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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public Inspection

OMB No 1545-0047

	artment of the Treas		•	Open to Public Inspection
Ā	For the 2013 (calendar year, or tax year beginning $07/01/13$, and ending $06/30/1$		
В	Check if applicable.	C Name of organization		yer identification number
\Box	Address change	THE KENTUCKY ALL "A" CLASSIC, INC.		
\sqcap	Name change	Doing Business As	61	-1160268
	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite E Telepi	none number
\vdash	Initial return	343 STONELEDGE DR	502	2-338-2495
\sqcup	Terminated	City or town, state or province, country, and ZIP or foreign postal code		· · · · · · · · · · · · · · · · · · ·
	Amended return	MT WASHINGTON KY 40047	G Gross rec	eipts \$ 336,981
	Application pending	F Name and address of principal officer	H(a) is this a group return for s	subordinates? Yes X No
			H(b) Are all subordinates inc	luded? Yes No
			If "No," attach a list	
_		X 501(c)(3)		(Cook in Collotto)
<u>+</u>	Tax-exempt status Website: ▶ 1	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 N/A	H(s) Coous suspended sumb	
	Form of organization		H(c) Group exemption number of formation 1989	M State of legal domicile KY
		ummary	sai di lottilation 2000	1 m Otale of legal dofficile 222
<u> </u>		escribe the organization's mission or most significant activities.		
o o		SCHEDULE O		
ğ]			
Ë	İ			
Governance	2 Check th	nis box Fig. if the organization discontinued its operations or disposed of more than 25	% of its net assets.	
ڻ مخ	I	of voting members of the governing body (Part VI, line 1a)	3	19
Activities &		of independent voting members of the governing body (Part VI, line 1b)	4	0
ij		mber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
ŧ	1	mber of volunteers (estimate if necessary)	6	19
•		related business revenue from Part VIII, column (C), line 12	7a	0
CD (CD		elated business taxable income from Form 990-T, line 34	7b	0
(<u>\$</u>			Prior Year	Current Year
JEG Revenue	8 Contribut	tions and grants (Part VIII, line 1h)	<u> 175,700</u>	156,700
	9 Program	service revenue (Part VIII, line 2g)	<u>162,586</u>	180,002
E	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	300	279
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
蒕		renue – add lines 8 through 11 must equal Part VIII, column (A), line 12)	338,586	336,981
(=∆		ind similar amounts-paid (Part IX, column (A)(Ines 1–3)	122,500	95,000
(5)	14 Benefits	paid to or for members (Part IX, column (A) line 4)		0
S		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
Expense		onal fundraising fees (Part IX, column (A), line 11e)		0
, d		draising expenses (Part-IX; column (D); line 25). ▶ 0	200 627	017 (12
		penses (Part IX, cotumn (A), lines 11a-11d, 11f-24e)	222,637	217,613
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	345,137 -6,551	312,613 24,368
- S	19 Revenue	eless expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ets c	20 Total ass	sets (Part X, line 16)	315,712	338,080
Ass	21 Total liab	ollities (Part X, line 26)	72,000	70,000
Net Assets or Fund Balances	22 Net asse	ets or fund balances. Subtract line 21 from line 20	243,712	268,080
		gnature Block		•
		perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my kr	nowledge and belief, it is
		complete Declaration of preparer (other than officer) is based on all information of which preparer ha		,
		Alle munice	10	110/2014
Sig	ın 🖊 s	Signature of officer	Date	
Hei		GARY MUNSIE - TREASURER		
		Type or print name and title		
	Print/Type	e preparer's name Preparer's signature	Date Check	ıf PTIN
Paic	J. CAF	RLYLE ACKLEY TIMBLY & NCLUL	11/05/14 self-en	ployed P01232338
-	parer Firm's na		Firm's EIN	61-1166184
Use	Only	1885 DIXIE #IGHWAY SUPTE 310)	
	Firm's ad	orderss FT. WRIGHT, KX 41011-2663	Phone no	859-341-6700
May	the IRS discus	ss this return with the preparer shown above? (see instructions)		X Yes No
For	Paperwork Redu	uction Act Notice, see the separate instructions.		Form 990 (2013)

