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EXTENSION GRANTED TO APRIL 15, 2012

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 Inspection

Form **990-EZ**

Department of the Treasury

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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 MAY 31, JUN 1, 2010 and ending

Internal Revenue Service For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Address change JUNIOR LEAGUE OF BOISE, IDAHO, INC. 82-6006240 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 350 N 9TH STREET, SUITE B60 (208) 424-5011Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return BOISE, ID 83702 Number > Application pending X Accrual H Check X if the organization is not Accounting Method Cash Other (specify) WWW.JLBOISE.COM required to attach Schedule B Website -Tax-exempt status (check only one) - X 501(c)(3) ____ 501(c) () ◀ (insert no) 4947(a)(1) or L ___ 527 (Form 990, 990-EZ, or 990-PF) Check Lift 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 L 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, 84,918. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 33,691. Contributions, gifts, grants, and similar amounts received 1 5,132. 2 2 Program service revenue including government fees and contracts 32,591. 3 3 Membership dues and assessments 1,240. SEE SCHEDULE O 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue 6a \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 9,849. gross income and contributions exceeds \$15,000) 6b 1,023. 6c c Less direct expenses from gaming and fundraising events 8,826. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 2,415 7a Gross sales of inventory, less returns and allowances 7a 2,125. SEE SCHEDULE O b Less cost of goods sold 7b 290. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schedule O) 81,770. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list-in-Schedule-O) 11 11 Benefits paid to or for members 15,231. 12 12 Salaries, other compensation, and employee benefits 5,000. Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance MAN SELIC 13 13 9,902. SEE SCHEDULE O 14 14 $1, \overline{182}$. 15 15 Printing, publications, postage, and shipping 69,931. SEE SCHEDULE O 16 Other expenses (describe in Schedule 0)) (5 1) 101,246. 17 Total expenses. Add lines 10 through 16 -19,476.Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 202,343. 19 (must agree with end-of-year figure reported on prior year's return) 26,808. SEE SCHEDULE O 20 Other changes in net assets or fund balances (explain in Schedule O) 209,675. 21 Net assets or fund balances at end of year Combine lines 18 through 20

