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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

open to Public Inspection

	A	For the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30	, 2014
	В	Check if applicable Address change	mployer Identification number
	=	* la	06-1409752
	∺	Initial return P.O. BOX 185031	elephone number
		Terminated HAMDEN, CT 06518	203-281-4200
		Amended return	iroup Exemption
	_	· · · · · · · · · · · · · · · · · · ·	lumber ►
			If the organization is not
			attach Schedule B (Form Z, or 990-PF).
			<u></u>
		Form of organization: Corporation Trust Association Other	
	L	Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totassets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	^{al} ▶\$ 71,827.
	Pe	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
		Check if the organization used Schedule O to respond to any question in this Part I	X
		1 Contributions, gifts, grants, and similar amounts received	1 1,640.
		2 Program service revenue including government fees and contracts	2
₹		3 Membership dues and assessments	3
2014		4 Investment income	4
00		5a Gross amount from sale of assets other than inventory . 5a b Less: cost or other basis and sales expenses 5b	-
8		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
NON		6 Gaming and fundraising events	30
\geq	REV	a Gross income from gaming (attach Schedule G if greater than \$15,000)	
\Box	V F	b Gross income from fundraising events (not including \$ of contributions	
	NU	from fundraising events reported on line 1) (attach Schedule G if the sum	
2	Ε	of such gross income and contributions exceeds \$15,000) . 6b 70,187. c Less: direct expenses from gaming and fundraising events 6c 21,295	_:
SCANNED		227250.	
n		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 48,892.
		7a Gross sales of inventory, less returns and allowances 7a	
		b Less: cost of goods sold	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
		8 Other revenue (describe in Schedule O)	8 50 530
	_	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). SEE SCHEDULE O	9 50,532. 10 21.750.
		To Clean and Similar amounts paid (list in School Color S)	10 21,750.
	Ε	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits [8] NOV 10 2014	12
	P E	13 Professional fees and other payments to independent contractors	13 30,167.
	N	14 Occupancy, rent, utilities, and maintenance OGDEN. UT	14
	E	1 13 i filting, publications, postage, and shipping	15
	3	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16 2,014.
		17 Total expenses. Add lines 10 through 16	53,931.
	٨	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -3,399.
	ASSET T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
	ΤĔ	figure reported on prior year's return)	19 58,456.
	Ś	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	<u></u>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	55,057.