			CLASSIC, INC.	61-1160268	Page 2
	Statement of Progra				
			onse or note to any line	in this Part III	X
	cribe the organization's mi EDULE O	ISSION			
522 561					
_	•	ignificant program	services during the year which	h were not listed on the	
	990 or 990-EZ?				Yes X No
	scribe these new services				
3 Did the orga	anization cease conductin	ig, or make signinc	ant changes in how it conduct	is, any program	Yes X No
	scribe these changes on \$	Schedule O.			les M
			ments for each of its three la	rgest program services, as mea	sured by
				nount of grants and allocations t	
the total exp	penses, and revenue, if ar	ny, for each progra	m service reported		
_ ·					
4a (Code.) (Expenses \$		3 including grants of \$	95,000) (Reve	enue \$ 180,002
				OOL BASKETBALL,	
				AND CHEERLEADING SCHOLARSHIPS TO	
STUDENT		E OSED TO	AWARD COLLEGE	SCHOLARSHIPS TO	FLIGIBLE
SIODENI	.				
•					
		•			
	·				
				<u></u>	
4b (Code) (Expenses \$		including grants of \$) (Reve	nue \$
4c (Code ⁻) (Expenses \$		including grants of \$) (Reve	nue \$
	•				• •
	•				•
4d Other progra	ım services (Describe in	Schedule O)	<u>.</u>		
(Expenses	•	including gran	ts of \$) (Revenue \$)
	m service expenses 🕨		3,493		
ΔΔ					Form 990 (2013)

Part IV 'Checklist of Required Schedules

<u> </u>		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	I NO
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ł		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i I		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ıı)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		- 1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ī	
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	-

Part IV ' Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
_	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		}	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	١		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		<u> </u>
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d	-	
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 12
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ		
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		Ī	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		- [
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7.7
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		х
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		- 22
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ł	
	Part VI	37		x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2013) THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 0 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 Х account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring X organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

14b

X

13c

Enter the amount of reserves on hand

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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the

343 STONELEDGE DR

KY 40047

20

organization > GARY MUNSIE

MT WASHINGTON

Form 990 (2013	THE	KENTUCKY	ALL	"A"	CLASSIC,	INC.	61-1	160268	Page Page
Part VII	Compe	nsation of Off	icers,	Directo	rs, Trustees,	Key Emp	oloyees,	Highest Co	ompensated Employees, and
•	Indepe	ndent Contrac	tors					_	
	Check i	f Schedule O c	ontains	a resp	onse or note t	to any line	in this F	Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a c	rson	than one is both a ir/trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-WI3C)	from the organization and related organizations
(1)B.B. KENDRICK		1							-, - <u>- , - , - , - , - , - , - , - , - </u>	
	1.00								1	
DIRECTOR	0.00	X						0	0	·0
(2) MIKE DUNCAN										
	1.00				ĺ			_		
DIRECTOR	0.00	X					_	0	0	0
(3) DAVE COWDEN	4 00	1								
	1.00						ı			
DIRECTOR	0.00	X				\vdash		0	0	0
(4) TONY HARLAN	1 00						- 1			
DIRECTOR	1.00	.						0		^
(5) MELISSA PETERS	0.00	X	\vdash			-	\dashv	0	0	0
(5)FEELISSA FEIERS	1.00									
DIRECTOR	0.00	x						0	0	0
(6) JODY THORNSBERRY	0.00	1					ᅥ			
(0,0022 2002200	1.00									
DIRECTOR	0.00	$ \mathbf{x} $					- 1	o	0	0
(7) KEVIN SULLIVAN							7			
,,	1.00	i i					i			
DIRECTOR	0.00	x						o	0	0
(8) JIM HURST										
	1.00						ı			
DIRECTOR	0.00	X						0	0	0
(9) CORY HIGHFIELD										
	1.00	ΙI					ļ			
DIRECTOR	0.00	X						0	0	0
(10) CARY BARR							1			· · · · · · · · · · · · · · · · · · ·
İ	1.00									
DIRECTOR	0.00	X]				\perp	0	0	0
(11) JERRY BINGHAM			ł	ł						
	1.00								İ	
DIRECTOR	0.00	X					- 1	Ol	Ol	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Reportable Reportable Position Name and title Average Estimated (do not check more than one compensation from hours per compensation amount of box, unless person is both an related week from other officer and a director/trustee) (list any the organizations compensation (W-2/1099-MISC) hours for organization from the (W-2/1099-MISC) Individual trustee or director related nstitutional trustee organization and related organizations employee organizations below dotted line) (12) BOB TUCKER 1.00 0.00 X 0 0 0 DIRECTOR (13) DINKY PHIPPS 1.00 DIRECTOR 0.00 X 0 0 0 (14) EDDIE BROWNING 1.00 0 0.00 X 0 DIRECTOR (15) RICKY THACKER 1.00 0.00 X 0 0 0 DIRECTOR (16) RICK MAYS 1.00 X DIRECTOR 0.00 0 0 0 (17) STAN STEIDEL 10.00 X 0 0 0.00 CHAIRMAN (18)MIKE REEVES 10.00 SECRETARY 0.00 X 0 0 (19) GARY MUNSIE 5.00 0.00 0 0 TREASURER Sub-total Total from continuation sheets to Part VII, Section A ▶ Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual X for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

