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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 \$500,000 and total assets less than \$1,250,000 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

Ā	Fo	r the	2009 calendar year, or tax year beginning SEP 1, 2009		and endi	ng AUG	31,	2010
В	Che	ck if licabl	Please C Name of organization			0	Employer	identification number
ſ		ddress hange	use IRS					
Ī	N .	lame hange	print or Bethel Education Association				91-6	5171823
Ī	lr	nitial etum	type See Number and street (or P O box, if mail is not delivered to street address	E Telephone number				
	т	ermii	lo o le e e e e e e e e e e e e e e e e				253-	-845-1872
		lmen etum				F	Group Ex	emption
[pplica	Puyallup, WA 98374-2183				Number	>
	• ;	Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac	h a con	npleted	G Accountii	ng method	Cash X Accrual
			Schedule A (Form 990 or 990-EZ).			Other (sp		
- 1			y ►N/A			1		the organization is not
<u>J</u>	Tax	-exe	mpt status (check only one) — 🗶 501(c) (5) ◀ (insert no) 🔲 4947(a)					dule B (Form 990, 990-EZ, or 990-PF)
K	Che	ck 🎚						25,000 A Form 990-EZ or
_			Form 990 return is not required, but if the organization chooses to file a return					217 262
L			s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form				<u>▶ 3</u>	
U	Parl		Revenue, Expenses, and Changes in Net Assets or Fun	d Bai	ances (S	ee the instruct	ions for Pa	3(1)
			Contributions, gifts, grants, and similar amounts received				1_1_	
			Program service revenue including government fees and contracts				2	215 712
			Membership dues and assessments				3	215,713.
		4	Investment income	١	I		4	1,330.
	3	_	Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Stmt 3	5a		19	2	
		_	Leas cost of other basis and saids expenses	_5b	<u> </u>	19	5c	-193.
ď	. .	_	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	in from	samina ob	ook horo	_][175.
2010 Revenue	· '	6	Special events and activities (complete applicable parts of Schedule G). If any amount	. 15 11011	i gaining, ci	ieck liefe 🚩 🗀	一	
9		а	Gross revenue (not including \$ of contributions	62	1			
		_	reported on line 1)	6a 6b	-	_		
တ			Less direct expenses other than fundraising expenses	(Ou				
C3			Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances	7a	1		- 00	
			•	7b				
DEC			Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1		7c	
_		С 8	Other revenue (describe) 8	
SCANNED	- 1	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c 7c, and 8 ECEIVED			-	9	217,070.
2	1	<u></u>	Grants and similar amounts paid (attach schedule)	Stn	nt 6		10	2,500.
Z	1		Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits				11	·
ಭ್ಯ	1		Salaries, other compensation, and employee benefits				12	130,573.
ဟမ္မ	1						13	5,445.
Expe) I		Occupancy, rent, utilities, and maintenance OGDEN, UT	See	State	ment 5	14	3,967.
ú	1 1		Printing, publications, postage, and shipping				15	
	1	6		See	State	ment 1	_) 16	54,185.
_	1	7	Total expenses Add lines 10 through 16				▶ 17	196,670.
,,	1	8	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	20,400.
Į,	1	9	Net assets or fund balances at beginning of year (from line 27, column (A))					
δ			(must agree with end-of-year figure reported on prior year's return)				19	175,902.
Net Assets	2	0	Other changes in net assets or fund balances (attach explanation)	See	State	ment 4		. 275.
_	2		Net assets or fund balances at end of year Combine lines 18 through 20				21	196,577.
	Par	t []	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or n	nore, file				<u> </u>
			(See the instructions for Part II)		(A)	Beginning of y		(B) End of year
			n, savings, and investments			134,0		
			and buildings	+ o	\ -	29,7 27,0		
			er assets (describe - See Statement	L Z	· / 	190,8		
			ll assets		\ 		60.26	
			Il liabilities (describe Accounts Payable		· / 	175,9		
	27 32171 2-08-		assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	structio	ns.	,	21	Form 990-EZ (2009)
L L	Z-U0-							,/

