a)(1) trusts; optional 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. for others.) 28 YOUTH DEVELOPMENT (Grants \$) If this amount includes foreign grants, check here 266158. 29 (Grants \$) If this amount includes foreign grants, check here |29a 30 (Grants \$) If this amount includes foreign grants, check here 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) 266158. Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (c) Compensation (b) Title and average hours (e) Expense to employee (a) Name and address per week devoted to account and (If not paid, enter benefit plans & position -0-.) deferred other allowances compensation See Statement 4

Form 990-EZ (2008)

832172 12-17-08 Form 990-EZ (2008)

P	ort V Other Information (Note the statement requirements in the instructions for Part VI.)			
			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		х
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		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 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/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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," complete Schedule L, Part II and enter the total amount involved 38b N/A			1
39	Section 501(c)(7) organizations. Enter:			ĺ
a	Initiation fees and capital contributions included on line 9 39a N/A			ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright N/A			ĺ
þ	Section 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," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	Ì		
	Enter amount of tax on line 40c reimbursed by the organization	-		1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			l
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. None			
42 a	The books are in care of \triangleright J. SCOTT JOHNSON Telephone no. \triangleright 252-35			
	Located at ► 2008 PINECREST DRIVE, GREENVILLE, NC ZIP+4 ► 2	785	8	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)? If "Ves." enter the name of the foreign country.	42b		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, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40.		v
C	If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and effect the amount of tax-exempt interest received of accided during the tax year	14 / W	<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 63	140
-17	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			-17
	completed instead of Form 990-EZ	45		Х
		Form 9	90-F7	
		9	~~ 1	,_,,,,,,

	O-EZ (2008) INTERNATIONAL % J. SCOTT	JOHNSON		23-74211	39 Page 4						
Part \	(),() = 9 = 1 = 1 = 1 = 1 = 1	501(c)(3) organizations mus	st answer question	ns 46-49 and con	nplete the						
	tables for lines 50 and 51.	-	 								
	the organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to (candidates for public		Yes No						
	ce? If "Yes," complete Schedule C, Part I	44.00.41			46						
	or o										
	the organization make any transfers to an exempt non-charitable related o		ule E	<u> </u>	48						
	res," was the related organization(s) a section 527 organization?	ryanizauoni			49a 49b						
	nplete this table for the five highest compensated employees (other than o	fficers directors trustees and	key employees) who	_							
	compensation from the organization. If there is none, enter "None."		no, omplojaco, mie	· cao rodorodo	10 than \$100,000						
		(b) Title and average hours	(c) Compensation	(D) Contributions	(E) Expense						
	(a) Name and address of each employee paid more	per week devoted to	(c) Compensation	to employee benefit plans &	account and						
	than \$100,000	position		deferred	other allowances						
	N/A			compensation	 						
		4									
		+		1							
-				-							
		1		i							
		-		1							
Total nun	nber of other employees paid over \$100,000										
51 Cor	nplete this table for the five highest compensated independent contractors	who each received more than	\$100,000 of compe	nsation from the o	rganization. If there						
ıs n	one, enter "None."										
	N/A	· · ·									
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of ser	vice (c)	Compensation						
					··· ·						
-											
		· · · · · · · · · · · · · · · · · · ·									
			1								
Total nun	nber of other independent contractors each receiving over \$100,000	•									
	Under penalties of perjuly, I declare that I have examined this return, including accornect, and compliate Declaration of preparer (other than officer) is based on all in	ompanying schedules and statemen formation of which preparer has any	its, and to the best of m knowledge	y knowledge and belie	ef, it is true,						
Sign Here	Signature by officer										
пеге	1. 5.60 \ (-5)	1 b m	ブ	19/2010							
	Type or print name and title 1 0 000000000000000000000000000000000	unistratu		1 . 1							
		15.		·							
Paid Preparer	Preparer's signature	1 11 ///		parer's Identifying Nur	mber (See instr.)						
Use Only	MECLEY W MEACAMED OD	0 1 1	oloyed								
•	Rirm's name (or yours WESLEY M. MEASAMER, CPA	A, P.A.	EIN	 							
	rf self-employed), address, and ZIP+4 GREENVILLE, NC 27834		Phon no.	-	2 1255						
May the I	RS discuss this return with the preparer shown above? See instructions				3-1355 Yes No						
inay uic I	110 diougno and retain man are propared entern above: Occ 1131 delicits				169 F 140						

Form 990-EZ (2008)

Form 990-EZ		Other Expenses	Statement	1
Description	Amount			
OPERATING EXP CONVENTION EX DONATIONS ADULT EXPENSE	52624 248662 3989 17272			
Total to Form	990-EZ, line	16	3225	47.
Form 990-EZ	Occupancy,	Rent, Utilities and Maintenance	Statement	2
Description			Amount	
Depreciation			2	28.
Total to Form	990-EZ, line	14	2	28.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Stateme	nt 3
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[] Yes [X] No
B) Did the or directly o	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X] No

