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Form

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No 1545-0047

921

<u>A</u>	For the	2014 C		or tax year beg	linning		, and ending				_			
В	Check if ap	plicable	C Name of organ	nzation							D Emplo	yer identifi	cation number	
	Address cl	hange		CL	ASSICS E	OR KIDS	FOUNDATION							
	Name cha	000	Doing business								T 81-	0516	714	
<u></u>	j Name una	ilge		treet (or PO box if ma	ail is not delivered	to street address)			Room/	sute		one number		
L	Initial retur			ox 5977				l			508	<u>-740</u>	<u>-8331</u>	
	Final return	eminated												
_	1	HOLLISTON MA 01746										eceipts \$	242	,181
<u> </u>	Amended return F Name and address of principal officer												. —	T.
L	Application pending BARRY KINGSTON H(a) is this a g										roup return fo	r subordinati	es? Yes	X No
	110 MEADOWBROOK LANE H(b) Are all suft										bordinates in	cluded?	Yes	No
			HOLLI				01746			If "No	," attach a lis	t (see instr	uctions)	
	Tax-exem	nnt etatus	X 501(c)		() 4	(insert no)	4947(a)(1) or	527	1					
÷	Website			FORKIDS		(insertio)	4547(a)(1) G	JZI	۱ ",	. C				
<u>.</u>			X Corporate		7	7 00		Т.,		mation 1	emption num	1		MA
<u> </u>	Form of o			on Trust	Association	Other -	:	ĮŁ,	ear or to	mation =	1990	M Stat	te of legal domicite	PIP
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7	;	-	ITY INST											
Governance	2 (Check this	s box ▶ 📗 ı	f the organization	n discontinue	d its operations	or disposed of more	e than 25%	of its r	net asset	ts			
م م	3 1	Number o	of voting memb	bers of the gover	ning body (Pa	art VI, line 1a)					3	0		
ď				t voting members			t VI. line 1b)				4	0		
į	5 1		=	uals employed in	•		•				5	0		
ctivities	6 1			ers (estimate if i	•		,				6	Ō		
4	() '			s revenue from I	• • •	mn (C) line 12					7a	+		0
	i				•	. ,,								0
_	1 6 1	vet unreia	ated business	taxable income	irom Form 95	10-1, line 34	****	Т		Pnor Ye	7b	 -	Current Year	
	8 (Contributi	ons and grant	s (Part VIII, line	1h)			ŀ			6,919	3	105,	210
~~ £				ue (Part VIII, line	•			<u> </u>			4,585		117,	
S P	40	_				7-1\		ŀ			316		<u> </u>	
SCANNED	10 1		· ·	rt VIII, column (A	-						21	2		432
2	11 (-	I, column (A), lin			•				1 00/	.—		
Z -	12 7	otal reve	enue - add line	es 8 through 11 (must equal F	art VIII, columi	n (A), line 12)				1,820		222,	
				unts paid (Part I)				ļ		11	5,15	3	92,	959
_	14 Benefits paid to or for members (Part IX Column (A), line 4)											<u> </u>		<u> </u>
AUG	15 8	Salaries, (gther compens	sation, employee	benefits (Pa	rt IX, column (/	A), lines 5–10)	1				1		0
W L JAN	16a F	Profession	nal fundraising	g fees (Part IX, c	o <u>lum</u> n (A), lın	e 11e)		Ĺ		_				0
~	} b1	Total fund	raising expen	ses (Part IX: col	umn (D), line	25) 🕨	44,992	2	2111112111			1		
3 9 0 û	i 17 (Other exp	enses (Part I)	ses (Part IX: coli Ccolumn (A), lin	es 11a-11d.	11f-24e)	•	ſ		21	6,393	3	148,	937
2015				es 13-17 (must			ne 25)	Ī			1,54		241,	
G	1			s Subtract line 1	· · ·			Ī			0,274		-18,	
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Net Assets or	티 20 1	Total asse	ets (Part X, line	e 16)				Ī		17	9,373	3	160,	469
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š	E 22 N		-	nces Subtract lii	ne 21 from lin	e 20		ŀ		17	9,373	3	160,	469
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_		Print/Type	preparer's name			Preparer's signatu	re			Date	Chec	* X d	PTIN	
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Us	se Only			747 WASH										
		Firm's add		HOLLISTO		01746-	2158				Phone no	508	3-429-7	140
Ma	ay the IR			th the preparer s	_								Yes	No
				e, see the separa									Form 99	
DA	A	recuul	J.J. 701 11000	o, oce are separa		••							rom JJ	⊌ (2014)