Form	990-EZ (2013) CONNECTICUT CLAS	SSIC CHEVY		06	-140)9752 Page 2
Par	Balance Sheets (see the instr Check if the organization used Sche	ructions for Part II)	estion in this Part II			
	Oneck if the organization used Sche	dule O to respond to any que		A) Beginning of ye	ar I	(B) End of year
22	Cash, savings, and investments			58,456		55,057.
23	Land and buildings	•			23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			58,456	. 25	55,057.
26	Total liabilities (describe in Schedule O).			_0	_	0.
27	Net assets or fund balances (line 27 of c			<u>58,456</u>	. 27	<u>55,057.</u>
Par	Statement of Program Service Acc Check if the organization used Sch	complishments (see the insti nedule O to respond to any q	ructions for Part III) Juestion in this Part III	X		Expenses uired for section 501
What	s the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of i	ts three largest progra	m services, as	4947	(a)(1) trusts, optional
bene	fited, and other relevant information for e	ach program title.	es provided, the numb	der of persons	for o	thers.)
28	THE ORGANIZATION PROVIDES					
	THROUGHOUT THE STATE TO R	AISE MONEY FOR VAR	IOUS CHARITIES	<u>.</u>	1	
	72721		,,_ _ 			
-00	(Grants \$) If thi	s amount includes foreign gr	ants, check here	<u> </u>	28 a	
29					4	
					1	
	(Grants \$) If thi	s amount includes foreign gr	rants check here	F	29 a	
30	(Grants 4) II till	s amount includes foreign gi	arts, creek fiere		234	
-					┪	
					1	
	(Grants \$) If thi	s amount includes foreign gi	ants, check here .		30 a	
31	Other program services (describe in Scho			. 		
	(Grants \$) If the	s amount includes foreign gi	rants, check here	. ▶ 🗌	31 a	
32	Total program service expenses (add lin	nes 28a through 31a).		•	32	
Par	List of Officers, Directors,				see the	instructions for Part IV)
	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part IV			<u> L</u>
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	CONTINUATIONS TO CITIE	oloyee	(e) Estimated amount of
	(a) Name and Thie	position	(If not paid, enter -0-)	benefit plans, and de compensation		other compensation
GE	ORGE CIVITELLI			1		
	ESIDENT	0	0.	.]	0.	0.
ROI	BERT CIVITELLI					
	CE PRESIDENT	0	0.	.	0.	0.
	DMAS DICKENSON					<u>.</u>
	EASURER	0	0		0.	0.
	MAKUCK	_			_	
	RECTOR	0	0	-	0.	0.
	L_KEIMRECTOR	0	o	1	0.	0.
<u> D1</u>	RECTOR			· 	<u> </u>	
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Ŗа	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
			Yes	No
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		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	a 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)?	25.		7,
	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a	-	<u>X</u>
		336	 -	
	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	35 c		X
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		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
1	Did the organization file Form 1120-POL for this year?	37 b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		-	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
	amount involved 38b		200	
39	Section 501(c)(7) organizations. Enter	. 8		
	a Initiation fees and capital contributions included on line 9	9.4		
	Gross receipts, included on line 9, for public use of club facilities		13	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► 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	T.A.		NAME OF THE OWNER, OWNE
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
	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 • 0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	3222	A P	EX had
••	shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	List the states with which a copy of this return is filed NONE			
	Telephone no. Telephone no. 203-2 Located at 1081 STILL HILL ROAD HAMDEN CT 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)? If 'Yes,' enter the name of the foreign country:	42 b	200 Yes	No X
	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:	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year .		► ☐	N/A N/A No
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	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	44 b 44 c		X
	c Did the organization receive any payments for indoor tanning services during the year?		123	
	If Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a		V
			Per Se	A
	b 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)	45 b		X

