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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2011

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, 2012

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

THE WOMAN'S CLUB OF MURFREESBORO

D Employer identification number

62-0500277

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

1902 SCARLETT DR

Room/suite

E Telephone number

615-893-5822

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

MURFREESBORO, TN 37130

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 49,449.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received  
2 Program service revenue including government fees and contracts  
3 Membership dues and assessments  
4 Investment income  
5a Gross amount from sale of assets other than inventory  
b Less cost or other basis and sales expenses  
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  
6 Gaming and fundraising events  
a Gross income from gaming (attach Schedule G if greater than \$15,000)  
b Gross income from fundraising events (not including \$ \_\_\_\_\_ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  
c Less direct expenses from gaming and fundraising events  
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  
7a Gross sales of inventory, less returns and allowances  
b Less cost of goods sold  
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  
8 Other revenue (describe in Schedule O)  
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►

## SEE SCHEDULE O

5a	2,710.
5b	

1	1,075.
2	6,880.
3	21,900.
4	11,074.

5c 2,710.

6a	
6b	5,810.
6c	

6d 5,810.

7a	
7b	

7c

8	
---	--

9 49,449.

10 Grants and similar amounts paid (list in Schedule O)  
11 Benefits paid to or for members  
12 Salaries, other compensation, and employee benefits  
13 Professional fees and other payments to independent contractors  
14 Occupancy, rent, utilities, and maintenance  
15 Printing, publications, postage, and shipping  
16 Other expenses (describe in Schedule O)  
17 Total expenses Add lines 10 through 16 ►

## SEE SCHEDULE O

## SEE SCHEDULE O

10

11

12

13 300.

14 40,638.

15

16 9,767.

17 50,705.

18 &lt;1,256.&gt;

19 44,810.

20 0.

21 43,554.

18 Excess or (deficit) for the year (Subtract line 17 from line 9)  
19 Net assets or fund balances at beginning of year (from line 27, column (A))  
(must agree with end-of-year figure reported on prior year's return)  
20 Other changes in net assets or fund balances (explain in Schedule O)  
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►

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

Form 990-EZ (2011)

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02-06-12

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**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	44,218.	22
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	592.	24
25	<b>Total assets</b>	<b>44,810.</b>	<b>25</b>
26	Total liabilities (describe in Schedule O)	0.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,810.	27
		43,554.	0.
		43,554.	

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule Q to respond to any question in this Part III.  X

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
quired for section  
(c)(3) and 501(c)(4)  
anizations and section  
7(a)(1) trusts, optional  
others )

28	LUNCHEONS TO FACILITATE MEMBER DEVELOPMENT AND COMMUNITY PROMOTION		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	6,748.
29			
30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 6,748.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part IV

1

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANCES EARL, 2407 RIVERVIEW DR,	PRESIDENT	0.	0.	0.
MURFREESBORO, TN 37129	10.00	0.	0.	0.
GLENDA MYATT	1ST VICE PRESIDENT	0.	0.	0.
746 REGAL DR, MURFREESBORO, TN 37129	0.00	0.	0.	0.
LEE RIDLEY FLY, 1134 E NORTHFIELD,	2ND VICE PRESIDENT	0.	0.	0.
MURFREESBORO, TN 37130	0.00	0.	0.	0.
MARGARET SCOTT, 1313 SE BROAD ST,	3RD VICE PRESIDENT	0.	0.	0.
MURFREESBORO, TN 37130	0.00	0.	0.	0.
FRANCIS HUNTER, 1106 WHITEHALL RD,	RECORDING SECRETARY	0.	0.	0.
MURFREESBORO, TN 37130	10.00	0.	0.	0.
SUZANNE STAMPLEY, 1926 SCARLETT DR,	CORRESPONDING	SECRETARY	0.	0.
MURFREESBORO, TN 37130	0.00	0.	0.	0.
KAY ARMSTRONG, 1902 SCARLETT DR,	TREASURER	0.	0.	0.
MURFREESBORO, TN 37130	10.00	0.	0.	0.

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02-06-12

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**Form 990-EZ (2011)**

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0.

b Did the organization file Form 1120-POL for this year?  37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A

39 Section 501(c)(7) organizations Enter  39a N/A

a Initiation fees and capital contributions included on line 9  39b N/A

b Gross receipts, included on line 9, for public use of club facilities  39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  40a N/A, section 4912  40a N/A, section 4955  40a N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  40d 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e

41 List the states with which a copy of this return is filed  41 NONE

42a The organization's books are in care of  42a KAY ARMSTRONG Telephone no  42a 615-962-8877  
Located at  42a 1902 SCARLETT DR, MURFREESBORO, TN ZIP + 4  42a 37130

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)?  42b

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country  42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43  43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b

c Did the organization receive any payments for indoor tanning services during the year?  44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40a	N/A	
40b		X
40c	0.	
40d	0.	
40e		X
42a		
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
If "Yes," complete Schedule C, Part I

46  X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  47

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

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

b If "Yes," was the related organization a section 527 organization?  49b

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

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  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

**Sign Here**

*Kay Armstrong*  
Signature of officer

*June 30, 2012*  
Date

**KAY ARMSTRONG, TREASURER**

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name KRIS PARKHURST, CPA	Preparer's signature KRIS PARKHURST, CPA	Date 06/26/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00359765
					Firm's EIN ► 62-1736974
					Phone no (615) 893-6666

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Form 990-EZ (2011)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

THE WOMAN'S CLUB OF MURFREESBORO

Employer identification number  
62-0500277

### FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:

KIND AND LOCATION OF PROPERTY:	AMOUNT:
RENTS	10,925.

### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	149.

### FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	4,535.
OTHER EXPENSES	36,103.
TOTAL TO FORM 990-EZ, LINE 14	40,638.

### FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
WEEKLY PROGRAM EXPENSES	775.
SUPPLIES	1,037.
LUNCHEON/DINNER CATERING	6,748.
MISCELLANEOUS	375.
OFFICE EXPENSES	272.
POSTAGE	560.
TOTAL TO FORM 990-EZ, LINE 16	9,767.

### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12		Schedule O (Form 990 or 990-EZ) (2011)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

THE WOMAN'S CLUB OF MURFREESBORO

Employer identification number  
62-0500277

OTHER DEPRECIABLE ASSETS 592. 422.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO AID/ENCOURAGE MEMBER  
DEVELOPMENT, PROMOTE THE COMMUNITY, AND TAKE PART IN PHILANTHROPIC  
WORK.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form 4562

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

OMB No 1545-0172

2011

Attachment  
Sequence No 179Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE WOMAN'S CLUB OF MURFREESBORO

FORM 990-EZ PAGE 1

62-0500277

## 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 instructions)	1	500,000.
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	2,000,000.
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 2010 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 2012. 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	14	4,366.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## 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 2011	17	169.
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 2011 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	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2011 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.	22	4,535.
Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr		

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

116251  
11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, 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
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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.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34													
35													
36													

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 2011 tax year:


**43** Amortization of costs that began before your 2011 tax year

**43**

**44** Total. Add amounts in column (f). See the instructions for where to report

**44**