486101 11/05/2014 10 19 AM Form 990 (2013) THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (D) Revenue Total revenue exempt function excluded from tax business revenue revenue 512-514 Grants 1a Federated campaigns 1a b Membership dues 1b 23,200 c Fundraising events 1c d Related organizations 1ď Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 133,500 27,000 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 156,700 Program Service Revenue Busn. Code 711210 136,497 136,497 2a BASKETBALL TOURNAMENT 711210 11,981 11,981 SOCCER TOURNAMENT 11,683 711210 BASEBALL TOURNAMENT 11,683 8,772 8,772 711210 SOFTBALL TOURNAMENT 711210 8,360 8,360 VOLLEYBALL TOURNAMENT 2,709 2,709 f All other program service revenue g Total. Add lines 2a-2f 180,002 ▶ Investment income (including dividends, interest, 279 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets other than inventory Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities

Busn. Code

▶

336,981

180,002

Form 990 (2013)

279

0

11a b

See Part IV. line 19 b Less direct expenses

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

10a Gross sales of inventory, less returns and allowances b Less cost of goods sold

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory Miscellaneous Revenue

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a response			mplete column (A)	(v)
		(A)		(6)	(D)
	not include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	ļ	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	95,000	95,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	ļ .			
4	Benefits paid to or for members				
5		<u> </u>			
Đ	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	1			
b					
c		2,400		2,400	
d					
e					
_	-				
t	Investment management fees				
g	•				
	(A) amount, list line 11g expenses on Schedule O)	<u> </u>			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				·
17	Travel	36,638	27,957	8,681	
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials			İ	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111		111	
23	Insurance	4,627	4,627		
23 24	Other expenses Itemize expenses not covered	7/02/	1/02/		
44	above (List miscellaneous expenses in line 24e. If			1	
	·				
	line 24e amount exceeds 10% of line 25, column		j		
	(A) amount, list line 24e expenses on Schedule O)	67.000	67.000		
а	PARTICIPATING TEAM EXPS	67,292	67,292		
b	OFFICIALS	35,315	35,315		
Č	SHIRTS & NOVELTIES	17,209	17,209		
d	PRINTING	14,825	14,825		
е	All other expenses	39,196	36,268	2,928	
25 _	Total functional expenses. Add lines 1 through 24e_	312,613	298,493	14,120	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			İ	
	fundraising solicitation. Check here				

Form 990 (2013) THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 164,800 186,999 Cash-non-interest bearing 150,634 150,914 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 2,706 other basis. Complete Part VI of Schedule D 10a 2,539 278 b Less accumulated depreciation 10b 10c 167 Investments—publicly traded securities 11 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 315,712 338,080 16 72,000 17 Accounts payable and accrued expenses 17 70,000 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 72,000 Total liabilities. Add lines 17 through 25 70,000 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 243,712 27 Unrestricted net assets 268,080

> 338,080 Form **990** (2013)

268,080

28

29

30

31

32

33

243,712

315,712

31

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

-orn	1 990 (2013) THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268				Pa	ge 12
Pa	rt XI ' Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1_		_		981
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	<u> </u>	12,	613
3	Revenue less expenses. Subtract line 2 from line 1	3	L		24,	368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	43,	712
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	ĺ	2	58,	080
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O			ı		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		}	2a	X	}
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					_
	reviewed on a separate basis, consolidated basis, or both		1			
	Separate basis Consolidated basis Both consolidated and separate basis			ł		1
b	Were the organization's financial statements audited by an independent accountant?		i	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Ī			
	separate basis, consolidated basis, or both:		1	Ī		
	Separate basis Consolidated basis Both consolidated and separate basis			ł		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ļ			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?]	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		T			_
	Schedule O			İ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]]		i
	the Single Audit Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		r			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
	The state of the s				990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE KENTUCKY ALL "A" CLASSIC, INC.