HA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

4	0	Page 2	
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Pa	ert II Balance Sheets. (see the instructions for Part II)				
	Check if the organization used Schedule O to respond to any question	ın this Part II		,	X
			(A) Beginning of year	 	End of year
22	Cash, savings, and investments		231,091.		238,316.
23	Land and buildings	_	4 020	23	
24	Other assets (describe in Schedule 0) SEE SCHEDULE () 	4,830.	 	2,828.
25	Total assets	, <u> </u>	235,921.	25	241,144.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE () 	33,578.		31,469.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) art III Statement of Program Service Accomplishme	nto (oca the instructions f	202,343.		209,675.
Ma					xpenses I for section
14/5-0	Check if the organization used Schedule O to respond to any question to the organization's primary exempt purpose? SEE SCHEDULE O			501(c)(3)	and 501(c)(4)
				1	ions and section 1) trusts, optional
	cribe what was achieved in carrying out the organization's exempt pu services provided, the number of persons benefited, and other releval			for others	
	COMMUNITY PROGRAMS THAT PROMOTE SEI				
	MENTORING, AND ENHANCE THE EDUCATION			-	
	HENTOKINO, THE ENTITUDE THE EDUCATION	on or oninder		-	
	(Grants \$ 5,000.) If this amount includes foreign	grants, check here	•	28a	37,719.
	MEMBERSHIP SERVICES THAT PROVIDE MI		RAINING AND		
	EDUCATION FOR EFFECTIVE COMMUNITY		MEMBERS ARE	_	
	ALSO PROVIDED WITH A MONTHLY NEWSLE			_	
	(Grants \$) If this amount includes foreign	grants, check here	▶ [29a	37,986.
30					
				_	
				_	
	(Grants \$) If this amount includes foreign	grants, check here		30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a)		·	▶ 32	75,705.
Pa	rt IV List of Officers, Directors, Trustees, and Key I	:mployees. List each one	e even if not compensated (se	e the instructions	for Part IV)
			,		· —
	Check if the organization used Schedule O to respond to any question	n in this Part IV			
	Check if the organization used Schedule O to respond to any question	n in this Part IV (b) Title and average hour	rs (c) Compensation	(d) Contributions to employee	(e) Expense
		n in this Part IV		(d) Contributions to employee benefit plans & deferred	
	Check if the organization used Schedule O to respond to any questio	n in this Part IV (b) Title and average hour per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans &	(e) Expense account and
	Check if the organization used Schedule O to respond to any questio (a) Name and address NDY KAYLER, 350 N 9TH STREET,	(b) Title and average hour per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SU	Check if the organization used Schedule O to respond to any questio (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other allowances
SU CE	Check if the organization used Schedule O to respond to any questio (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET,	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT	(c) Compensation (If not paid, enter -0) BOARD	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SU CE SU	Check if the organization used Schedule O to respond to any questio (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00	(c) Compensation (if not paid, enter -0) BOARD 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SU CE SU CA	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET,	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EI	(c) Compensation (if not paid, enter -0) BOARD 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0.
SU CE SU CA SU	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET, ITE B60, BOISE, ID 83702	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00	(c) Compensation (if not paid, enter -0) BOARD 0. 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0.
SU CE SU CA SU SA	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET,	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EL 2.00	(c) Compensation (if not paid, enter -0) BOARD 0. 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances O. O.
SU CE SU CA SU SA SU	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 UNDRA CORONADO, 350 N 9TH STREET,	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EL 2.00 TREASURER	(c) Compensation (If not paid, enter -0) BOARD 0. ECT 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances O. O.
SU CE SU CA SU SA SU KY	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 UNDRA CORONADO, 350 N 9TH STREET, ITE B60, BOISE, ID 83702	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EL 2.00 TREASURER 2.00	(c) Compensation (If not paid, enter -0) BOARD 0. ECT 0.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0. 0.
SU CE SU CA SU SA SU KY B6 JE	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 UNDRA CORONADO, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 M HURST, 350 N 9TH STREET, SUITE O, BOISE, ID 83702 NNIFER JOHNSON, 350 N 9TH STREET,	to in this Part IV (b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EL 2.00 TREASURER 2.00 DIRECTOR	(c) Compensation (If not paid, enter -0) BOARD 0. ECT 0.	(d) Contributions to employee benefit plans & deferred compensation 0.	(e) Expense account and other allowances O. O. O.
SU CE SU SU SU KY B6 SU SU	Check if the organization used Schedule O to respond to any question (a) Name and address NDY KAYLER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 CE GASSNER, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 MILLE FRALEY, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 UNDRA CORONADO, 350 N 9TH STREET, ITE B60, BOISE, ID 83702 M HURST, 350 N 9TH STREET, SUITE 0, BOISE, ID 83702 NNIFER JOHNSON, 350 N 9TH STREET, ITE B60, BOISE, ID 83702	(b) Title and average hour per week devoted to position CHAIR OF THE 2.00 PRESIDENT 2.00 PRESIDENT EL 2.00 TREASURER 2.00 DIRECTOR 2.00 DIRECTOR 2.00	(c) Compensation (If not paid, enter -0) BOARD 0. ECT 0.	(d) Contributions to employee benefit plans & deferred compensation 0.	(e) Expense account and other allowances O. O. O.
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Pa	Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule O	33		X
34	Were any significant changes made to the organizing 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)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no t			
	reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or			v
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	NT /	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	00		X
	complete applicable parts of Schedule N Foter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	36		<u> </u>
		27h		Х
	Did the organization file Form 1120-POL for this year?	37b		1
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	38a		х
	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	304		
	Too, compare constant and anterior			
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
404	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►			
h	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-EZ?		·	
	If "Yes," complete Schedule L, Part I	40b		X
r	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	1		
٠	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	į		
•	organization Decision			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (208)	424-		11
	Located at ► 350 N 9TH STREET, SUITE B60, BOISE, ID ZIP+4 ► 8	<u> 3702</u>	2	
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)?	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		:	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country		_	$\overline{}$
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		
		Г		1
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			v
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	}		U
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			1
	In Schedule O	440	10 57	(2010)
		orm 9 9	1U-EL	(2010)