Form 990-EZ

Statement

Trustees and		State	4	
Name and Address	Title and Avrg Hrs/Wk			Expense
NIKKIA YOUNG, 1619 SHADYMOUNT AVE, WINSTON-SALEM, NC 27105	GOVERNONR 0.00	0.	0.	0.
MEGAN ROBERTS, 231 GREEN LEVEL DRIVE, ANGIER, NC 27501	SECRETARY/TRI	EASURER	0.	0.
ALEX BRUSKO, 1012 QUAIL RUN DRIVE, EDENTON, NC 27932	LT GOVERNOR 0.00	0.	0.	0.
JOHH MITCHELL, 402 PLANTATION PLACE, GOLDSBORO, NC 27534	LT GOVERNOR 0.00	0.	0.	0.
BETSY MITCHELL, 1202 SOUTH BEST STREET, GOLDSBORO, NC 27530	LT GOVERNOR 0.00	0.	0.	0.
JALIESE REDMAN, 716 NC HWY 210 WEST, HAMPSTEAD, NC 28443	LT GOVERNOR 0.00	0.	0.	0.
MARY DAVENPORT, 2301 PINENEEDLES ROAD, GOLDSBORO, NC 27534	LT GOVERNOR 0.00	0.	0.	0.
SALLIE KING, 1618 CANTERBURY ROAD, RALEIGH, NC 27608	LT GOVERNOR 0.00	0.	0.	0.
STEPHEN CLEMENT, 113 ROSENBERRY HILLS DR, CARY, NC 27513	LT GOVERNOR 0.00	0.	0.	0.
LUKE STEFFEN, 813 BERWICK DRIVE, FAYETTEVILLE, NC 28314	LT GOVERNOR 0.00	0.	0.	0.
ASHLEY WILLIAMS, 11108 PLEASANT OAK DRIVE, FAYETTEVILLE, NC 28314	LT GOVERNOR 0.00	0.	0.	0.
BRIANA WALDEN, 4572 HUCKLEBERRY ROAD, FAYETTEVILLE, NC 28312	LT GOVERNOR 0.00	0.	0.	0.
NICOLE TREMBLAY, 1006 CHURCHILL DOWNS DRIVE, ABERDEEN, NC 28315	LT GOVERNOR 0.00	0.	0.	0.
ALEX MANN, 600 S CHURTON ST APT 144, HILLSBOROUGH, NC 28278	LT GOVERNOR 0.00	0.	0.	0.

Part IV - List of Officers, Directors,

CAROLINA'S DISTRICT OF KEY CLUB INT	ERN	AT		23-74	21139
CAMERON DUNN PO BOX 494, STEDMAN, NC 28391	LT	GOVERNOR 0.00	0.	0.	0.
BRIE ROTHROCK, 1780 SEDGEWOOD DRIVE, KERNERSVILLE, NC 27284	LT	GOVERNOR 0.00	0.	0.	0.
TURNER BOWMAN, 1708 WEST FIRST STREET, WINSTON-SALEM, NC 27104	LT	GOVERNOR 0.00	0.	0.	0.
MIKE AIKEN, 2926 BUENA VISTA ROAD, WINSTON-SALEM, NC 27106	LT	GOVERNOR 0.00	0.	0.	0.
RUSTY FISHER, 103 E BARRINGTON COURT, SALISBURY, NC 28146	LT	GOVERNOR 0.00	0.	0.	0.
WILL ROBERTSON, 3523 CASTELLAINE DRIVE, CHARLOTTE, NC 28226	LT	GOVERNOR 0.00	0.	0.	0.
KAT DILL, 220 KING OWEN COURT, CHARLOTTE, NC 28211	LT	GOVERNOR 0.00	0.	0.	0.
ISABELLE KHURSHUDYAN 27 COMMODORE DRIVE, SALEM, SC 29676		GOVERNOR 0.00	0.	0.	0.
STEPHEN TURNER 199 ANNIE LANE, WESTMINSTER, SC 29693		GOVERNOR 0.00	0.	0.	0.
JOSH WATSON 236 ASHLEY DRIVE, WALHALLA, SC 29691		GOVERNOR 0.00	0.	0.	0.
SEAN CLEMENT 106 MADISON AVENUE, GREER, SC 29651		GOVERNOR 0.00	0.	0.	0.
BECKY BUNCH, 129 ROOK BRANCH LANE, COLUMBIA, SC 29209	LT	GOVERNOR 0.00	0.	0.	0.
JOSH CLEMENTZ 520 HIGHWAY 1 NORTH, CAMDEN, SC 29020		GOVERNOR 0.00	0.	0.	0.
NICK IRVIN 10 DRURY LANE, QUINBY, SC 29506	LT	GOVERNOR 0.00	0.	0.	0.
COREY (FLASH) GODWIN, 305 OAKMONT DRIVE, HAMPSTEAD, NC 28443	PA	ST GOVERNOR 0.00	0.	0.	0.
Totals Included on Form 990-EZ, Part	IV		0.	0.	0.

