

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No 1545-0047

**2003**Open to Public  
Inspection

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable

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

Please use IRS label or print type. See Specific Instructions

**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  
(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 ☒ No**H(b)** If "Yes," enter number of affiliates ▶**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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **380,060.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	<b>50,169.</b>	
<b>b</b>	Indirect public support	<b>1b</b>	<b>48,074.</b>	
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>145,200.</b>	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>243,443.</b> noncash \$ )	<b>1d</b>	<b>243,443.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>127,902.</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rental income	<b>6a</b>	<b>8,715.</b>	
<b>6b</b>	Less: rental expenses	<b>6b</b>		
<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>8,715.</b>	
<b>7</b>	Other investment income (describe )	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>380,060.</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>328,496.</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>69,166.</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>397,662.</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-17,602.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>262,557.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>244,955.</b>	

323001  
12-17-03

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

Form 990 (2003)

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

62-6051216

**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

Page 2

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
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 47,023.	37,619.	9,404.	0.
26 Other salaries and wages	26 132,682.	106,145.	26,537.	
27 Pension plan contributions	27			
28 Other employee benefits	28 16,467.	13,174.	3,293.	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 3,200.		3,200.	
32 Legal fees	32 691.		691.	
33 Supplies	33 7,052.	5,642.	1,410.	
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 27,824.	22,260.	5,564.	
37 Equipment rental and maintenance	37 5,931.	4,745.	1,186.	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 21,910.	17,528.	4,382.	
43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e SEE STATEMENT 2	43a 43b 43c 43d 43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 397,662.	328,496.	69,166.	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 ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PROVIDE SOCIAL AND EDUCATIONAL PROGRAMS TO ENHANCE THE LIVES OF SENIOR CITIZENS IN THE CLARKSVILLE-MONTGOMERY COUNTY AREA. (Grants and allocations \$ _____)	328,496.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	328,496.

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	52,115.	45 49,981.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 5,353.	
	b Less allowance for doubtful accounts	47b	47c 5,353.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	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	5,935.	53 6,090.
	54 Investments - securities		54
	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 183,823.		
b Less accumulated depreciation STMT 4	57b 160,892.	57c 22,931.	
58 Other assets (describe ► <b>INTANGIBLE ASSETS</b> )	19,282.	58 176,459.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	271,655.	59 260,814.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	6,036.	60 6,055.
	61 Grants payable		61
	62 Deferred revenue		62 3,600.
	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 ► <b>ACCRUED LIABILITIES</b> )	3,062.	65 6,204.
	66 <b>Total liabilities</b> (add lines 60 through 65)	9,098.	66 15,859.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	262,557.	67 244,955.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	262,557.	73 244,955.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	271,655.	74 260,814.

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.

<b>Part IV-A</b>	<b>Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b>
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<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	380,060.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) _____		
	Add amounts on lines (1) through (4)	<b>b</b>	0.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	380,060.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	380,060.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	▶	<b>a</b>	397,662.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990			
(1)	Donated services and use of facilities \$ _____			
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____			
(3)	Losses reported on line 20, Form 990 \$ _____			
(4)	Other (specify) _____ \$ _____			
	Add amounts on lines (1) through (4) ▶	<b>b</b>		0.
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>		397,662.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>			
(1)	Investment expenses not included on line 6b, Form 990 \$ _____			
(2)	Other (specify) _____ \$ _____			
	Add amounts on lines (1) and (2) ▶	<b>d</b>		0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>		397,662.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated )
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

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

Form 990 (2003)

62-6051216 Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
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? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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? N/A	85g	
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? N/A	85h	
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	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	88	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.		
90 a	List the states with which a copy of this return is filed TENNESSEE		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 13		
91	The books are in care of CENTER DIRECTOR Telephone no SEE PAGE 1		

Located at SEE PAGE 1

ZIP + 4

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

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

Form 990 (2003)

62-6051216 Page 6

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a MEALS					43,724.
b DANCES AND OTHERS					84,178.
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			14		
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	8,715.	
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))		0.		8,715.	127,902.
105 Total (add line 104, columns (B), (D), and (E))					136,617.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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 page 34 of 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).

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. I am not aware of any information that would require the filing of another return.