	m 990-EZ (2009) Bethel Education Associat		Dod III.)	91-	-61718	-
	art # Statement of Program Service Accomplishmen		Part III)		⊣	r section 501(c)(3)
	at is the organization's primary exempt purpose? See Statement) organizations and
	scribe what was achieved in carrying out the organization's exempt pure e services provided, the number of persons benefited, and other relevan	-		ibe	section 494 for others)	7(a)(1) trusts, optiona
28	See Statement 8	it information for each prog	gram title.	-	lor others)	
20	Dee Bratement 0					
	(Grants \$) If this amount includes foreign of	grants check here	•	$\overline{}$	28a	
29	(craits \$) if this amount includes foreign g	grants, oncor note			, 200	
	(Grants \$) If this amount includes foreign g	prants, check here	•		29a	
30						
	(Grants \$) If this amount includes foreign g	grants, check here	•		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>		31a	
<u>32</u>	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ex	en if not compensated	(See th	e instructions f	or Part IV)
		(h) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to	(If not paid, enter		employee efit plans &	account and
	(4)	position	-0)		deferred	other allowances
				con	npensation	
*1		President			_	
20		40.00	99,464.		0.	4,195.
_		Vice Presiden			•	
20		2.00	0.		0.	0.
		Secretary		-	^	
	01 43rd Ave SE, Puyallup, WA 98374	2.00	0.	ļ	0.	0.
-	innie Peterson-Bruso	Treasurer			٥	
20		2.00	0.		0.	0.
	athy Horton	Board Member 2.00	0.		0.	0.
20		Board Member	0.	├	· ·	<u> </u>
	onya Stevens 01 43rd Ave SE, Puyallup, WA 98374	2.00	0.		0.	0.
	01 43rd Ave SE, Puyallup, WA 98374 neila Powell	Board Member			<u> </u>	
	01 43rd Ave SE, Puyallup, WA 98374	2.00	0.		0.	0.
	na Harlos	Board Member		 		
	01 43rd Ave SE, Puyallup, WA 98374	2.00	0.		0.	0.
	aura Hittenrauch	Board Member				
	01 43rd Ave SE, Puyallup, WA 98374	2.00	0.		0.	0.
	compensation paid as a reimbursement				•	
	f salary and benefits	0.00	0.		0.	0.
_		1		ł		
		<u> </u>				
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_						
				<u> </u>		
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Form **990-EZ** (2009)

932172 02-08-10

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			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? 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, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	4		
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 outstanding at the end 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	4		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			1
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		N7 /	7
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	<u>A</u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	400		Х
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► None The organization's books are in care of ► Patti Taylor Telephone no ► (253)	845	1 <u>R</u>	72
42 a	The organization's books are in care of ▶ Patti Taylor Located at ▶ 201 43rd Ave SE - Puyallup, WA ZIP+4 ▶ 9			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	007		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	1		
	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.?	42c		X
٠	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		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			_	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
•	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			-
-	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2009

48

49a

49b

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

Forn	1 990-EZ	(2009)_ Bet <u>he</u>]	L Education	Association	91-6171	<u>823</u>		Page 4
Pa	irt VI			nd section 4947(a)(1) nonexem empt charitable trusts must answer ques				
46	Did the	organization engage in dire	ect or indirect political ca	mpaign activities on behalf of or in opposition	to candidates for public		Yes	No
	office? I	f "Yes," complete Sche	edule C, Part i			46		
47	Did the	organization engage in lob	bying activities? If "Yes.	." complete Schedule C, Part II		47		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

• (a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
		•		
	-			
			_	
	-			
]			

f Total number of other employees paid over \$100,000

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the
	organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bescorrect, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge Signature of officer	st of my knowledge and belief, it is true,
Here	Thomas W. CRIVER Berkel Education President Type of print name and title	Date · /
Paid Preparer's Use Only	Preparer's signature Laird 8. Vanetta Date Check if self-employed	Preparer's identifying number (See instr.)
	stell-employed), 3131 Elliott Avenue; Ste 290	EIN ► Phone ► (206) 285-4456
May the IR	discuss this return with the preparer shown above? See instructions	► X Yes No

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Supplies and Office Conferences and Conventions Member Services President's Expense Board Expense			13,282. 20,671. 10,003. 8,297. 1,932.
Total to Form 990-EZ, line 16			54,185.
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
Accounts Receivable Other Depreciable Assets		17,266. 9,833.	18,171. 37,649.
Total to Form 990-EZ, line 24		27,099.	55,820.

