

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

Open to Public
InspectionA For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.

C Name of organization

**CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

953 CLARK STREET

Room/suite

City or town, state or country, and ZIP + 4

CLARKSVILLE, TN 37040

D Employer identification number

62-6051216

E Telephone number

(931) 648-1345

F Accounting method:

☐ Cash ☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ▶ **N/A**G Website: ▶ **N/A**J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.M Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **459,109.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b		8,351.	
	c	Indirect public support (not included on line 1a)	1c		57,854.	
	d	Government contributions (grants) (not included on line 1a)	1d		210,831.	
	e	Total (add lines 1a through 1d) (cash \$ 277,036. noncash \$)	1e		277,036.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		161,075.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents SEE STATEMENT 1	6a		9,852.	
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		9,852.		
7	Other investment income (describe)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	8d					
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a		11,146.	
	b	Less: direct expenses other than fundraising expenses	9b		5,109.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c		6,037.	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
Net Assets	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		454,000.	
	13	Program services (from line 44, column (B))	13		385,775.	
	14	Management and general (from line 44, column (C))	14		82,283.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17		468,058.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-14,058.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		220,179.	
	20	Other changes in net assets or fund balances (attach explanation)	20		0.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		206,121.	

623001
01-18-07

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

Form 990 (2006)

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Form 990 (2006)

TURNER SENIOR CITIZEN'S CENTER, INC.

62-6051216

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3 25a	53,996.	43,197.	10,799.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	173,670.	138,936.	34,734.	
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	32,994.	26,395.	6,599.	
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31	5,500.		5,500.	
32 Legal fees 32				
33 Supplies 33	10,459.	8,367.	2,092.	
34 Telephone 34				
35 Postage and shipping 35				
36 Occupancy 36				
37 Equipment rental and maintenance 37	8,643.	6,914.	1,729.	
38 Printing and publications 38				
39 Travel 39	2,780.	2,224.	556.	
40 Conferences, conventions, and meetings ... 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	23,607.	18,886.	4,721.	
43 Other expenses not covered above (itemize):				
a UTILITIES 43a	59,718.	47,774.	11,944.	
b FOOD 43b	34,920.	34,920.		
c BAND FEES 43c	21,200.	21,200.		
d INSURANCE 43d	10,812.	8,650.	2,162.	
e OFFICE EXPENSES 43e	7,234.	5,787.	1,447.	
f ADC AND OTHER SERVICES 43f	22,525.	22,525.		
g 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	468,058.	385,775.	82,283.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A623011
01-23-07

Form 990 (2006)

CLARKSVILLE-MONTGOMERY COUNTY AJAX

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TURNER SENIOR CITIZEN'S CENTER, INC.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	PROVIDE SOCIAL AND EDUCATIONAL PROGRAMS TO ENHANCE THE LIVES OF SENIOR CITIZENS IN THE CLARKSVILLE-MONTGOMERY COUNTY AREA.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	385,775.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	385,775.

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**CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.**

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	47,236.	45	44,882.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable 47a 12,908.			
	b Less: allowance for doubtful accounts 47b	8,427.	47c	12,908.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,468.	53	6,971.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis 55a				
b Less: accumulated depreciation 55b		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a 207,116.				
b Less: accumulated depreciation STMT 5 57b 182,272.	21,355.	57c	24,844.	
58 Other assets, including program-related investments (describe ► INTANGIBLE ASSETS)	153,471.	58	136,859.	
59 Total assets (must equal line 74). Add lines 45 through 58	235,957.	59	226,464.	
Liabilities	60 Accounts payable and accrued expenses	6,317.	60	9,564.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► ACCRUED LIABILITIES)	9,461.	65	10,779.
66 Total liabilities. Add lines 60 through 65	15,778.	66	20,343.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	220,179.	67	206,121.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	220,179.	73	206,121.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	235,957.	74	226,464.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a		Total revenue, gains, and other support per audited financial statements	a	486,933.
b		Amounts included on line a but not on Part I, line 12:		
1	b1	Net unrealized gains on investments		
2	b2	Donated services and use of facilities		27,824.
3	b3	Recoveries of prior year grants		
4	b4	Other (specify): <u>FUNDRAISING</u>		5,109.
		Add lines b1 through b4	b	32,933.
c		Subtract line b from line a	c	454,000.
d		Amounts included on Part I, line 12, but not on line a:		
1	d1	Investment expenses not included on Part I, line 6b		
2	d2	Other (specify):		
		Add lines d1 and d2	d	0.
e		Total revenue (Part I, line 12). Add lines c and d	e	454,000.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a		Total expenses and losses per audited financial statements	a	500,991.
b		Amounts included on line a but not on Part I, line 17:		
1	b1	Donated services and use of facilities		27,824.
2	b2	Prior year adjustments reported on Part I, line 20		
3	b3	Losses reported on Part I, line 20		
4	b4	Other (specify): <u>FUNDRAISING</u>		5,109.
Add lines b1 through b4			b	32,933.
c Subtract line b from line a			c	468,058.
d		Amounts included on Part I, line 17, but not on line a:		
1	d1	Investment expenses not included on Part I, line 6b		
2	d2	Other (specify):		
Add lines d1 and d2			d	0.
e Total expenses (Part I, line 17). Add lines c and d			e	468,058.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.

