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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

OMB No. 1545-1150

Open to Public

Sponsoring organizations of donor advised funds, organizations that operate one more hospital facilities, and certain controlling organizations as defined in section 512(b(13) must file Form 990. All other organizations excepts less than \$200,000 and total assets less than \$200,000 at the part of the organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service

Inspection For the 2010 calendar year, or tax year beginning 2010 and ending APR 25, 2011 APR 26, Check if applicable D Employer identification number C Name of organization GRAND GUARDIAN COUNCIL OF IDAHO Address change 82-6026592 JOB'S DAUGHTERS INTERNATIONAL, INC Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Initial return (208)336-90709483 ZUNI DRIVE Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ► 3740 BOISE, 83704 Application pending ID H Check X if the organization is not X Cash Accounting Method: Accrual Other (specify) Website: ▶ <u>WWW.JOBSDAUGHTERS.ORG</u> required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3)  $\longrightarrow$  501(c) ( ) **◄**(insert no.) \_\_\_\_ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Ł Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 52,510. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 95. Contributions, gifts, grants, and similar amounts received 32,838. 2 Program service revenue including government fees and contracts 2 4,100. 3 Membership dues and assessments 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5¢ SCANNED APR 02 2012 Revenue Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6,709. gross income and contributions exceeds \$15,000) 6b 6с Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6,709. 6d 3,629 7a Gross sales of inventory, less returns and allowances .142 SEE SCHEDULE O 7b b Less: cost of goods sold 2,487. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SEE SCHEDULE O 5,139. Other revenue (describe in Schedule 0) 8 9 51,368. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule of 3,000. 10 10 ECEIVED Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 S-OS Professional fees and other payments to independent Adatractors 400. 13 13 14 Occupancy, rent, utilities, and maintenance 14 2,099. 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 82,644. 16 Other expenses (describe in Schedule O) 16 88,143. Total expenses. Add lines 10 through 16 17 17 -36,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 19 114.379. (must agree with end-of-year figure reported on prior year's return)

LHA For Paperwork Reduction Act Notice, see the separate instructions

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

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GRAND GUARDIAN COUNCIL OF IDAHO

82-6026592 Page 2 JOB'S DAUGHTERS INTERNATIONAL, INC. Part II | Balance Sheets. (see the instructions for Part II.)  $\overline{\mathbf{X}}$ Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 110,242. 22 74,041. Cash, savings, and investments 22 23 Land and buildings 4,137. 3,563. Other assets (describe in Schedule O) SEE SCHEDULE O 24 24 114,379. 77,604. 25 25 Total assets 0. 0. 26 Total liabilities (describe in Schedule 0) 26 114,379.27 77,604. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations and section 4947(a)(1) trusts; optional Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe for others.) the services provided, the number of persons benefited, and other relevant information for each program title 28 SEE SCHEDULE O ) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a (Grants \$ ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here ▶ 32 0. Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Compensation (d) Contributions (b) Title and average hours (e) Expense to employee benefit plans & per week devoted to (If not paid, enter account and (a) Name and address position -0- ) other allowances compensation GRAND GUARDIAN CARLEEN CLAYVILLE 0. 0. 0. 9483 ZUNI DRIVE, BOISE, 83704 10.00 BOB MAHONEY ASSOCIATE GRAND GUARDIAN 0. 83704 0. 9483 ZUNI DRIVE, BOISE 10.00 VICE GRAND GUARDIAN MELODY SMALL 0. 0 0. BOISE 83704 20.00 9483 ZUNI DRIVE, VICE ASSOCIATE GRAND GUARD MEL BROWN 0 0. 9483 ZUNI DRIVE BOISE ID 83704 20.00 0 GRAND GUIDE MARY JANE MUNCY 0. 0. 0. ID 83704 10.00 9483 ZUNI DRIVE, BOISE GRAND INNER GUARD JEREMY VAUGHN 0. 0. 0. ID 83704 9483 ZUNI DRIVE BOISE. 20.00 KIMRA BALGINY GRAND MARSHAL 9483 ZUNI DRIVE BOISE 83704 20.00 Ο. 0 0. BILL SKERJANC GRAND OUTER GUARD 0 0. 83704 0. 9483 ZUNI DRIVE BOISE 10.00 GRAND SECRETARY

JOHN KINNEY

9483 ZUNI DRIVE,

9483 ZUNI DRIVE, BOISE,

CAROLYN BOLLAR

BOISE.