		E, IDAHO, INC.		82-60062		Page
45 ls anv rei	lated organization a controlled entity of the organization wit	hin the messing of section 512/h	1/1312	Г	45 Ye	s N
-	rganization receive any payment from or engage in any transa	-	• • •	1 512(b)(13)?	73	
	Form 990 and Schedule R may need to be completed instead		a mashing or sound	. 5 . 2 (5)(. 6)	45a	x
	rganization engage, directly or indirectly, in political campaigr		n to candidates for p	ublic office?		
	complete Schedule C, Part I				46	X
Part VI	Section 501(c)(3) organizations and sect	on 4947(a)(1) nonexempt	charitable tru	sts only. All s	ection 50	(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable t		and 52, and complete	e the tables for lin	es 50 and	51
	Check if the organization used Schedule O to respond to any	question in this Part VI				
				Г	Ye	
	rganization engage in lobbying activities? If "Yes," complet			}	47	X
	panization a school as described in section 170(b)(1)(A)(ii)? I	•		-	48 49a	$\frac{\lambda}{X}$
	rganization make any transfers to an exempt non-charitable ri vas the related organization a section 527 organization?	erated organization?) -	49a 49b	- A
	e this table for the organization's five highest compensated en	anlovees (other than officers, director	e tructage and kay ar	_		d more
	0,000 of compensation from the organization. If there is none	· ·	s, trustees and key er	inployees) wild ea	CII IECEIVE	u more
tian wio	0,000 of compensation from the organization. If there is none	(b) Title and average hours	(c) Compensation	(d) Contributions	(e) Ex	pense
	(a) Name and address of each employee paid more	per week devoted to	(c) compensus	to employee benefit plans &	accou	•
	than \$100,000 NONE	position		deferred compensation	other all	owance:
				3011100113411011	1	
			<u> </u>		<u> </u>	
				1	1	
	· ·—					
	nber of other employees paid over \$100,000	lenendent contractors who each recei	lived more than \$100	000 of compensa	tion from t	he.
51 Complete	this table for the organization's five highest compensated inc	lependent contractors who each recei	ived more than \$100,	000 of compensa	tion from	he
51 Complete	this table for the organization's five highest compensated incient if there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc		ved more than \$100,		tion from	
51 Complete	this table for the organization's five highest compensated incient if there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated incient if there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated incient if there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc ion_lf there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc ion_lf there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc ion_lf there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc ion_lf there is none, enter "None" NONE					
51 Complete	this table for the organization's five highest compensated inc ion_lf there is none, enter "None" NONE					
51 Complete organizat	this table for the organization's five highest compensated incient if there is none, enter "None" NONE (a) Name and address of each independent contractor paid	more than \$100,000				
51 Complete organizat	this table for the organization's five highest compensated incient if there is none, enter "None" NONE (a) Name and address of each independent contractor paid	more than \$100,000	(b) Type of ser			
d Total nur	this table for the organization's five highest compensated incient if there is none, enter "None" NONE (a) Name and address of each independent contractor paid where the property of the receiving over \$1 increases of the property of the receiving the property of the receiving the property of the receiving over \$1 increases of the property of the receiving the property of the receiving over \$1 increases of the property of the receiving the receiving the receiving the property of the receiving the	more than \$100,000	(b) Type of ser) Compens	ation
d Total num 52 Did the o	this table for the organization's five highest compensated incident if there is none, enter "None" NONE (a) Name and address of each independent contractor paid mober of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) at trusts emist attach a completed Schedule A	more than \$100,000 00,000 organizations and 4947(a)(1) nonexe	(b) Type of ser	vice (c)) Compens	ation
d Total num 52 Did the o	this table for the organization's five highest compensated incient of there is none, enter "None" NONE (a) Name and address of each independent contractor paid more of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) trusts must attach a completed Schedule A independent of penalties of penury. I declare that I have examined this return, including penalties of penury.	more than \$100,000 00,000 organizations and 4947(a)(1) nonexe	(b) Type of ser	vice (c)) Compens	ation
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated incident if there is none, enter "None" NONE (a) Name and address of each independent contractor paid mober of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) at trusts emist attach a completed Schedule A	more than \$100,000 00,000 organizations and 4947(a)(1) nonexe	(b) Type of ser	vice (c)) Compens	ation
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated incident of there is none, enter "None" NONE (a) Name and address of each independent contractor paid in the properties of the prope	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any	(b) Type of ser	vice (c)) Compens	ation