Form 990-EZ G	ain (1	Loss) From	Sale of Other	r Ass	ets		St	atement	3
Description			Da [.] Acqu:		Dat Sol		Met Acqu		
Website			06/1	5/05	08/31	/10	Purc	hased	
Name of Buyer	Sa	Gross ales Price	Cost or Other Basis		ense Sale	Dep	rec	Net Gair	
		0.	12,730.		0.	12	730.		0.
Description			Dar Acqu		Dat Sol		Met Acqu		
Palm Treo			11/1	3/07	09/01	/09	Purc	hased	
Name of Buyer	Sa	Gross ales Price	Cost or Other Basis		ense Sale	Dep	rec	Net Gair	
		0.	581.	-	0.		388.	-19	93.
To Form 990-EZ, li	ne 5 =		13,311.		0.	13	,118.	-19	93.
Form 990-EZ Oth	er Cha	anges in No	et Assets or 1	Fund	Balanc	es	St	atement	4
Description								Amount	
Adjustment to prio	r yea	r deprecia	tion					2	75.
Total to Form 990-	EZ, 1	ine 20					_	2	75.
		cv. Rent. 1	Utilities and	Main	tenanc	e	St	atement	5
Form 990-EZ Oc	cupan								
Form 990-EZ Oc Description		sy, nene,						Amount	
	-							Amount	67.

Form 990-EZ	rm 990-EZ Cash Grants and Allocations			6
Class of Activity/Gran	ntee's Name and Address	Grantee's Relationship	Amoun	t
Scholarship BEST Scholarship Fund		none	2,50	00.
Puyallup, WA 98374				
Total Included on Form	n 990-EZ, Line 10		2,50	00.

990-EZ Pg 2

Statement

8

Contract maintenance for members. Organization is a teachers association for Bethel School District. Activities include grievance proceedings, arbitration and representation for teachers at the state and national levels.

FORM 990-EZ		-EZ Information Regarding Transfers Associated with Personal Benefit Contracts			Statement			
A)	directly of	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[] Yes	[X]	No		
B)	Did the ord	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?	[] Yes	[X]	No		

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ Page 1

990-EZ

	•	•	•	•	•	•	•	•	•	•	•	*	•				
Current Year Deduction	,0	165	1,910	H 55	438	76	989	108	91	86	84	147	3,967				
Current Sec 179						(1)	•••						0				
Accumulated Depreciation	555.	662.	10,821.	543.	912.	291.	343.	54.	45.	43	***		14,269.				
Basis For Depreciation	555.	827.	12,730.	776.	2,189.	581	4,803.	756	453.	432.	506.	1,470.	26,078.		-	*****	•••••
Reduction In Basis			124	,					***				0				
Bus % Excl		4,			,+										-		
Unadjusted Cost Or Basis	555.	827.	12,730.	776.	2,189.	581,	4,803.	756.	453.	432.	506.	1,470.	26,078.				
S S S	16	29	43	3 6	16	17	17	2#	17	21	19A	1918		 		1.11.	•
Lrfe	5.00	5.00	W09	5.00	5.00	3.00	7.00	7.00	5.00	5.00	3.00	5.00		 		1,1,,	
Method	SI	SI		SI	$_{ m SI}$	SI	$_{ m SI}$	SI	$_{ m SI}$	S	SI	SI					
Date Acquired	112102SL	083105SL	061505	030706SL	072007	111307	042209SL	031009SL	012209SL	060509SL	-122109SL	1360E060		 			
Description		320 r	(D)web Site 3Development Costs	4Hp Printer (50%)	tion, and	(u) Faim Tree & Cord, 60res 1113078L	cabinetry for new joffices	- 02	computer, v-card 950%, PT	loprinter 50%	, adset	lte, elea.n	rotal 990-E2 Fg 1 Depr & Amort				
Asset No	-	N	m ⁻	ক	<u>سَ</u>	φ.	7	φ.	ס ״	10	11	12					

928102 06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions.