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Form 990-EZ (2010)

JOB'S DAUGHTERS INTERNATIONAL, INC.

Part V Other Information (Note the statement requirements in the instructions for Part V)

82-6026592

Page 3

Yes   No   Schools   Sch		Check if the organization used Schedule O to respond to any question in this Part V			X		
Schedule O  We's any spinicant changes made to the organization or governing documents? If Yes, "attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 90-17.  If the organization had income trom business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on 1970 90-17.  If the organization had no schedule O why the organization of not proof the more on from 90-17.  If the organization had no schedule O why the organization of not proof the more or was at a section 501((c)(6) organization of her me 90-17 for this year?  If they's, has it flied a tax return on Form 90-17 for this year?  If they's, has it flied a tax return on Form 90-17 for this year?  If they's, has it flied a tax return on Form 90-17 for this year?  If they's, has it flied a tax return on Form 90-17 for this year?  If they's, has it flied a tax return on Form 90-17 for this year?  If they's, they it flied a tax return on Form 90-17 for this year?  If they's, they it flied a tax return on Form 90-17 for this year?  If they's, complete schedule, I, Part II and enter the total amount involved  If the organization for year organization is child the schedule on line 9  If they's, complete schedule, I, Part II and enter the total amount involved  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization design they year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization managers or disquisited person during the year under sections 9012, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquisited person during the year under sections 9012, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on o				Yes	No		
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34 Wee any segniticant changes made to the organization of powering documents? If Yes, "attach a conformed copy of the amended documents filt by reflect a change to the organization rame, (Direves, Legiblan the change on Schedule (Dise emirutions))  35 If the organization had uncome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T.  36 Joff the organization had uncome bosiness scene come of \$1,000 or more or was it a section \$0,10(4), \$0,10(5), or \$0,10(6)(5) organization subject to section \$0,32(6) inclines, reporting, and proxy tax requirements?  37 Enter amount of protect expenditures, direct or indirect, as described in the instructions.  38 Joff the organization ergonal expenditures, direct or indirect, as described in the instructions.  39 Deter amount of protect expenditures, direct or indirect, as described in the instructions.  30 Deter organization in Ferm 11-2PoOL for this year?  31 Determined the organization of Fermi 12-PoOL for this year?  32 Determined the organization in Fermi 12-PoOL for this year?  38 Determined the organization in Fermi 12-PoOL for this year?  39 Section 501(6)(7) organizations. First:  39 Section 501(6)(7) organizations. First:  39 Section 501(6)(3) and 501(6)(4) organizations. Indeed on line 9  39 Section 501(6)(3) and 501(6)(4) organizations. First:  40 Lines and a country of the displace in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I. Part II and certification in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I. Part II  50 Section 501(6)(3) and 501(6)(4) organizations. Enter amount of tax imposed on organization managers or disqualities described the schedule Part II and the sched			33		Х		
documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  34	34						
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but next reported on Form 990-T, explain in Schedule 0 why the organization did not report the moome on Form 990-T.  1 Did the organization subject to section 603(e) notice, reporting, and proxy tax requirements?  1 If "Nes," has it did a tax return of Form 990-T for the year?  2 If "Nes," has it did a tax return of Form 990-T for the year?  3 If the organization undergo a legutation, desolution, termination, or significant disposition of net assets during the year? If "Yes," complete speciable parts of Schedule N  3 If Ear amount of political expenditures, direct or indirect, as described in the instructions.  3 If It is organization before firm 1120-P0L for this year?  3 If It is organization before firm 1120-P0L for this year?  3 If It is organization before firm 1120-P0L for this year?  3 If It is organization before firm 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization before firm 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year?  3 If It is organization the form 1120-P0L for this year.  3 If It is organization the form 1120-P0L for this year.  3 If It is organization the form 1120-P0L for this year.  3 If It is organization the form 1120-P0L for this year.  4 If It is organization the form 1120-P0L for this year.  4 If It is organization the form 1120-P0L form 1120	•		34		х		
reported on Form 90-1, applain in Schedule D why the organization did not report the motione of 1500 mg 90-1.  a Did the organization have unrelated business gross as isome of 51,000 m more or war at a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements?  b If ves, This is filled a tax return on Form 990-1 for the year?  25 Did the organization undergo a laudustion, dissolvine, termination, or significant disposition of net assets during the year? If Yes, organization subject to section 603(c) this year?  27 In the aromatic of political expenditures, direct or indirect, as described in the instructions.  b of the organization file Form 1120-Pol. for this year?  28 If Press, complete Schedule I, Part II and emert the total amount involved  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule I, Part II and emert the total amount of tax imposed on organization during the year of did integrate passes during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year of disputational passes benefit transaction during the year, of did integrate passes during the year under sections 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disputational passes during the tax year, was the organization aparty to a prohibited tax sheller transaction of the passes of disputational account in a form the section 501(c)(4) organizations. Enter amount of tax or inne 40c reminutes the year organization to books are in circ of 1 → JOHN KINNEY  1 Telephone no. (208) 323–0789  2 Tel	35						