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated incident of there is none, enter "None" NONE (a) Name and address of each independent contractor paid in the properties of each independent contractor paid in the properties of each independent contractor paid in the properties of each independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) is trusts must attack a complete of Schedule A independent of penjury. I declare that I have examined this return, including the properties of penjury.	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any	(b) Type of ser	vice (c)) Compens	ation
d Total nur 52 Did the o charitable	this table for the organization's five highest compensated inclining in there is none, enter "None" NONE (a) Name and address of each independent contractor paid more of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) trusts must attach a completed Schedule A independent of penalties of penury. I declare that I have examined this return, including penalties of penury. I declare that I have examined this return, including penalties of penury. I declare that I have examined this return, including penalties of penury. I declare that I have examined this return, including penalties of penury. I shased Signature of officer SAUNDRA CORONADO, TREASURI	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any ER	(b) Type of ser	vice (c)) Compens	ation
d Total nun 52 Did the o charitable Sign Here	this table for the organization's five highest compensated inclining in there is none, enter "None" NONE (a) Name and address of each independent contractor paid in the properties of each independent contracto	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any ER	(b) Type of ser	vice (c)) Compens	ation
d Total num 52 Did the o charitable Here	this table for the organization's five highest compensated incident of there is none, enter "None" NONE (a) Name and address of each independent contractor paid and address of each independent contractor paid regardation complete Schedule A? Note: All section 501(c)(3) a trusts must attack a completed Schedule A note that I have examined this return, including penalties of penury.) declare that I have examined this return, including the penalties of penury. The period of penury of penury is based of the standard complete Declaration of preparer (other than officer). Saundra Coronado, Treasurities Print/Type preparer's name Preparer's significant in the standard preparer of the standard preparer's significant in the standard preparer of the standard preparer's significant in the standard preparer of the standard preparer's significant in the standard preparer of the standard preparer's significant in the standard preparer of the standard preparer's significant in the standard preparer of the standard pr	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any ER	(b) Type of ser	vice (c)) Compens	ation
d Total num 52 Did the o	this table for the organization's five highest compensated inclining in there is none, enter "None" NONE (a) Name and address of each independent contractor paid more of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) at trusts must attach a completed Schedule A indep penalties of penury.) declare that I have examined this return, including penalties of penury.) declare that I have examined this return, including penalties of penury.) declare that I have examined this return, including penalties of penury.) Signature of officer SAUNDRA CORONADO, TREASURI Type or print name and title Print/Type preparer's name CHERYL GUIDDY	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any ER	empt Check self- emplo	vice (c)) Compens	
d Total num 52 Did the o charitable CSign Here	this table for the organization's five highest compensated inclining in there is none, enter "None" NONE (a) Name and address of each independent contractor paid mober of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) trusts must attach a completed Schedule A indep penalties of penury.) declare that I have examined this return, inclusion of penalties of penury.) declare that I have examined this return, inclusion of penalties of penury. Signature of officer SAUNDRA CORONADO, TREASURI Type or punt name and title Print/Type preparer's name Preparer's signature of the penalties of the penalti	more than \$100,000 00,000 organizations and 4947(a)(1) nonexe ding accompanying schedules and statemer on all information of which preparer has any ER gnature Date 3-176	empt Check self-emplo	vice (c)) Compens	No
d Total num 52 Did the o charitable CSign Here	this table for the organization's five highest compensated inclining in there is none, enter "None" NONE (a) Name and address of each independent contractor paid more of other independent contractors each receiving over \$1 reganization complete Schedule A? Note: All section 501(c)(3) at trusts must attach a completed Schedule A indep penalties of penury.) declare that I have examined this return, including penalties of penury.) declare that I have examined this return, including penalties of penury.) declare that I have examined this return, including penalties of penury.) Signature of officer SAUNDRA CORONADO, TREASURI Type or print name and title Print/Type preparer's name CHERYL GUIDDY	more than \$100,000 00,000 organizations and 4947(a)(1) nonexed ding accompanying schedules and statemer on all information of which preparer has any ER Inature Date 3-176 X, STE. 100	empt Check self- emplo	vice (c)	Yes ef, it is true,	N