Employer identification number 61-1160268

The	orga	nızation is no	t a private foundation becaus	se it is. (For lines 1 through 11,	check on	ly one box	()							
1		A church, co	onvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).							
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)										
3		A hospital or	r a cooperative hospital servi	ice organization described in se	ction 170)(b)(1)(A)	(iii).							
4		A medical re	esearch organization operate	d in conjunction with a hospital	described	in section	on 170(t)(1)(A)(i	iii). Ent	er the h	ospital'	s name	,	
		city, and stat	te											
5		An organizat	tion operated for the benefit	of a college or university owned	or opera	ted by a g	overnm	ental un	t descr	ibed in				
	_	section 170	(b)(1)(A)(iv). (Complete Part	tll)										
6				governmental unit described in s	section 1	70(b)(1)(<i>A</i>	۸)(۷).							
7	П		-	substantial part of its support fr				from the	e genera	al public	3			
	_	=	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	3				J					
8				170(b)(1)(A)(vi). (Complete Par	1113									
9	X			1) more than 33 1/3% of its sup	•	contribut	ions me	mbershi	in fees	and or	nss			
•				npt functions—subject to certain										
				nd unrelated business taxable in	-									
		•	=	30, 1975. See section 509(a)(2)	•			x,	Jusines	303				
10		· ·	=	exclusively to test for public saf			•							
11	H	· ·	= :	exclusively for the benefit of, to	-				v out th	^				
		_	- · · · · ·	ted organizations described in s	-				•					
		•		the type of supporting organizat					•	Section	•			
		<u> </u>				•		<u> </u>			tionally	i=4====	لسسة	
_			ш "	c			d				•	ıntegrat	eo	
е	Ш	-		gamzation is not controlled direct er than one or more publicly sup	-									
				er than one or more publicly sup	ported of	yanızatıdı	is desci	inea iii s	SECTION	509(a)(''			
		or section 50		remination from the IDS that it is	. a Tima l	Tuna II	T	III augus						
f				ermination from the IRS that it is	saryper	, rype ii,	or rype	ні ѕиррі	orung					
		•	, check this box	Ainm			L _							\sqcup
g		_	•	tion accepted any gift or contrib	ution fron	n any or ti	ne							
		following per				_						ſ		
		• •	•	ontrols, either alone or together	with pers	ons desci	ibed in (ii) and				$\overline{}$	Yes	No
		, ,	w, the governing body of the	• •								11g(ı)		
		. ,	member of a person describ	**								11g(ii)		
		• •	•	described in (i) or (ii) above?								11g(iii)		
h		Provide the	following information about t	he supported organization(s)	_									
(1)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii)	Amount of		агу
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organızat (i) organı	zed in the		suppo	п	
				(see instructions))	- Joseph		sup	port?	U	S?	ļ			
					Yes	No	Yes	No	Yes	No				
A)					1			ļ						
					<u></u>									
B)]									
		<u> </u>												
C)														
					1									
D)							_							_
					l _									
E)														
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otal	<u> </u>											_		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						···
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						,
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructions)			-	12	
13	First five years. If the Form 990 is for the	•	. second, third, for	ırth. or fifth tax vea	ar as a section 501		
	organization, check this box and stop here			,		(-/(-/	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2013 (line 6,	column (f) divided	by line 11, colum	n (f))		14	%
15	Public support percentage from 2012 Sche	edule A, Part II, line	14			15	%
16a	33 1/3% support test—2013. If the organi	zation did not ched	k the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ 🗍
b	33 1/3% support test—2012. If the organi	zation did not ched	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore,	_
	check this box and stop here. The organiz	ation qualifies as a	publicly supporte	d organization			▶ □
17a	10%-facts-and-circumstances test—201	3. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	_
	10% or more, and if the organization meets	s the facts-and-cir	cumstances" test,	check this box an	d stop here. Expla	aın in	
	Part IV how the organization meets the "factorization organization"						▶ □
b	10%-facts-and-circumstances test—201. 15 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances'	test, check this b	ox and stop here.		
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" te:	st The organization	n qualifies as a pu	blicly	. —
Ω	supported organization Private foundation of the organization did	not chook a have a	n line 12 15- 40	170 or 17h ch-	ale this best and	•	▶ ∐
18	Private foundation. If the organization did instructions	посспеск а вох о	n iine 13, 16a, 16t), 1/a, or 1/b, che	ck this dox and se	е	▶ □
	<u> </u>	 	<u>-</u>				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to	quality under th	e tests listed be	elow, please co	mplete Part II.)	
_	ction A. Public Support ndar year (or fiscal year beginning in) ▶	(=) 2000	(b) 2010	(-) 2044	(4) 2042	(a) 2012 T	(D. T. J. J.
	• • • • •	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	93,450	210,600	164,035	175,700	156,700	800,485
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	160,347	163,089	190,184	162,586	180,002	856,208
3	Gross receipts from activities that are not an unrelated trade or business under section 513						·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	253,797	373,689	354,219	338,286	336,702	1,656,693
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	75,000	135,000	105,000	105,000	105,000	525,000
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	75,000	135,000	105,000	105,000	105,000	525,000
8	Public support (Subtract line 7c from			,			
	line 6.)						1,131,693
	tion B. Total Support	·					
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	253,797	373,689	354,219	338,286	336,702	1,656,693
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	992	78	335	300	279	1,984
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	992	78	335	300	279	1,984
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	254,789	373,767	354,554	338,586	336,981	1,658,677
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	rth, or fifth tax year	as a section 501(c)(3)	▶ □
Sec	tion C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·	 	
15	Public support percentage for 2013 (line 8,			(f))		15	68.23%
16	Public support percentage from 2012 Sche	• • •	•	(1))		16	65.92%
	tion D. Computation of Investme						05.52 70
17	Investment income percentage for 2013 (In			column (f))		17	%
18	Investment income percentage from 2012	• • • • • • • • • • • • • • • • • • • •	-	()		18	1%
19a	33 1/3% support tests—2013. If the organ			14, and line 15 is n	nore than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qu	alifies as a publicl	y supported organ	ızatıon	► X
b	33 1/3% support tests—2012. If the organ						_
	line 18 is not more than 33 1/3%, check th	-	_		•	*	▶ ∐
20	Private foundation. If the organization did	not check a box or	<u>n line 14, 19a, or 1</u>	9b, check this box	and see instructio	ns	