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SO10((6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  354 If Yes, 'has it filed a tax return on Form 990-1 for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37b Did the organization for Form 1120-POL for this year?  38a Did the organization for Form 1120-POL for this year?  38a Did the organization for Form 1120-POL for this year?  38b N/A  38b N/A  38b N/A  38b N/A  38c X  38b N/A  38c X  38b N/A  38c X  38c	2						
b If Yes, 'has it filled a tax return on Form 990-T for this year?  8 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicability parts of Schedule N  97a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37a International professional to the Form 1120-POL for this year?  98a Did the organization for Form 1120-POL for this year?  98a Did the organization for Form 1120-POL for this year?  98b N/A  98 Section 501(c)(7) organizations. Enter:  99b International for Form 1120-POL for the total amount involved  90c Forest receipts, included on the 19c organization in the 19c organization for 19c organization. Enter:  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts, included on the 9, for public use of club facilities  90c Forest receipts and control or forest supposed on the organization during the year under sections 4912, 4955, and 4958  90c Forest receipts of forest supposed on a pure year, that has not been reported on any of its prior forms 990 or 990-EZ?  10c Forest receipts of the forest receipts and the organizations. Enter amount of tax year, was the organization apparent to a profession organization managers  90c Forest receipts and the organizations and	•		352		x		
38 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37 a   36   X  37 a   37 b   X  38 bill the organization file Form 1120-POL for this year?  38 bill the organization file Form 1120-POL for this year?  38 bill the organization file Form 1120-POL for this year?  38 bill the organization for Form form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still divishanding at the end of the tax year covered by this return?  5 if Yes,* complete Schedule L, Part II and enter the total amount involved  38 bill how organizations. Enter:  a Inhabition fless and capital contributions included on line 9  5 Gress receipts, included on the 9, for public use of club facilities  8 bif Gress receipts, included on the 9, for public use of club facilities  9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911   • Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did the engage in an excess benefit transaction of the section 501(c)(3) and 501(c)(4) organizations. Part amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization with the accounts of the section 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the section 501(c)(4) organization sections 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the feet part organizatio	h		-	NJ/	_		
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The Enter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization life Form 1120-P0L for this year?   A Did the organization brows 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 tax year covered by this return?   If Yes, complete Schedule L, Part II and enter the total amount involved   38b   N/A     Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under   39a   N/A     Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   39a   N/A     Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   1 Yes, complete Schedule L, Part I   0	30		36		x		
b Did the organization file Form 1120-POL for this year?  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 tax year covered by this return?  b If "Yes," complete Schedule I., Part II and enter the total amount involved  Section 501(c)(7) organizations. Either:  Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Either amount of tax imposed on the organization during the year under section 4911 ₱ O.; section 4912 ₱ O.; section 4955 ₱ O.  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ₱ O.  Section 501(c)(3) and 501(c)(4) organizations. Either 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. Either 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. Either 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. Either amount of tax imposed on organization managers or disqualified persons during the year with sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization managers or disqualified persons during the year year, and the organization approach to a prohibited tax shelter transaction? If Yes, complete Form 886-T  List the states with which a copy of this return is filed. ▶ NONE  List the states with which a copy of this return is filed. ▶ NONE  20 If Yes, form 494 A83 ZUNI DRIVE, BOISE, ID  See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of For	27.						
38 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 tax year covered by this return?  38 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  39 Section 501(c)(3) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  30 Gross receipts, included on line 9, for public use of club facilities  10 Gross receipts, included on line 9, for public use of club facilities  20 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4955 ▶ 0.  21 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  11 'Yes, complete Schedule L, Part I  22 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  32 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization shooks are in care of ▶ 0.  33 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in care of ▶ JOHN KINNEY  10 Section 4948 2 ZUNT DRIVE, BOTSE, ID  21 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. ▶  32 Section 4947(a)(1) nonexempt chaintable trusts timp Form 500-EZ in lieu of Form 500-EZ in Report of Foreign Bank and Financial Accounts  42b X  42c X  44c X  44c X  44d Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed inistead of Form 990-EZ  44d If Yes's t			7		v		