er questions 47-49b and 52, and complete the tables any question in this Part VI OI(h) election in effect during the tax year? If 'Yes,' OI(i)? If 'Yes,' complete Schedule E table related organization? Promptoyees (other than officers, directors, trustees and key from the organization. If there is none, enter 'None' (c) Reportable compensation (c) Reportable compensation (c) Forms W-2/1099-MISC) OI(h) election in effect during the tax year? If 'Yes,' (d) 'Yes No. 47 48 48 49 49 49 49 49 49 49 49 49 49 49 49 49	46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Part VI: Section 501(c)(3) organizations only All section 501(c)(3) organizations 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	orm 990-	EZ (2013) CONNECTICUT CLASSI(C CHEVY		06-140	09752	Page
any questions 47-49b and 52, and complete the tables any question in this Part VI O1(h) election in effect during the tax year? If 'Yes,' O(i)? If 'Yes,' complete Schedule E table related organization? Primployees (other than officers, directors, trustees and key from the organization. If there is none, enter 'None' (c) Reportable compensation (c) Reportable compensation (c) Reportable compensation confidences to employee benefit plans, and deferred compensation compensation (e) Type of service (forms W-2/1099-MISC) (b) Type of service (c) Compensation (c) Compensation (c) Compensation (d) Health branches (e) Estimated amount of other compensation (e) Estimated amount of other compensation (e) Type of service (fo) Compensation (g) Service (h) Type of service (h) T	Part VI: Section 501 (C)(3) organizations only All section 501 (c)(3) organizations 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(f) election in effect during the tax year? If "Yes, organization and school as described in section 170(b)(1)(A)(0)" if "Yes, complete Schedule C. Part II 48 Is the organization and any transfers to an exempt non-charitable related organization? 49 all of the organization and any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization for the organization. If there is none, enter "None" (a) Name and state of each employees part over \$100,000 of compensation from the organization. If there is none, enter "None" (b) Average having the stable for the organization and the organization and the stable of the organization and the stable for the organization and the stable for the organization is dependent contractor. (c) Name and state of each employees part over \$100,000 or compensation from the organization in fitners is none, enter "None" (d) Name and business address of each independent contractor. (e) Name and business address of each independent contractor. (a) Name and business address of each independent contractor. (b) Type of service (c) Complete this table for the organization if there is none, enter "None" (a) Name and business address of each independent contractor. (b) Type of service (c) Compensation from the organization in the organization of the property of the organization organization organization organization organization organization organization organizat	46 Did ti	ne organization engage, directly or indire	ectly, in political campa		of or in opposition to	**************************************	1 .7/
O1(h) election in effect during the tax year? If 'Yes,' ((i))? If 'Yes,' complete Schedule E table related organization? ?? ((i) Peportable compensation ((ii) Peportable compensation ((iii) Perorable compensation ((iii) Peportable compensation ((iii) Pestimated amount of other compensation ((ii	Check if the organization used Schedule O to respond to any question in this Part VI 27 Did the organization and provided in a section 100(h) election in effect during the tax year? If "Ves," complete Schedule C, Part II 28 Is the organization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E 29 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations 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 title of each employee spaid over \$100,000 51 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation of the position of the organization of the position of the positio		Section 501(c)(3) organizations All section 501(c)(3) organization	s only		d 52, and complete		
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mployees (other than officers, directors, trustees and key from the organization. If there is none, enter 'None' (c) Reportable compensation (Contributions to employee benefit plans, and deferred compensation of the compensation (Porms W-2/1099-MISC) madependent contractors who each received more than \$100,000 of the compensation (E) Type of service (E) Compensation (E) Compe	50 Complete this table for the organization's five highest compensated employees (other than officers, directors, fursiers and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and title of each employee (b) Average hours per week devoted by positions (c) Reportative compensation (d) Reportative compensation (e) Reportative compensation (d) Reportative compensation (e) Reportative compensation (e) Reportative compensation (forms W-2/1099-MSC) (g) Reportative compensation (g) Reportative confidence in the compensation (g) Reportative confidence (g) Reportative confiden	49 a Did ti	ne organization make any transfers to ar	n exempt non-charitable		edule E	49 a	E
contributions to employee enfert plans, and deferred compensation compe	(a) Name and title of each employee Comparison Compa	50 Comp	lete this table for the organization's five hig	hest compensated emplo	yees (other than officers, the organization. If there	, directors, trustees and k is none, enter 'None '		1
(c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Compensation (e) Compensation (f) Compensation (g) Compensation (g) Compensation (h) Type of service (h) Type of service (g) Compensation (h) Type of service (h)	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None' (a) Name and business address of each independent contractor (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 independent of premy, I decide that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is structure, correct, and complete. Declaration of greparer (other than office) is based on all information of which preparer has any knowledge Primitype preparer's name FLOYD OZECK CPA Firm's name FLOYD OZECK & COMPANY, PC Firm's address 13190 WHITINEY AVE., BLDG. Firm's EIN		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred		
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Firm's FIN • 06_1207001	Use Only Firm's address ► 3190 WHITNEY AVE., ELDG. 6 Firm's EIN ► 06-1387901 HAMDEN, CT 06518 Phone no (203) 248-3076	d Total 52 Did t chari	number of other independent contractor he organization complete Schedule A? Natable trusts must attach a complete. Declaration of preparer (other than office of prince). Type or print name and title	rs each receiving over stote. All section 501(c)(hedule An, including accompanying scheer) is based on all information	(b) Type (b) Type (c) Type (d) Type (d) Type (d) Type (e) Type (e) Type (e) Type (f)	of service 247(a)(1) nonexempt below the best of my knowledge and belonged by the best of my knowledge and belong	(c) Compensa	
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	Way the IRS discuss this return with the preparer shown above? See instructions	d Total 52 Did t chari Under penaltictrue, correct, s Sign Here Paid Preparer	number of other independent contractor he organization from the organization of there (a) Name and business address of each independent of the organization complete. Schedule A? Notable trusts must attach a completed Scless of perjury, I declare that I have examined this returnand complete. Declaration of preparer (other than office) Name	rs each receiving over stote. All section 501 (c) thedule An, including accompanying scheer) is based on all information. Proporer's signature of the companying scheen is based on all information. Proporer's signature of the companying scheen is based on all information.	(b) Type (b) Type (c) Type (d) Type (d) Type (d) Type (e) Type (e) Type (e) Type (f)	of service 247(a)(1) nonexempt the best of my knowledge and believed to the b	(c) Compensa Yes PTIN P00077810 06-138790	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Employer identification number