➤ Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

Bet	hel Education Assoc	iation		For	m 9	90-E	EZ Page	e 1	L	91-6171823
	Election To Expense Certain Propert		79 Note: If yo	u have any list	ed pr	operty,	complete P	art V	before y	ou complete Part I.
Maximum amount. See the instructions for a higher limit for certain businesses										250,000.
2 Total cost of section 179 property placed in service (see instructions)										
3 Threshold cost of section 179 property before reduction in limitation										800,000.
4 R	eduction in limitation. Subtract line 3 fr	4								
5 Do	ollar limitation for tax year Subtract line 4 from line	5								
6	(a) Description of proj	∞st								
_										
										1
	sted property. Enter the amount from I					7			1	
8 T	otal elected cost of section 179 proper	8								
9 T	entative deduction. Enter the smaller of	9								
	arryover of disallowed deduction from	10								
	usiness income limitation. Enter the sn	11								
	ection 179 expense deduction. Add lin				e 11				12	
	arryover of disallowed deduction to 20					13				<u> </u>
	Do not use Part II or Part III below for			•	1 . 1 4		41			·
Par					_					T
	pecial depreciation allowance for qualif	ried property (oth	ner than liste	a property) pia	acea i	n servic	e auring		44	
	e tax year	***							15	
	roperty subject to section 168(f)(1) elec	ction							16	758.
	ther depreciation (including ACRS) MACRS Depreciation (Do not	include listed or	operty) (Sec	e instructions)					1.10	7300
FOI	t ttt MACAG Depreciation (50 not	include listed pr		ection A			•			
17 M	IACRS deductions for assets placed in	service in tax ve	ars heginnin	a before 2009					17	1,068.
	you are electing to group any assets placed in servi					heck here	•			<u></u>
	Section B - Assets I							eciat	ion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis fo (business/ii	r depreciation nvestment use instructions)	(d)	Recovery period			(f) Method	(g) Depreciation deduction
19a	3-year property			506.	3	Yrs	HY	5	SL	84.
<u>u</u>	5-year property			1,470.		Yrs			SL	147.
	7-year property							- †		
d	10-year property	1								
e	15-year property									
f	20-year property									
9	25-year property				2	25 yrs.		\Box	S/L	
	D to the top and to	/			27	7.5 yrs.	MM		S/L	
h Re	Residential rental property	1			27	7.5 yrs.	MM		S/L	
	No average at all week area outs.	/			39 yrs.		MM		S/L	
i 	Nonresidential real property	/			MM			S/L		
	Section C - Assets Pl	aced in Service	During 200	9 Tax Year Us	ing t	he Alte	rnative Dep	reci	ation Sy	stem
20a	Class life	-						_	S/L	
b	12-year					12 yrs.		\dashv	S/L	
С	40-year				4	10 yrs.	MM	[S/L	
	t IV Summary (See Instructions)									
	isted property Enter amount from line								21	
	otal. Add amounts from line 12, lines 1								1	2 057
	nter here and on the appropriate lines				ions -	see ins	str.		22	2,057.
	or assets shown above and placed in s		e current yea	ar, enter the						
	ortion of the basis attributable to section	on 263A costs				23		_		1

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a)

through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (a) (d) (h) Date Business/ Elected Basis for depreciation Recovery Method/ Depreciation Cost or Type of property placed in investment section 179 deduction (list vehicles first) period Convention other basis use only) use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use S/L -S/L -% S/L -% 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (d) (e) (a) (b) (c) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No 34 Was the vehicle available for personal use Yes No Yes No Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization **(f)** (a) (b) (c) (d) (e) Description of costs Date amortization Amortizable amount Amortization for this year begins period or percer 42 Amortization of costs that begins during your 2009 tax year: 43 43 Amortization of costs that began before your 2009 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report