an a priori year and still outstanding at the end of the tax year covered by this return?  b If 'Pes', complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Inhaltion fees and capital contributions included on line 9  6 Gross receipts, included on line 9, for public use of club facilities  b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  If 'Yes,' complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied 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 organization  a All organizations. At any time during the tax year, was the organization in a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a comp of this return is filled. ▶ NONE  1 List the states with which a comp of this return is filled. ▶ NONE  1 Located at ▶ 9483 ZUNI DRIVE, BOISE, ID  2 IP + 4 ▶ 8370.4  40e X  1 Telephone no. ▶ (208) 323-0789  2 IP + 4 ▶ 8370.4  1 Wes, 'complete General year, did the organization maintain an ordice outside of the U.S.?  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  C At any time during the calendary year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. ▶		·	3/0				
b If Yes, "complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Intitation tess and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities section 4911 > 0. ; section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > 0. ; section 4912 > 0. ; section 4915 > 0. ; section 4915 > 0. ; section 4915 > 0. ; section 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualited persons during the year under sections 4912, 4955, and 4955  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization with the copy of this return is filed. NONE  11 List the states with which a copy of this return is filed. NONE  12 Telephone no. (208)323-0789  13 Telephone no. (208)323-0789  14 Located at 943 ZUNT DRIVE, BOTSE, ID  21 P+4 N83704  b Alany 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; See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  11 Yes, enter the name of the foreign country.  32 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  12 Yes, enter the name	38 a		20.		v		
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, micluded on line 9, for public use of club facilities  90 N/A  90 N/A  90 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ O. ; section 4915 ▶ O.  91 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ O.  92 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-€27 if Yes,* complete Schedule L, Part 1  92 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  93 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4501(c)(4) organization 4501(c)(			382	<u> </u>			
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Telephone no. (208) 323-0789  Located at 9483 ZUNI DRIVE, BOISE, ID  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 accounts)  If Yes, enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  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.  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  Yes No  44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	transaction? If "Yes," complete Form 8886-T						
Located at	41						
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    Yes   No account   Yes   Yes   No account   Yes   Yes   No account   Yes   Yes   No account   Yes	42 a	The organization's books are in care of ► JOHN KINNEY Telephone no. ► (208)	<u> 23 – </u>	<u>078</u>	9		
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 filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  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.  Section 4947(a)(1) nonexempt charitable trusts filling 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  Yes No  1 Yes No  2 If "Yes," Form 990-EZ  2 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  2 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  2 Did the organization receive any payments for indoor tanning services during the year?  3 If "Yes," If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X  44b X  44c X  45b X		Located at ► 9483 ZUNI DRIVE, BOISE, ID ZIP+4 ► 8	<u> 370</u>	4			
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, 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?  If "Yes," enter the name of the foreign country.  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  Yes No  1 Yes No  2 Yes No  3 Yes No  4 Y	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority					
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  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.  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  Yes No  Und the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  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.  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  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		account)?					
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. ▶  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   Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
If "Yes," enter the name of the foreign country.  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  Yes No  1		See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
A3 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  A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  B Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X		
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		If "Yes," enter the name of the foreign country.					
Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					
A44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		and enter the amount of tax-exempt interest received or accrued during the tax year	N/A				
A44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				Yes	No		
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Form 990-EZ	44a		X		
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead					
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44b		X		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	C		44c				
ın Schedule O 44d							
			44d				
			Form 9	90-EZ (	2010)		