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Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	27,824.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c. above, reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed	NONE	
b Number of employees employed in the pay period that includes March 12, 2006	90b	10
91 a The books are in care of	CENTER DIRECTOR	
Located at	953 CLARK STREET, CLARKSVILLE, TN	
Telephone no.	931-648-1345	
ZIP + 4	37040	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country		
N/A		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2006)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A****Part VII** Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a MEALS, DANCES AND OTHERS

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer _____ Date _____

ANITA ATCHLEY, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 09/20/07 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 THURMAN, CAMPBELL & CO, CPA'S
324 FRANKLIN STREET
CLARKSVILLE, TN 37040

EIN _____ Phone no. (931) 552-7474

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization **CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.** Employer identification number
62 6051216

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **0**

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2006 TURNER SENIOR CITIZEN'S CENTER, INC.

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Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.		

Schedule A (Form 990 or 990-EZ) 2006

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2006 TURNER SENIOR CITIZEN'S CENTER, INC.

62-6051216 Page 3

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2006 **TURNER SENIOR CITIZEN'S CENTER, INC.**

62-6051216 Page 4

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	255,652.	263,228.	215,619.	291,341.	1,025,840.	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	162,997.	136,900.	127,205.	95,598.	522,700.	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,871.	9,291.	8,715.	8,407.	37,284.	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22	429,520.	409,419.	351,539.	395,346.	1,585,824.	
24 Line 23 minus line 17	266,523.	272,519.	224,334.	299,748.	1,063,124.	
25 Enter 1% of line 23	4,295.	4,094.	3,515.	3,953.		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 21,262.	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,063,124.	
d Add: Amounts from column (e) for lines: 18 37,284. 19					26d 37,284.	
22					26e 1,025,840.	
e Public support (line 26c minus line 26d total)					26f 96.4930%	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A						
(2005)	(2004)	(2003)	(2002)			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A						
(2005)	(2004)	(2003)	(2002)			
c Add: Amounts from column (e) for lines: 15	16			27c	N/A	
17	20	21			27d	N/A
d Add: Line 27a total	and line 27b total				27e	N/A
e Public support (line 27c total minus line 27d total)					27f	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2006 TURNER SENIOR CITIZEN'S CENTER, INC.