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

2010

Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF BOISE, IDAHO, INC.

Employer identification number 82-6006240

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.		
he organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check o	only one b	ox)			
1 📋			s, or association of chur							
2			70(b)(1)(A)(ii) . (Attach Sc							
3			tal service organization of		n section	170(b)(1)	(A)(iii).			
4			operated in conjunction					(b)(1)(A)(i	ii). Enter th	ie hospital's name,
. —	city, and stat				, 					
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental un	it describe	d In
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7			eives a substantial part					r from the	general p	ublic described in
	section 170(b)(1)(A)(vi). (Comple	ete Part II)							
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 X	An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	nembersh	ıp fees, and	d gross receipts from
			nctions - subject to certa							
			axable income (less sect							
		509(a)(2). (Complete								
10			perated exclusively to te	st for publ	c safety. S	ee sectic	n 509(a)(4	1).		
11 🔲			perated exclusively for th						y out the p	ourposes of one or
			ations described in secti							
			organization and compl				•			
	a Type I				e III - Func		tegrated		d 🔲	Type III - Other
_			at the organization is not	• •		-	-	r more dis	qualified p	ersons other than
•			than one or more publicly							
f		-	tten determination from							, , , ,
•	-	rganization, check t				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,			
~		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina per	sons?	
g			directly controls, either al							Yes No
			upported organization?	ione or tog	011101 111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,	(, ==::::	11g(i)
	•	• •	n described in (i) above?	•						11g(ii)
		•			2					11g(iii)
•			a person described in (i)							(· · · · · · · · · · · · · · · · · · ·
h	Provide the t	ollowing information	about the supported or	gamzation	(8).					
(1) No		(m) EIN	(III) Type of	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) l		(vii) Amount of
• •	of supported	(II) EIN	organization		sted in your		tion in col	organizati (i) organi	on in col	support
org.	anization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	ÜS	3 2	
			(see instructions))	Yes	No	Yes	No	Yes	No	
			 `	1						
				†						<u> </u>
				 				<u> </u>		
				 			 		1 - +	
				-	-			 	+	
					<u> </u>		<u> </u>			
-										
		1	1	1	1	1	}	1	1	

Page 2 Schedule A (Form 990 or 990-EZ) 2010 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 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (c) 2008(a) 2006 **(b)** 2007 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2007 (c) 2008 (d) 2009 (e) 2010 (a) 2006 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this bo	х
and stop here. The organization qualifies as a publicly supported organization	▶∟
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	ore,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	on
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	>