Farm 000 I	GRAND GUARDIAN COUNCIL			00 6006	- ^ ^		Daga 4
Form 990-8	JOB'S DAUGHTERS INTERNA	TIONAL, INC.		82-6026	<u>592</u>	Yes	Page 4
45 Is an	y related organization a controlled entity of the organization within	the meaning of section 512(h)	(13)?		45	163	X
	ne organization receive any payment from or engage in any transaction			512(b)(13)?			
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ							_X_
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?							
Part VI	s, complete Schedule C, Part I	40.47(-)(4)	-1	-4	46		X
rait Vi	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable trust						
	Check if the organization used Schedule 0 to respond to any que		and 52, and complete	the tables for in	163 50	ano 51	<u>"</u>
	chook in the organization about contents of the respond to any que					Yes	No
47 Did th	ne organization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47		X
	organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Y				48 49a		X
49a Did the organization make any transfers to an exempt non-charitable related organization?							<u>X</u>
	s," was the related organization a section 527 organization? plete this table for the organization's five highest compensated emplo	ware (other than officers, directors	tructone and key on	nnlovaac) who a	49b	- Lawed	more.
•	\$100,000 of compensation from the organization. If there is none, en	•	s, ilusiees allu key el	iipioyees/ wiio e	acii i 60	reiven i	more
	proc,000 or compensation from the organization. It there is mens, on	(b) Title and average hours	(c) Compensation	(d) Contributions	(6	e) Expe	nse
	(a) Name and address of each employee paid more	per week devoted to		to employee benefit plans &	I	count	
	than \$100,000 NONE	position		deferred compensation	Otne	er allow	
-					+		
					<u> </u>		
					-		
f Total	number of other employees paid over \$100,000	<u> </u>	<u> </u>			-	
51 Comp	plete this table for the organization's five highest compensated independent	endent contractors who each recei	ved more than \$100,	000 of compens	ation fi	om the	3
orgar	nization. If there is none, enter "None." NONE		· · · · · · · · · · · · · · · · · · ·				
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of serv	/ICE (	:) Com	pensat	lion
					_		
d Total	number of other independent contractors each receiving over \$100,0	000	<b>&gt;</b>				
<b>52</b> Did th	ne organization complete Schedule A? <b>Note:</b> All section 501(c)(3) org	janizations and 4947(a)(1) nonexe	mpt	_	_	_	_
charit	table trusts must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including	accompanying schedules and statemen	ts, and to the best of my	knowledge and be	Ye lief it is	true,	No
	correct, and complete Declaration of preparer (other than officer) is based on a	all information of which preparer has any	knowledge	3/12	1 3	012	<del>-</del>
Sign	Signature of officer	<del></del> ·		Date			
Here	▶ JOHN KINNEY, GRAND SECRETAR	Y					
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date Check if PTIN						
Paid	KELLY D. SONNICHSEN,		self- employ	/ed			
Prepare		Donne Kol	Francis 5111				
Use On	Firm's name ► TRAVIS JEFFRIES, P.A Firm's address ► 590 W WASHINGTON ST	· · · · · · · · · · · · · · · · · · ·	Firm's EIN Phone no.	(208)	345	_53	83
	BOISE, ID 83702-595		r none no.	(200)	J <del>I</del> J	,,	J J
May the IRS	S discuss this return with the preparer shown above? See instruction			<b></b> _	Ye	s 🗌	No
032174 03-04-11				-	orm 9	90-EZ	(2010)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