62-6051216 Page 5

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2006 TURNER SENIOR CITIZEN'S CENTER, INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
BUILDINGS								
17	BUILDING ADDITION							
	06/30/98		180M	43	140,270.		74,808.	9,351.
27	BUILDING ADDITION							
	06/30/03		180M	43	98,888.		19,779.	6,593.
41	PARKING LOT ADDITION							
	10/19/04		180M	43	10,013.		1,113.	668.
* 990 PAGE 2 TOTAL BUILDINGS					249,171.	0.	95,700.	16,612.
MACHINERY & EQUIPMENT								
1	EQUIPMENT							
	06/30/91	SL	10.00	16	78,885.		78,885.	0.
2	EQUIPMENT							
	06/30/91	SL	10.00	16	6,173.		6,173.	0.
3	EQUIPMENT							
	06/30/92	SL	10.00	16	7,184.		7,184.	0.
5	EQUIPMENT							
	06/29/94	SL	10.00	16	3,356.		3,356.	0.
6	FIXTURES							
	06/30/94	SL	10.00	16	1,995.		1,995.	0.
7	SPRINKLERS							
	10/05/94	SL	10.00	16	873.		870.	0.
8	COMPUTERS							
	03/08/95	SL	5.00	16	2,344.		2,344.	0.
10	SECURITY ALARM SYSTEM							
	05/16/96	SL	7.00	16	877.		877.	0.
11	FAX MACHINE							
	06/26/96	SL	5.00	16	200.		200.	0.
12	COPIER							
	03/27/96	SL	5.00	16	1,395.		1,395.	0.
13	COMPUTER (GATEWAY 2000)							
	06/15/96	SL	5.00	16	2,583.		2,583.	0.
14	CANNON PRINTER							
	09/15/95	SL	5.00	16	349.		349.	0.
15	ICE MACHINE							
	01/13/97	SL	7.00	16	1,535.		1,535.	0.
16	POOL TABLES							
	06/01/98	SL	7.00	16	3,900.		3,900.	0.
18	KITCHEN APPLIANCE							
	10/13/98	SL	7.00	16	1,050.		1,050.	0.
19	PHONE SYSTEM							
	07/27/98	SL	7.00	16	1,953.		1,953.	0.
20	STEAM TABLE							
	07/28/99	SL	7.00	16	994.		982.	12.
21	DELL COMPUTER							
	09/05/01	SL	5.00	16	2,272.		2,195.	77.
22	TABLES & CABINETS							
	06/21/02	SL	7.00	16	2,075.		1,184.	296.
23	GRNC GRANT COMPUTERS							
	09/03/02	SL	5.00	16	10,566.		8,100.	2,113.
24	DEFIBRILLATOR							
	01/21/03	SL	5.00	16	2,790.		1,907.	558.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CENTER FACILITIES	1	9,852.
TOTAL TO FORM 990, PART I, LINE 6A		9,852.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF SCRAMBLE	11,146.		11,146.	5,109.	6,037.
TO FM 990, PART I, LINE 9	11,146.		11,146.	5,109.	6,037.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANITA ATCHLEY	33,907.			33,907.
A. PROGRAM SERVICES	27,126.			27,126.
B. MANAGEMENT AND GENERAL	6,781.			6,781.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEE ORMOND	20,089.			20,089.
A. PROGRAM SERVICES	16,071.			16,071.
B. MANAGEMENT AND GENERAL	4,018.			4,018.
FUNDRAISING				

TOTAL PROGRAM SERVICES				43,197.
TOTAL MANAGEMENT AND GENERAL				10,799.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				53,996.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