990-EZ Pg 2

Statement

5

TO PROMOTE THE OBJECTIVES OF KEY CLUB INTERNATIONAL, TO COORDINATE THE PROJECTS OF THE MEMBER KEY CLUBS, TO STRENGTHEN AND EXTEND THE KEY CLUB MOVEMENT, TO INCREASE FELLOWSHIP AND COOPERATIVE EFFORTS OF CLUBS WITHIN THE CAROLINAS DISTRICT, TO PROMOTE PARTICIPATION OF THE CLUBS WITHIN THE DISTRICT IN GENERAL OBJECTIVES, PROGRAMS, AND POLICIES OF THE CAROLINAS DISTRICT OF KEY CLUB INTERNATIONAL, AND TO ACCEPT AND PROMOTE THE CONSTITUTIONAL OBJECTIVES OF KIWANIS INTERNATIONAL.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return Business or activity to which this form relates ldentifying number CAROLINA'S DISTRICT OF KEY CLUB INTERNATIONAL % J. SCOTT JOHNSON Form 990-EZ Page 1 23-7421139 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250000. 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 800000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 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 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions) 228. 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (f) Method (a) Depreciation deduction (a) Classification of property (e) Convention period only - see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 vrs S/L 25-year property 27 5 yrs. MM S/L h Residential rental property 27 5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property i S/L MM Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12 yrs S/L 12-year þ 40 yrs. MM S/L 40-year Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 228. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2008)

Form 4562 (2008)

INTERNATIONAL % J. SCOTT JOHNSON

23-7421139 Page 2

Part V Listed Proper recreation, or a Note: For any	amusement)													
through (c) of a	Section A, all	of Section B,	and Sec	tion C if	applica	ble.								
Section A - Depreciation a								Υ						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	ot	(d) Cost or her basis	Bas	es (e) sis for depi	estment	(f) Recovery period	Me	ne evidei (g) thod/ /ention	Depr	ten? L_ (h) eciation uction	Elec section	No (i) on 179 ost
25 Special depreciation all	owance for o	<u>-</u>	<u> </u>	placed	ın servi	ce durin	a the t	ax vear ar	ıd	1				, <u>o</u> t
used more than 50% in				p			9	,	_	25				
26 Property used more that	ın 50% ın a c	ualified busine	ess use:											
	ļ	9	6									_		
		9												
	<u> </u>	9						<u> </u>					L	_
27 Property used 50% or I	ess in a quali T	,						ī	T		г -			
		9						-	S/L·		<u> </u>		-	
	 	9	<u> </u>			<u>.</u>		 	S/L ·					
28 Add amounts in column	(h) lines 25			e and or	line 21	nage 1		l	3/L ·	28			1	
29 Add amounts in column	• •	-				, page i					· — ·	29		
	.,,,			B - Infor		on Use	of Vel	hicles				1_25		
Complete this section for ve If you provided vehicles to y those vehicles												ing this s	section fo	or
			(;	a)	((b)	(c)		(d)	((e)	(f)	
	30 Total business/investment miles driven during the			hicle Vehicle Vel		/ehicle	Vehicle		Vehicle		Vehicle			
year (do not include com				-										
31 Total commuting miles	_				-		 							
32 Total other personal (no driven	ncommuting) miles												
33 Total miles driven during	n the year						 			-				
Add lines 30 through 32									1					
34 Was the vehicle availab		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?					<u> </u>	ļ					ļ <u>.</u>		
36 Is another vehicle availa	ible for perso	onal										1		
use?						<u> </u>				<u> </u>		<u> </u>		
Answer these questions to owners or related persons		- Questions for you meet an ex	•	•					-			re not m	nore than	5%
37 Do you maintain a writte employees?	en policy stat	tement that pro	ohibits a	ıll persoi	nal use o	of vehic	les, ınc	luding cor	nmuting	, by you	r		Yes	No
38 Do you maintain a writte	en policy stat	tement that pro	ohibits p	ersonal	use of v	vehicles	, excep	ot commut	ing, by y	our/				
employees? See the ins	structions for	vehicles used	by corp	orate of	fficers, c	directors	, or 1%	6 or more	owners					ļ
39 Do you treat all use of v	•													-
40 Do you provide more th		•		-	informat	tion fron	n your	employee	s about					
the use of the vehicles,							_				•		-	<u> </u>
41 Do you meet the require		• .						· · · · · · · · · · · · · ·	hiolos		•			-
Note: If your answer to Part VI Amortization	37, 38, 39, 4	U, OF 4 F IS TE	s, ao no	ot comp	iete Sec	tion B i	or the c	covered ve	enicies				<u> </u>	L
(a)	<u> </u>		(b)		(c)		\neg	(d)		(e)	Т		(f)	
Description of	f costs		amortization begins		Amortizal amoun			Code section		Amortizat period or per		A. fo	mortization or this year	
42 Amortization of costs th	nat begins du			ar			1.							
43 Amortization of costs th	at began be	fore your 2008	tax vea	ır					<u></u> _		43			

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44 Total. Add amounts in column (f). See the instructions for where to report

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