n 501(c)(3) organization or a section

Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

GRAND GUARDIAN COUNCIL OF IDAHO

Inspection

OMB No 1545-0047

		JOB'S D	AUGHTERS INT	ERNAT	IONAL	, INC			82	<u>-6026</u>	592	
Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t ) See ins	tructions				
he organ	zation is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i	).				
2 🔲	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀			ital service organization			170(b)(1)	(A)(iii).					
4	•	· · · · · · · · · · · · · · · · · · ·	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ie hospital	's name	e,
	city, and stat		,						•			
5			benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental un	it describe	d in		
	_	(b)(1)(A)(iv). (Comple	<del>-</del>	•	•	-	•					
6 🔲			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7	•	. •	eives a substantial part					or from the	e general p	ublic desc	ribed in	ו
. —	-	b)(1)(A)(vi). (Comple				3						
в 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II )							
9 X			eives (1) more than 33			rom contri	butions, n	nembersh	ip fees, and	d aross rec	ceipts f	rom
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete	•		D, 110111 DG		204000 %	,, i o g.			<b>-,</b>	_
10			perated exclusively to te	st for publ	ic safety 9	See sectio	n 509(a)(4	41.				
11 🗔	-	-	perated exclusively for the	-	-			-	v out the p	ourposes o	f one o	or
			ations described in section									
			organization and comple				,,		(-/(-/·			
	a Type		¬ ~		e III - Func		tegrated		ď	Type III - C	Other	
е 🔲			at the organization is not	• •		-	-	r more dis				1
÷ L			han one or more publicly									
f			tten determination from t						- (-/( /		\- /\ /	
•		rganization, check th				F - 1 . 7 F -	,,					
α .		-	organization accepted ar	ny aift or c	ontribution	from anv	of the follo	owina per	sons?			
g			lirectly controls, either al			-					Yes	No
			upported organization?			<b>F</b> • · · · · · · · ·		()	(, , ,	11g(i)		<del></del>
	•	• •	n described in (i) above?	ı						11g(ii)		
	• •	•	person described in (i) o		e?					11g(iii)		
h	• •		about the supported or							<u> </u>	<u>-</u>	
,,,	1 TOVIDE LITE I	Ollowing information	about the supported of	garnzanon	(3)							
/!\ Al=		(2) 5(1)	(ıii) Type of	(iv) is the c	organization	(v) Did voi	i notify the	(vi) ls	s the	/v::\ An	ount of	
	of supported	(ii) EIN	organization		sted in your			organization in col. (VII) Allicul				
UI Ya	inization		(described on lines 1-9 above or IRC section		document?		ur support? (1) organized in the		rganized in the support U.S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
-	-		· · · · · · · · · · · · · · · · · · ·									
			4									
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		1	1	1		1			1 1			

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support (e) 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

	Column (I)				<u> </u>				
_6	Public support. Subtract line 5 from line 4								
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e)	2010	(f) Tot	al
7	Amounts from line 4								
8	Gross income from interest,					-			
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on						_		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10			<u></u>	ļ <u>.</u>	<u> </u>		<u></u>	
12	Gross receipts from related activities,	etc (see instruct	ions)			12			
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c	)(3)		
	organization, check this box and stor								<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2010 (	ine 6, column (f) c	livided by line 11,	column (f))		14			<u>%</u>
15	Public support percentage from 2009	·	="			15			<u>%</u>
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	more, ch	eck this bo	x and	
	stop here. The organization qualifies							•	<b>▶</b> ∐
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/39	% or more	e, check th	is box	
	and stop here. The organization qual	•	• • •					)	<b>-</b>
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac					art IV hov	w the organ	ıızatıon	
	meets the "facts and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization			•	<b>-</b> []
b	10% -facts-and-circumstances tes	•							
	more, and if the organization meets the							1	
	organization meets the "facts-and-circ		•	•		•		•	<b>-</b>  -
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17					<u> </u>
					Sch	edule A	(Form 990	or 990-EZ	) 2010