TO PROVIDE SENIOR CITIZENS IN THE CLARKSVILLE - MONTGOMERY COUNTY VICINITY
WITH SPECIALIZED PROGRAMS, EVENTS, TRAVEL AND A COMMUNITY ENVIRONMENT.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	78,885.	78,885.	0.
EQUIPMENT	6,173.	6,173.	0.
EQUIPMENT	7,184.	7,184.	0.
VAN	21,391.	21,390.	1.
EQUIPMENT	3,356.	3,356.	0.
FIXTURES	1,995.	1,995.	0.
SPRINKLERS	873.	870.	3.
COMPUTERS	2,344.	2,344.	0.
MINIVAN	17,829.	17,829.	0.
SECURITY ALARM SYSTEM	877.	877.	0.
FAX MACHINE	200.	200.	0.
COPIER	1,395.	1,395.	0.
COMPUTER (GATEWAY 2000)	2,583.	2,583.	0.
CANNON PRINTER	349.	349.	0.
ICE MACHINE	1,535.	1,535.	0.
POOL TABLES	3,900.	3,900.	0.
BUILDING ADDITION	140,270.	84,159.	56,111.
KITCHEN APPLIANCE	1,050.	1,050.	0.
PHONE SYSTEM	1,953.	1,953.	0.
STEAM TABLE	994.	994.	0.
DELL COMPUTER	2,272.	2,272.	0.
BLEES & CABINETS	2,075.	1,480.	595.
GRNC GRANT COMPUTERS	10,566.	10,213.	353.
DEFIBRILLATOR	2,790.	2,465.	325.
TABLES	983.	665.	318.
ADC APPLIANCES	656.	384.	272.
BUILDING ADDITION	98,888.	26,372.	72,516.
PHONE SYSTEM ADDITION	3,470.	1,901.	1,569.
DISHWASHER	5,600.	2,400.	3,200.
COMPUTER	545.	372.	173.
PARKING LOT ADDITION	10,013.	1,781.	8,232.
KITCHEN ADDITIONS	9,550.	3,979.	5,571.
DISPOSAL UNIT	2,224.	662.	1,562.
KITCHEN ADDITIONS	1,036.	148.	888.
ICE MAKER	1,775.	232.	1,543.
COMPUTER	975.	146.	829.
TTY MACHINE	711.	59.	652.
HVAC	6,028.	33.	5,995.
MAGNA ID CARD PRINTER	994.	0.	994.
TOTAL TO FORM 990, PART IV, LN 57	456,287.	294,585.	161,702.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 6
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANITA ATCHLEY 484 DEAN RD. CLARKSVILLE, TN 37040	DIRECTOR 40.00	33,907.	0.	0.
DEE ORMOND 645 OLD STATE RT 76 DOVER, TN 37058	ASST DIRECTOR 40.00	20,089.	0.	0.
JOANN JOHANSEN 1724 MCWHORTER RD. CUNNINGHAM, TN 37052	TREASURER 0.00	0.	0.	0.
WANDA MILLS 1772 VIOLA CT CLARKSVILLE, TN 37043	DIRECTOR 0.00	0.	0.	0.
ROBERT HASSELBRING 2272 WILDWOOD DR CLARKSVILLE, TN 37040	DIRECTOR 0.00	0.	0.	0.
JEAN DRAKE 953 CLARK ST CLARKSVILLE, TN 37040	CHAIRPERSON 0.00	0.	0.	0.
JOHN EDMONDSON SR 953 CLARK ST CLARKSVILLE, TN 37040	DIRECTOR 0.00	0.	0.	0.
KIM JENNINGS 953 CLARK ST CLARKSVILLE, TN 37040	SECRETARY 0.00	0.	0.	0.
KAY MARTIN 953 CLARK ST CLARKSVILLE, TN 37040	SECRETARY 0.00	0.	0.	0.
SHERRI SCOTT 953 CLARK ST CLARKSVILLE, TN 37040	VICE CHAIR 0.00	0.	0.	0.
JIMMY SMITH 953 CLARK ST CLARKSVILLE, TN 37040	DIRECTOR 0.00	0.	0.	0.

CLARKSVILLE-MONTGOMERY COUNTY AJAX TURNE		62-6051216		
<hr/>		<hr/>		
ALICIA STREMMING	DIRECTOR			
953 CLARK ST	0.00	0.	0.	0.
CLARKSVILLE, TN 37040				

TOTALS INCLUDED ON FORM 990, PART V-A	<hr/>	<hr/>	<hr/>	<hr/>
	53,996.	0.	0.	0.
	<hr/>	<hr/>	<hr/>	<hr/>

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	7
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	THE CENTER PROVIDES NUTRITIONALLY BALANCED MEALS TO SENIORS AT A REDUCED PRICE. THE CENTER ALSO PROVIDES PROGRAM ACTIVITIES
93A	FOR SENIORS ON A WEEKLY BASIS.
97B	CENTER RENTS ITS FACILITIES TO OTHER NONPROFITS
101	SENIORS PARTICIPATE IN SPECIAL FUNDRAISING EVENTS

Depreciation and Amortization 990

(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.

FORM 990 PAGE 2

62-6051216

Part I Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,995.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,995.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

CLARKSVILLE-MONTGOMERY COUNTY AJAX

Form 4562 (2006)

TURNER SENIOR CITIZEN'S CENTER, INC.

62-6051216 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or 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? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
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 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(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 2006 tax year:					
	:	:			
	:	:			
43 Amortization of costs that began before your 2006 tax year				43	16,612.
44 Total. Add amounts in column (f). See the instructions for where to report				44	16,612.

Form 4562 (2006)

616252/10-17-06

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2006.06010 CLARKSVILLE-MONTGOMERY COUN 0009661

14430920 781842 000966

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2006, or fiscal year beginning JUL 1, 2006, and ending JUN 30, 2007

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

2006

Return ID (20-digit number) ▶

N/A

Name of exempt organization CLARKSVILLE-MONTGOMERY COUNTY AJAX
TURNER SENIOR CITIZEN'S CENTER, INC.Employer identification number
62-6051216Name and title of officer ANITA ATCHLEY
EXECUTIVE DIRECTOR**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	454000
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize THURMAN, CAMPBELL & CO. to enter my PIN 51216
ERO firm name do not enter all zeros
as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 10/31/07

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 62072495199
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ Date ▶ 10/31/07

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So