11/10/04 **ANITA ATCHLEY, EXECUTIVE DIRECTOR**  
Type or print name and title

Date	Check if self-	Preparer's SSN or PTIN
11/10/04	<input type="checkbox"/>	706-17-0617

**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 Section 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

**2003**

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 1 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 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 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 Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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  $\blacktriangleright$  \_\_\_\_\_
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



## CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2003 **TURNER SENIOR CITIZEN'S CENTER, INC.**

62-6051216 Page 3

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	291,341.	169,015.	150,442.	117,314.	728,112.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	291,341.	169,015.	150,442.	117,314.	728,112.
<b>24</b> Line 23 minus line 17	291,341.	169,015.	150,442.	117,314.	728,112.
<b>25</b> Enter 1% of line 23	2,913.	1,690.	1,504.	1,173.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					26a 14,562.
<b>b</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 1999 through 2002 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.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 728,112.
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
<b>e</b> Public support (line 26c minus line 26d total)					26e 728,112.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 100.0000%
<b>27</b> Organizations described on line 12: <b>a</b> 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					
(2002) (2001) (2000) (1999)					
<b>b</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 11, 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					
(2002) (2001) (2000) (1999)					
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27e N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f N/A					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

323121 12-05-03

NONE

Schedule A (Form 990 or 990-EZ) 2003

**Part V Private School Questionnaire** (See page 7 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) 2003

## CLARKSVILLE-MONTGOMERY COUNTY AJAX

Schedule A (Form 990 or 990-EZ) 2003 TURNER SENIOR CITIZEN'S CENTER, INC.

62-6051216 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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 groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

38 Total lobbying expenditures (add lines 36 and 37)

39 Other exempt purpose expenditures

40 Total exempt purpose expenditures (add lines 38 and 39)

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

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)

43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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:

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)

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

Yes	No	Amount
		0.

2003.06010 CLARKSVILLE-MONTGOMERY COUN 0009661

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							
	063098		180M	43	140,270.		46,755.	9,351.
27	BUILDING ADDITION							
	063003		180M	43	98,888.			6,593.
	* 990 PAGE 2 TOTAL BUILDINGS							
					239,158.	0.	46,755.	15,944.
	MACHINERY & EQUIPMENT							
1	EQUIPMENT							
	063091	SL	10.00	16	78,885.		78,885.	0.
2	EQUIPMENT							
	063091	SL	10.00	16	6,173.		6,173.	0.
3	EQUIPMENT							
	063092	SL	10.00	16	7,184.		7,184.	0.
5	EQUIPMENT							
	062994	SL	10.00	16	3,356.		3,024.	332.
6	FIXTURES							
	063094	SL	10.00	16	1,995.		1,800.	195.
7	SPRINKLERS							
	100594	SL	10.00	16	873.		761.	87.
8	COMPUTERS							
	030895	SL	5.00	16	2,344.		2,344.	0.
10	SECURITY ALARM SYSTEM							
	051696	SL	7.00	16	877.		877.	0.
11	FAX MACHINE							
	062696	SL	5.00	16	200.		200.	0.
12	COPIER							
	032796	SL	5.00	16	1,395.		1,395.	0.
13	COMPUTER (GATEWAY 2000)							
	061596	SL	5.00	16	2,583.		2,583.	0.
14	CANNON PRINTER							
	091595	SL	5.00	16	349.		349.	0.
15	ICE MACHINE							
	011397	SL	7.00	16	1,535.		1,424.	111.
16	POOL TABLES							
	060198	SL	7.00	16	3,900.		2,831.	557.
18	KITCHEN APPLIANCE							
	101398	SL	7.00	16	1,050.		713.	150.
19	PHONE SYSTEM							
	072798	SL	7.00	16	1,953.		1,372.	279.
20	STEAM TABLE							
	072899	SL	7.00	16	994.		556.	142.
21	DELL COMPUTER							
	090501	SL	5.00	16	2,272.		833.	454.
22	TABLES & CABINETS							
	062102	SL	7.00	16	2,075.		296.	296.
23	GRNC GRANT COMPUTERS							
	090302	SL	5.00	16	10,566.		1,761.	2,113.
24	DEFIBRILLATOR							
	012103	SL	5.00	16	2,790.		233.	558.
25	TABLES							
	101402	SL	7.00	16	983.		105.	140.