Schedule A (Form 990 or 990-EZ) 2013 THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268 F Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and

· · · · · · · · · · · · · · · · · · · 		· · · · · · · · · · · · · · · · · · ·		
11/5/2014 10:19 AM	,			2013 \$ 105,000 \$ 105,000
11/6	, , ,	23,200 10,000 1,000 1,000 1,000 5,000 5,000 5,000	Amount 136, 497 8, 772 11, 683 8, 360 2, 709 11, 981	2012 105,000 105,000
		ν ν η η η η η η η η η η η η η η η η η η	\ \s	v
				2011 105,000 105,000
ements	Part III, Line 1(e)		III, Line 2(e)	Support from Disqualified Persons 2010 2011 \$ 135,000 \$ 105,000 \$ 135,000 \$ 105,000
Stat			Part	s s S
Federal Statements	Schedule A,		Schedule A, Part III, Line 2(e)	ne 7a - 9 5, 000 5, 000
NC.	Oescription and		Description	S S
ASSIC) Sec	LETTER LETTER LETTER	Desc	Schedule A, Part III, Li
'A" CL		RD RD		Sche
ALL "				a L
TUCK		CLARSHIPS UNERGY TUCKY UNIVER SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP	TOURNAMENT OURNAMENT OURNAMENT TOURNAMENT AMENT NAMENT	Donor Name
E KEN 014		S: HOLARSH SS CONTRIBU NATUCKY D SCHOL OF PIK OF PIK TO SCHOL TO S	LL TOURNAME. TOURNAMENT TOURNAMENT LL TOURNAME. RNAMENT NURNAMENT	E
486101 THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268 FYE: 6/30/2014		MEMBER FEES IN-KIND SCHOLARSHIPS ACDONALDS TOUCHSTONE ENERGY CASH CONTRIBUTION CASH CONTRIBUTION SEASTERN KENTUCKY UNIVER, IN-KIND SCHOLARSHIP IN-KIND SCHOLARSHIP IN-KIND SCHOLARSHIP IN-KIND SCHOLARSHIP TOTAL	BASKETBALL TOURNAMENT SOFTBALL TOURNAMENT BASEBALL TOURNAMENT VOLLEYBALL TOURNAMENT GOLF TOURNAMENT SOCCER TOURNAMENT TOTAL	TOUCHSTONE
4861 61-1 [°] FYE:		MEMBER FEES IN-KIND SCHOLARSHIPS -MCDONALDS -MIKE REEVES -TOUCHSTONE ENERGY CASH CONTRIBUTION -EASTERN KENTUCKY UNIVERSITY OF PIKEVILLE IN-KIND SCHOLARSHIP -ST. CATHARINE COLLEGE IN-KIND SCHOLARSHIP -ST. CATHARINE TOLLARSHIP TOTAL	BASKI SOFTI VOLLI GOLF SOCCI	Lonci

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	e of the organization		Employer	identification number
_T	THE KENTUCKY ALL "A" CLASSIC, INC.			160268
P	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to		ccount	s.
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	,		
	Protection of natural habitat	Preservation of a certified historic	structure	•
	Preservation of open space			
2		servation contribution in the form of a conser		
	easement on the last day of the tax year.			Held at the End of the Tax Year
a			2a	
b	, , , , , , , , , , , , , , , , , , , ,		2b	
С.			2c	
a	Number of conservation easements included in (c) acquired after 8/1	7706, and not on a	ایرا	
•	historic structure listed in the National Register	and and single and an arrange and the state of the second and the	2d	. 44
3	Number of conservation easements modified, transferred, released, tax year ►	extinguished, or terminated by the organization	on during	, ule
4	Number of states where property subject to conservation easement i	s located •		
5	Does the organization have a written policy regarding the periodic me			
3	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		ar	[] .cs []o
·		orang concervation decements during the year	~ .	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)(B)		О П
	(i) and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation ease	·	•	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	ne organization's financial statements that de	scribes ti	ne
Pa	art III Organizations Maintaining Collections of Ar	t Historical Treasures or Other S	imilar /	Assets
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),			eet
	works of art, historical treasures, or other similar assets held for publ	· ·	rance of	
	public service, provide, in Part XIII, the text of the footnote to its finar			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for publicable to the fallowing agreement solution to the fallowing agreement solution to the solution of the fallowing agreement solution to the solution of	ic exhibition, education, or research in further	rance of	
	public service, provide the following amounts relating to these items:			c
	(i) Revenues included in Form 990, Part VIII, line 1			\$
_	(ii) Assets included in Form 990, Part X	an alban annilan annilan fan fin fin annilan	da. 45 -	\$
2	If the organization received or held works of art, historical treasures,		nae tne	
_	following amounts required to be reported under SFAS 116 (ASC 956	o) relating to these items		c
	Revenues included in Form 990, Part VIII, line 1			\$
D	Assets included in Form 990, Part X			<u> </u>