stop here. The organization qualifies as a publicly supported organization

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.")	68,202.	75,747.	67,802.	54,961.	86,806.	353,518.
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	65,743.	68,967.	42,165.	42,665.	7,547.	227,087.
3	Gross receipts from activities that					: <u>* </u>	
	are not an unrelated trade or bus- lness 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			<u></u>			
6	Total. Add lines 1 through 5	133,945.	144,714.	109,967.	97,626.	94,353.	580,605.
7a	Amounts included on lines 1, 2, and						0.
H	3 received from disqualified persons 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.
	Public support (Subtract line 7c from line 6)						580,605.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	133,945.	144,714.	109,967.	97,626.	94,353.	580,605.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,558.	4,252.	2,742.	4,054.	1,240.	17,846.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u></u>				
c	Add lines 10a and 10b	5,558.	4,252.	2,742.	4,054.	1,240.	17,846.
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						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	139,503.	148,966.	112,709.	101,680.	95,593.	598,451.
	First five years. If the Form 990 is for						
	check this box and stop here						▶
Sec	ction C. Computation of Publ	ic Support Per	rcentage			_	
	Public support percentage for 2010 (I			olumn (f))		15	97.02 %
	Public support percentage from 2009					16	96.81 %
-	ction D. Computation of Inves						
	Investment income percentage for 20	·		e 13, column (f))		17	2.98 %
18	Investment income percentage from	•				18	3.19 %
	33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	$\blacktriangleright \boxed{X}$
t	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	_

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

JUNIOR LEAGUE OF BOISE, IDAHO, INC.

Employer identification number 82-6006240

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS	830.
TNMEDER	410.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	- · · ·
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,240.
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTOR	Y:
INCOME:	
1. GROSS RECEIPTS	2,415.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	2,415.
4. COST OF GOODS SOLD (LINE 13)	2,125.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	290.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	2,125.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	2,125.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	2,125.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MA	INTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	780.

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.

Employer identification number 82-6006240

JUNIOR LEAGUE OF BOISE, IDAHO, INC.	82-6006240
OTHER EXPENSES	9,122.
TOTAL TO FORM 990-EZ, LINE 14	9,902.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETINGS	13,251.
PROVISIONAL PROJECT	12,883.
TRAVEL	11,645.
EQUIPMENT COSTS	7,789.
PROGRAM COSTS	5,635.
TRAINING	4,734.
TELEPHONE AND INTERNET	3,351.
INSURANCE	2,549.
SUPPLIES	2,189.
SCHOLARSHIPS AND AWARDS	1,272.
ADVERSTISING	1,062.
BANK FEES	2,640.
DUES	310.
OTHER	621.
TOTAL TO FORM 990-EZ, LINE 16	69,931.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN	26,808.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 **Employer identification number** JUNIOR LEAGUE OF BOISE, IDAHO, INC. 82-6006240 OF YEAR END OF YEAR DESCRIPTION BEG. 2,231. 1,091. ACCOUNTS RECEIVABLE INVENTORY 2,125. 0. OTHER DEPRECIABLE ASSETS 474. 1,737. TOTAL TO FORM 990-EZ, LINE 24 2,828. 4.830. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION 499. 1,641. ACCOUNTS PAYABLE 0. 134. PAYROLL LIABILITIES 20,759. 18,564. PREPAID DUES 11,130. PAYABLE TO AJLI 12,320. TOTAL TO FORM 990-EZ, LINE 26 33,578. 31,469. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING THE COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS. 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.

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

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

► Attach to your tax return.

Attachment Sequence No 67

OMB No 1545-0172

► See separate instructions.