FORM 990.	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CENTER FACILITIES	1	8,715.
TOTAL TO FORM 990, PART I, LINE 6A		8,715.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
UTILITIES	49,680.	39,744.	9,936.	
TRANSPORTATION	1,524.	1,220.	304.	
FOOD	28,919.	28,919.		
BAND FEES	15,700.	15,700.		
INSURANCE	12,149.	9,720.	2,429.	
OFFICE EXPENSES	4,153.	3,323.	830.	
ADC AND OTHER SERVICES	17,757.	17,757.		
CONTRIBUTIONS	5,000.	5,000.		
TOTAL TO FM 990, LN 43	134,882.	121,383.	13,499.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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## EXPLANATION

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

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FORM 990.      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      4

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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.	848.	25.
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.	3,388.	512.
BUILDING ADDITION	140,270.	56,106.	84,164.
KITCHEN APPLIANCE	1,050.	863.	187.
PHONE SYSTEM	1,953.	1,651.	302.
STEAM TABLE	994.	698.	296.
DELL COMPUTER	2,272.	1,287.	985.
TABLES & CABINETS	2,075.	592.	1,483.
GRNC GRANT COMPUTERS	10,566.	3,874.	6,692.
DEFIBRILLATOR	2,790.	791.	1,999.
TABLES	983.	245.	738.
ADC APPLIANCES	656.	102.	554.
BUILDING ADDITION	98,888.	6,593.	92,295.
PHONE SYSTEM ADDITION	3,470.	413.	3,057.
DISHWASHER	5,600.	0.	5,600.
COMPUTER	545.	45.	500.
TOTAL TO FORM 990, PART IV, LN 57	422,981.	223,591.	199,390.



FORM 990. PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 5  
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	0.	0.	0.
DEE ORMOND 645 OLD STATE RT 76 DOVER, TN 37058	ASST DIRECTOR 40	0.	0.	0.
JEAN DARKE 1200 RIVERWOOD PLACE CLARKSVILLE, TN 37040	CHAIRMAN 0.	0.	0.	0.
ROBERT INSERRA 533 PAULA DRIVE CLARKSVILLE, TN 37042	0.	0.	0.	0.
NANCY KAHIIHIKOLO 213 YORKTOWN RD. CLARKSVILLE, TN 37042	0.	0.	0.	0.
JACK NAGROD 412 JORDAN ROAD CLARKSVILLE, TN 37042	VICE CHARIMAN / TREASURER 0.	0.	0.	0.
BOB HASSELBRING 2272 WILD WOOD DR CLARKSVILLE, TN 37040	0.	0.	0.	0.
HARRY RICHARDSON 998 CUMBERLAND DR. CLARKSVILLE, TN 37040	0.	0.	0.	0.
ROY CHALMERS 1206 WOODBRIDGE DR CLARKSVILLE, TN 37042	0.	0.	0.	0.
AL COLVIN 1007 ROEDEER CLARKSVILLE, TN 37042	0.	0.	0.	0.
CALVIN REAGAN 136 QUEENS CT. SANGO, TN 37043	0.	0.	0.	0.

MARY SHELBY 298 ABBY LANE CLARKSVILLE, TN 37043	SECRETARY 0.	0.	0.	0.
PATSY SHELL 809 SHADY BLUFF CLARKSVILLE, TN 37043	SECRETARY 0.	0.	0.	0.
BILLIE RUTH QUARLES 745 EVERETT DR. CLARKSVILLE, TN 37040	0.	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE CENTER PROVIDES NUTRITIONALLY BALANCED MEALS TO SENIORS AT A REDUCED PRICE.
93B	THE CENTER HOSTS DANCES AND OTHER ACTIVITIES FOR SENIORS. SMALL ADMISSION FEES ARE CHARGED TO DEFRAY COSTS.
94	CONTRIBUTIONS AND DUES ARE OPTIONAL TO PARTICIPANTS

Depreciation and Amortization 990  
(Including Information on Listed Property)

▶ 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 Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	100,000.
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	400,000.
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 2002 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 2004. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	5,966.

**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 2003	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2003 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 2003 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	5,966.
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	

**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 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
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**25** Special depreciation allowance for qualified listed 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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> 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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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
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**42** Amortization of costs that begins during your 2003 tax year:

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**43** Amortization of costs that began before your 2003 tax year **43** 15,944.**44** Total. Add amounts in column (f). See instructions for where to report **44** 15,944.