		A" CLASSIC,		_	160268	Page 2
Part III Organizations Maintaining						ets (continued)
3 Using the organization's acquisition, acces collection items (check all that apply).	sion, and other record	is, check any of the fo	llowing that a	are a signif	icant use of its	
a Public exhibition	d 🔲	Loan or exchange pro	ograms			
b Scholarly research	е 🗌	Other				
c Preservation for future generations	_					
4 Provide a description of the organization's	collections and explai	n how they further the	organization	's exempt	purpose in Part	
XIII.						
5 During the year, did the organization solicit						
assets to be sold to raise funds rather than		part of the organization	n's collection	?		Yes No
Part IV Escrow and Custodial A	_			_		_
Complete if the organization 990, Part X, line 21.	on answered "Yes	" to Form 990, Pa	rt IV, line 9	e, or repo	orted an amoui	nt on Form
1a Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other asse	ts not		
included on Form 990, Part X?		•				Yes No
b If "Yes," explain the arrangement in Part XI	Il and complete the fo	ollowing table.				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on	Form 990, Part X, line	21?				Yes No
b If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanation has been p	rovided in Pa	art XIII	<u></u>	
Part V Endowment Funds.						
Complete if the organization	on answered "Yes	<u>" to Form 990, Pa</u>	rt IV, line 1	10.	Y	
	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years bad	ck (e) Four years back
1a Beginning of year balance			<u> </u>			
b Contributions			 			
c Net investment earnings, gains, and						
losses						
d Grants or scholarships			-			
e Other expenditures for facilities and						
programs .			<u> </u>			- -
f Administrative expenses			 -			
g End of year balance		- 45 - 4 1 - 4 - 4 - 4	<u> </u>		L	
2 Provide the estimated percentage of the cu		e (line 1g, column (a))	neid as:			
a Board designated or quasi-endowment ► b Permanent endowment ► %	%					
b Permanent endowment ► % c Temporarily restricted endowment ►	%					
The percentages in lines 2a, 2b, and 2c sho						
3a Are there endowment funds not in the poss	•	ation that are held and	administore	d for the		
organization by	coolon of the organiza	ation that are nea and	administer o	a 101 till		Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" to 3a(ii), are the related organization	ns listed as required o	on Schedule R?				3b
4 Describe in Part XIII the intended uses of the	•					
Part VI Land, Buildings, and Equ		THE PARTICULAR TO SERVICE OF THE SERVICE OF T				
Complete if the organization	•	" to Form 990 Par	rt IV line 1	1a See	Form 990 Pa	rt X line 10
Description of property	(a) Cost or other t	1 ' '			Accumulated	(d) Book value
	(investment)				epreciation	
1a Land						
b Buildings		· · · · · · · · · · · · · · · · · · ·				
c Leasehold improvements						
d Equipment			2,706		2,539	167
e Other			,	-	, = = 3	<u></u>
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line 10	O(c))		>	167

486101 11 <u>/</u> 05/2014 •				
	Form 990) 2013 THE KENTUCKY ALL "A"	CLASSIC, INC.	. 61-1160268	Page
Part VII	Investments—Other Securities.	- F 000 B	441 O Francisco D 413	N. II. 40
	Complete if the organization answered "Yes" to			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
/1) Financial			Oost of charon-year mar	Net value
(1) Financial	eld equity interests		-	
(3) Other	eld equity interests	· · · · · · · · · · · · · · · · · · ·	 	
(A)	•			
(B)	•			
(C)				
(D)	•		1	
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶		J	
Part VIII	Investments—Program Related.	F 000 D- 1 N 1 N	- 44 - O - E 000 D - 43	V 15 - 46
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			333131 311 311 311	
(1)				
(3)				
(4)	······································			
(5)				
(6)				
(7)				
(8)				
(9)		_		
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX	Other Assets.	E 000 B + 11 + 11	4410 5 000 5 13	V II 45
	Complete if the organization answered "Yes" to	Form 990, Part IV, III	e 11d. See Form 990, Part 2	
	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)		····		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		_	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	e 11e or 11f. See Form 990	, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		_	
(2)			_	
(3)			_	
(4)			4	
(5)	· · · · · · · · · · · · · · · · · · ·		_	
(6)		 	-{	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