Business or activity to which this form relates

Identifying number

	NIOR LEAGUE OF BOISE						PAGE	1	82-6006240
Par	t Election To Expense Certain Propert	Under Section 1	79 Note. If you	ı have any lıs	ted prop	erty, co	omplete Part	/ before y	ou complete Part I
1 N	Maximum amount (see instructions)							1	500,000.
2 T	otal cost of section 179 property place	d in service (see	instructions)					2	
3 T	hreshold cost of section 179 property b	efore reduction	in limitation					3	2,000,000.
	Reduction in limitation. Subtract line 3 fr			r -0-				4	
5 D	ollar limitation for tax year Subtract line 4 from line	If zero or less, enter	-0- If married filir	ng separately, see	e instructio	ıs		5	
6	(a) Description of proj	perty		(b) Cost (busin	ess use on	ly)	(c) Elected	cost	
7 L	isted property. Enter the amount from I	ine 29				7			
	otal elected cost of section 179 proper		ın column (c), lines 6 and	7			8	
9 T	entative deduction. Enter the smaller of	of line 5 or line 8						9	
1 0 C	Carryover of disallowed deduction from	line 13 of your 20	009 Form 456	52				10	
11 E	Business income limitation. Enter the sn	aller of business	s income (not	less than ze	ro) or line	e 5		11	
12 S	Section 179 expense deduction. Add lin	es 9 and 10, but	do not enter	more than li	ne 11 _			12	
	Carryover of disallowed deduction to 20					13			,
Note	: Do not use Part II or Part III below for								
Pai	rt II Special Depreciation Allowan	ce and Other D	epreciation	(Do not inclu	de listed	prope	ty.)		
14 8	Special depreciation allowance for quali	fied property (oth	ner than listed	d property) pl	laced in :	service	during		
t	he tax year							14	
15 F	Property subject to section 168(f)(1) elec	ction						15	700
16 C	Other depreciation (including ACRS)							16	780.
Pa	オ III MACRS Depreciation (Do not	include listed pr)				
				ction A					<u> </u>
17 N	MACRS deductions for assets placed in	service in tax ye	ears beginnin	g before 201	0			17	
18 If	you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset acc	ounts, che	k here		<u> </u>	
	Section B - Assets I				Using tr	e Gene	erai Deprecia	tion Syst	em I
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Re	covery nod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				ļ				
b	5-year property			·					
c	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
	25-year property				25	yrs.	ļ	S/L	
	Pagidantial rantal property	/			27 5	yrs	MM	S/L_	
_ h	Residential rental property	/			1	yrs	MM	S/L	
:	Nonresidential real property				39	yrs	MM	S/L	
	, , ,	/			<u> </u>		MM	S/L	<u> </u>
	Section C - Assets P	aced in Service	During 2010) Tax Year U	sing the	Altern	ative Deprec	iation Sy	stem
20a	Class life							S/L	
b	12-year	ļ				yrs	<u> </u>	S/L	
С	40-year	/	<u> </u>		40	yrs	MM	S/L_	<u> </u>
	rt IV Summary (See Instructions)							1	1
	Listed property. Enter amount from line							21	
	Fotal. Add amounts from line 12, lines 1								700
	Enter here and on the appropriate lines				ations - <u>s</u>	ee instr		22	780.
23	For assets shown above and placed in	service during th	e current yea	r, enter the	-	1			
r	portion of the basis attributable to secti	on 263A costs				23			

Form 4562 (2010) JUNIOR LEAGUE OF BOISE, IDAHO, INC. 82-6006240 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 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? No 24b If "Yes," is the evidence written? Yes Yes No (b) (c) (e) **(f)** (a) (d) Date Business/ Elected Basis for depreciation Type of property Depreciation Recovery Method/ Cost or placed in section 179 investment (list vehicles first) period Convention deduction other basis service use percentage use only) cost 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) (b) (d) (e) (a) (c) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the

	year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
	driven					ļ						ļ	
33	Total miles driven during the year												
	Add lines 30 through 32	L											
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	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?					<u> </u>			L				

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.

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 vehic	cles used by corporat	e officers, directors,	or 1% or more owne	rs				
39	Do you treat all use of vehicles by employ	ees as personal use?)						
40	Do you provide more than five vehicles to	your employees, obt	ain information from	your employees abo	ut				
	the use of the vehicles, and retain the info	ormation received?							
41	Do you meet the requirements concerning	g qualified automobile	e demonstration use?	?					
	Note: If your answer to 37, 38, 39, 40, or	41 is "Yes," do not co	mplete Section B for	the covered vehicle:	S				
P	art VI Amortization								
	(a)	(b)	(c)	(d)	(e)	(f)			

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your	2010 tax year:				
 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 				43	