CONNECTICUT CLASSIC CHEVY					06-140975	2
Parties Fundraising Activities. Comp Form 990-EZ filers are not re	lete if the orga	anization a plete this p	nswered '\ art	es' to Form 990, Part	IV, line 17	
1 Indicate whether the organization						
a Mail solicitations		•	е		= = = = = = = = = = = = = = = = = = =	
b Internet and email solicitations	•			Solicitation of gove	- •	
H_	•		•	吕。 ., .	=	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations						
2a Did the organization have a written o	r oral agreemen	it with any i	ndıvıdual (ı	ncluding officers, directo	rs, trustees or key	П., П.,
employees listed in Form 990, Par				=		. Yes No
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by th	riduals or entitie	s (fundraise	ers) pursuai	nt to agreements under v	which the fundraiser is to	be
(i) Name and address of individual	(ii) Activity		·	(in) Cross receipts	(A) Amount noid to	(4) Amount nord to
or entity (fundraiser)	(ii) Activity		fundraiser	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
, , , , , , , , , , , , , , , , , , , ,		of contr	dy or control ributions?		fundraiser listed in	organization
		<u> </u>			column (i)	
		Yes	No			
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T-4-1			£.			
Total			→			
3 List all states in which the organization or licensing.	on is registered	or licensed	i to solicit c	ontributions or has been	notified it is exempt from	registration
			. -			
				. 	- -	
				-	 	

Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) through column (c)) MEMORIAL DAY C NONE (event type) (event type) (total number) 1 Gross receipts. . 70,037 70,037. 2 Less: Charitable contributions Gross income (line 1 minus line 2) 70,037 70,037. Cash prizes Noncash prizes. Rent/facility costs Food and beverages Entertainment Other direct expenses . 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 70,037 Rankill Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Puli tabs/Instant (d) Total gaming (a) Bingo (c) Other gaming bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes DIRECT S 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain.

Sche	edule G (Form 990 or 990-EZ) 2013 CONNECTICUT CLASSIC CHEVY 06	-140	9752	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in.	1 1		
	The organization's facility	13a		8
	an outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		- -	
	Name •	_		
	Address •			-
t	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of it 'Yes,' enter the amount of gaming revenue received by the organization			No
	Name •			1
	Address •			
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year > \$	he		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	umns y addi	(III) and I	(v),
	 			
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			_	-
BAA	TEEA3703L 06/26/13 Schedule (G (Form	990 or 990-	FZ) 2013

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013 Open to Public

OMB No 1545-0047

Name of the organization Employer identification number CONNECTICUT CLASSIC CHEVY 06-1409752 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE THE PURPOSE OF THE ORGANIZATION IS TO RAISE MONEY FOR VARIOUS CHARITIES THROUGH MEMBERS DUES AND RUNNING A CLASSIC CAR SHOW.

	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE :
	CONNECTICUT CLASSIC CHEVY	 06-140975
FORM 990-EZ, GRANTS AND	PART I, LINE 10 SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000	
CASH AMOUNT	GIVEN:	\$ 21,750
FORM 990-EZ, OTHER EXPE	, PART I, LINE 16 NSES	
INSURANCE OFFICE EXPE	NSES	\$ 466. 375. 373. 70.
SALES TAX SECRETARY OF SUPPLIES	F STATE TOTAL	\$ 50. 680. 2,014.