• •	ALL CONTROL OF THE STREET, AND STREET, AND STREET, AND STREET, AND STREET, AND STREET, AND STREET, AND STREET,	a T110	C1		
_	Int XI Reconciliation of Revenue per Audited Financial State		61-116026		Page 4
,	•		•	turn.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			_1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
þ	Other (Describe in Part XIII.)	2d		1 1	
е	Add lines 2a through 2d			2e_	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u> </u>			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b]	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	ı Expenses per F	₹etur	n.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line	12a.		_
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e_	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			•
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c_	
5	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2013 THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268

Part XIII Supplemental Information (continued)

Page 5

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

HNC.

THE KENTUCKY ALL "A" CLASSIC,

Open to Public Inspection 2013

Employer identification number

61-1160268

ջ □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Partl Ξ 3 ල 4 9 9 6 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Schedule I (F	Schedule I (Form 990) (2013)	THE	THE KENTUCKY ALL "A" CLASSI	KY A	LL. ",	A" (CLASSIC,	INC.	61-1160268	C and .
Part III	Grants and Other Assistance to Individuals in the Unit	Other	Assistance	e to In	ndividua	als in	the United	States. C	ited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
	Part III can be duplicated if additional space is needed.	be dupl	icated if adu	ditiona	al space	is ne	eded.			

	(a) Type of grant or assistance (b) Number of	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 SCHOI	1 SCHOLARSHIP AWARDS	95	68,000	27,000	FIMV	AWARD LETTERS
2						
წ						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information rec	quired in Part I, line 2	, Part III, column (b),	and any other additional in	nformation.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION SENDS ALL SCHOLARSHIP AWARDS DIRECTLY TO THE HIGHER

EDUCATION INSTITUTION THE STUDENT WILL ATTEND.

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

 \blacktriangleright Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	THE KENT	UCKI A	TTT "W" CTW2:	SIC, INC.	61-116026	00		
_ <u>Pa</u>	art I Types of Property	,						
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	unts		
1	Art Works of art						_	
2	Art — Historical treasures							
3	Art Fractional interests	[_			
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes		_					
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential				·			
16	Real estate — Commercial							
17	Real estate — Other							
8	Collectibles							
9	Food inventory							
20	Drugs and medical supplies	<u> </u>						
21	Taxidermy	 				_		
22	Historical artifacts	ļ						
23	Scientific specimens	<u> </u>						
24	Archeological artifacts	- 	07	07.000		_		
25	Other (AWARD LETTERS)	X	27	27,000	FAIR MARKET VALUE	<u> </u>		
26	Other ►(<u> </u>						
27	Other ()	<u> </u>						
28	Other ►(<u> </u>						
9	Number of Forms 8283 received by	_						
	which the organization completed Fo	orm 8283, F	Part IV, Donee Acknowle	edgement [29		1	
_							Yes	No
0a	During the year, did the organization	-	• • •	• •	·			
	it must hold for at least three years f			on, and which is not require	ed to be			37
	used for exempt purposes for the en	_	period?			30a		<u>x</u>
	If "Yes," describe the arrangement in							
1	Does the organization have a gift ac	ceptance p	olicy that requires the re	view of any non-standard	,			
	contributions?					31		<u> </u>
2a	Does the organization hire or use thi	rd parties o	or related organizations t	o solicit, process, or sell no	oncash	.		7.7
	contributions?					32a		<u>X</u>
	If "Yes," describe in Part II	٠						
3	If the organization did not report an a	amount in c	olumn (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II		<u> </u>					

Schedule M (Form 990) (2013) THE KENTUCKY ALL "A" CLASSIC, INC. 61-1160268

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2013

Department of the Treasury

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

THE KENTUCKY ALL "A" CLASSIC, INC.

61-1160268

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION HOSTS AND MANAGES HIGH SCHOOL BASKETBALL, BASEBALL, SOFTBALL, VOLLEYBALL AND GOLF TOURNAMENTS AND CHEERLEADING COMPETITIONS. THE NET PROCEEDS ARE USED TO AWARD COLLEGE SCHOLARSHIPS TO ELIGIBLE STUDENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S OFFICERS WILL REVIEW FORM 990.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPT:	ION		AM	OUNT	
TV/VIDEO	PRODUCTI	ION			
	\$	10,500	\$	0	\$ 0
FACILITY	RENTAL				
	\$	9,000	\$	0	\$ 0
TROPHIES					
	. \$	8,103	\$	0	\$ 0
SUPPLIES	, BANQUET	. & RADIO			
	\$	6,535	\$	0	\$ 0
SUPPLIES	, TELEPHO	ONE, MISC			
	\$	0	\$	2,928	\$ 0
			•		