### GRAND GUARDIAN COUNCIL OF IDAHO

Schedule A (Form 990 or 990-EZ) 2010 JOB'S DAUGHTERS INTERNATIONAL, INC. 82-6026592 Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	895.	919.	313.	718.	95.	2,940.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	39,141.	38,775.	44,670.	35,975.	50,347.	208,908.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	40,036.	39,694.	44,983.	36,693.	50,442.	211,848.
·7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						211,848.
	ction B. Total Support	<u> </u>		· · ·			,
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	40,036.	39,694.	44,983.	36,693.	50,442.	211,848.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,022.	2,240.	1,225.	18.	926.	6,431.
h	Unrelated business taxable income	2,022.	2,240.	1,225.			0,451.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	2,022.	2,240.	1,225.	18.	926.	6,431.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	42,058.	41,934.	46,208.	36,711.	51,368.	218,279.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here						<b>▶</b> □
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2010 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	<u>97.05 %</u>
	Public support percentage from 2009					16	96.54 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>10</b> (line 10c, colum	ın (f) dıvıded by lıne	e 13, column (f))		17	<u>2.95</u> %
18	Investment income percentage from 2	<b>2009</b> Schedule A, F	Part III, line 17			18	3.46 %
19a	33 1/3% support tests - 2010. If the	-					
L	more than 33 1/3%, check this box ar						<b>▶</b> X
	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
			•	-		-	
20	Private foundation. If the organization	i did not check a b	ox on line 14, 19a,	or 190, check this	s box and see inst	ructions	

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GRAND GUARDIAN COUNCIL OF IDAHO

Employer identification number 82-6026592

JOB'S DAUGHTERS INTERNATIONAL, INC	C. 82-6026592
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SAI	LES OF INVENTORY:
INCOME:	
1. GROSS RECEIPTS	3,629.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	3,629.
4. COST OF GOODS SOLD (LINE 13)	1,142.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	2,487.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	2,887.
7. MERCHANDISE PURCHASED	568.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	3,455.
12. INVENTORY AT END OF YEAR	2,313.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,142.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	926.
REIMBURSEMENT	4,059.
SPECIAL DISPENSATIONS	154.
TOTAL TO FORM 990-EZ, LINE 8	5,139.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
LHA For Panerwork Reduction Act Natice see the Instructions for Form 990 or 990-F7	Schedule O (Form 990 or 990-FZ) (2010)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Internal Revenue Service GRAND GUARDIAN COUNCIL OF IDAHO Employer identification number Name of the organization 82-6026592 JOB'S DAUGHTERS INTERNATIONAL, INC. OFFICE SUPPLIES 2,784. 1,450. TRAVEL AWARDS 518. 104. WEBSITE 12,498. **CARAVAN** OFFICER EXPENSES 2,200. 2,278. GRAND SESSION 550. **INSURANCE** 64. BANK FEES 210. TAXES SUPREME COUNCIL DUES 7,129. 8,822. JDU EXPENSES 641. SPECIAL EVENTS 650. DONATIONS UNACCOUNTED FOR REDUCTION IN FUNDS 42,746. 82,644. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION 2,887. 2,313. INVENTORY 1,250. 1,250. PREPAID 3,563. TOTAL TO FORM 990-EZ, LINE 24 4,137. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SPIRITUAL AND MORAL UPBRINGING FOR GIRLS; DEVELOP LEADERSHIP, SEEK KNOWLEDGE, AND TEACH RESPECT.

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

GRAND GUARDIAN COUNCIL OF IDAHO JOB'S DAUGHTERS INTERNATIONAL, INC.

Employer identification number 82-6026592

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE OBJECTIVE OF THE ORGANIZATION IS TO BAND TOGETHER
GIRLS FOR SPIRITUAL AND MORAL UPBRINGING AND TO SEEK
KNOWLEDGE, TO TEACH THE LOVE OF GOD, LOVE OF COUNTRY,
RESPECT FOR THE FLAG, LOVE OF HOME AND FAMILY AND REVERENCE FOR THE
TEACHINGS OF THE SCRIPTURES. MEMBERSHIP IS APPROXIMATELY 302.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.