CHEERLEADING FEES

Schedule O (Form 99 Name of the organization	10 or 990-E	:2) (2013)						Employer identification	Page 2
•	THE	KENTUCKY	ALL	"A"	CLASSIC,	INC.		61-11602	
	\$	2,	130		\$		0	\$	0

486101 THE KENTUCKY ALL "A" CLASSIC, INC.

Federal Statements

FYE: 6/30/2014

61-1160268

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US
Business Code Code Code 6/30/75 Obs (\$ or %)

11/5/2014 10:19 AM

INTEREST INCOME

279

Amount

TOTAL

279

14

FYE: 6/30/2014	י פעסומו סימ	Federal Statements		11/5/2014 10:19 AM
	Form 990, Part IX, Line 24e	e - All Other Expenses	NI Sil	
Description	Total	Program Service	Management & General	Fund Raising
TV/VIDEO PRODUCTION FACILITY RENTAL TROPHIES	\$ 10,500 9,000 8,103	\$ 10,500 9,000 8,103	w	o,
SUPPLIES, BANQUET & RADIO SUPPLIES, TELEPHONE, MISC CHEERLEADING FEES	6,535 2,928 2,130	6,535	2,928	
TOTAL	\$ 39,196	\$ 36,268	\$ 2,928	\$
		•		

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service

(99) ► See separate instructions.

Attach to your tax return.

Name	(s) shown on return THE KEI	NTUCKY ALL	"A" CLASS	IC, INC.		Identifyi	-	ber 0268
	ess or activity to which this form relates NDIRECT DEPRECIAT	ION						
	art I Election To Exper		erty Under Sec	tion 179				
	Note: If you have a	ny listed propert	y, complete Part	V before you c	omplete Part	1.		
1	Maximum amount (see instruction	s)				[1	500,000
2	Total cost of section 179 property	placed in service (se	ee instructions)].	2	
3	Threshold cost of section 179 pro	perty before reductio	n ın limıtation (see in	structions)			3	2,000,000
4	Reduction in limitation. Subtract li	ne 3 from line 2 If ze	ero or less, enter -0-				4	
5	Dollar limitation for tax year. Subtract lin	ne 4 from line 1. If zero o	or less, enter -0- If marri	ed filing separately,	see instructions	1	5	
6	(a) Description	n of property		(b) Cost (business use	only) (c)	Elected cost		
					·			
7	Listed property. Enter the amount				<u> </u>			
8	Total elected cost of section 179 p			s 6 and 7			8	
9	Tentative deduction. Enter the sm].	9	
10	Carryover of disallowed deduction	_				. F	10	
11	Business income limitation. Enter		•	•	5 (see instructio	ns)	11	
12	Section 179 expense deduction. A	•		_	 		12	
13	Carryover of disallowed deduction Do not use Part II or Part III below			<u></u>	13			
	 			sistian (Dans	at include list		4.1/	Con instructions \
						ea proper	<u>τγ.) (</u>	See instructions.)
14	Special depreciation allowance for		otner than listed prop	eπy) piaced in ser	vice			
4 -	during the tax year (see instruction	•				ŀ	14	
15 10	Property subject to section 168(f)(•				ŀ	15	
16 D	Other depreciation (including ACF art III MACRS Depreciat		ide listed proper	h/\Soo instru	otione)		16	
	iit iii iMACKS Depreciat	ion (Do not mak	Section		Cuons.)			_
17	MACRS deductions for assets pla	ced in service in tax					17	111
., 18	If you are electing to group any assets placed				horo			
10			vice During 2013 T			eciation Sv	stem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment in only-see instructions	ion (d) Recovery	(e) Convention	(f) Method		(g) Depreciation deduction
19a	3-year property			<i>"</i>				
b	5-year property]						
С	7-year property							
d	10-year property							
	15-year property							
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27 5 yrs	ММ	S/L	_]	
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2013 Tax	Year Using the	Alternative Dep	reciation S	yster	n
20a	Class life					S/L		
b	12-year			12 yrs.		S/L]	
С	40-year			40 yrs	ММ	S/L	}	
Pa	rt IV Summary (See ins	tructions.)						
21	Listed property Enter amount from	n line 28					21	
22	Total. Add amounts from line 12, I	ines 14 through 17, I	ines 19 and 20 in co	lumn (g), and line	21 Enter here			
	and on the appropriate lines of you	ır return. Partnership	s and S corporations	see instructions	<u> </u>		22	111
23	For assets shown above and place	ed in service during t	he current year, ente	r the			l	
	portion of the basis attributable to	section 263A costs			23			