92,959) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O.)

156,895 including grants of \$

156,895

	1990(2014) CHASSICS FOR RIDS FOUNDATION OF USIGNIA			age .
Pa	art IV Checklist of Required Schedules		T	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
_	complete Schedule A	1	X	┢
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
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	—	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,	1	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			l
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	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	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,"		<u> </u>	ĺ
_	complete Schedule D, Part VI	11a	x	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
•	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	<u> </u>		
٠	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- <u> -</u>	_	-
f		445		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 42-		v
	Schedule D, Parts XI and XII	12a	_	X
Ь		405		
4.	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		•
14a		14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ı		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Ì		l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	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		

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		[
	domestic 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 or for domestic individuals on			7.7
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	22		v
242	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	İ		
	through 24d and complete Schedule K if "No," go to line 25a	24-	ļ	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	\dashv	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
Ŭ	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		- 1	
	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			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ľ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	i	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)		Ī	
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
C	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	i	- 1	
	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,"	1		
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			**
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	_		v
25-	or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<u> </u>
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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	30	\dashv	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	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
			000	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vac	_ <u>_</u> _
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	F	Yes	No
1a	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			l
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		f
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.0		_
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			Г
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ŧ
	and services provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year	7c		-
d		 ,		ŀ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	-
g h	If the organization received a contribution of qualified intellectual property, did the organization file 7 offit 6059 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'''		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		,	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them)			
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	:		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	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	,		
b	Enter the amount of reserves the organization is required to maintain by the states in which	w.		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	146		

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI	instruc	tions.	
Sec	tion A. Governing Body and Management			!!_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		l
	If there are material differences in voting rights among members of the governing body, or			I
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u></u>
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	├──
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9</u>		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)	14	
40-	Dud the executation have level shorters broughts as offlicted?	400	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "blo." go to line 13	422		х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	_	┢┻
b		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16a				
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
M	ICHAEL REYNOLDS 69 LAKESHORE DRIVE			
H	OLLISTON MA 01746 50	8-74	0-8	331

Form 990 (2014	CLASSICS	FOR KIDS	FOUNDATION	81-0516714	Page 1
Part VII	Compensation (of Officers, D	irectors, Trustees	, Key Employees, Highest Compensated E	mployees, and
	Independent Co				
	Check if Schedul	le O contains	a response or note	to any line in this 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

- 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.

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

(A) Name and Title	(B) Average hours per week (list any	bc of	x, uni ficer a	Pos check ess pe	erson I	than one is both ar ir/trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99-M ISC)	from the organization and related organizations
(1) IRIS MODEL	1 00						\Box			
D I DE CMOD	1.00	x		1				0	_	
DIRECTOR (2) GEORGIA GODFREY	0.00	^	-	├	-	╁─┼	\dashv	0	0	0
(2) GEORGIA GODINEI	1.00									
DIRECTOR	0.00	x						0	o	o
(3) LYNN WEIDNER	1	1					┪			
• •	1.00				ł					
	0.00	X			<u> </u>	Ш		0	0	0
(4) PAUL LOWDEN				İ					i	
	1.00			1				_		
(5) ANGUS MUIR	0.00	X		 	┢	₩	\dashv	0	0	0
(5) ANGUS MUIR	5.00									
PRESIDENT	0.00			x				0	0	0
(6) JILL LENHARDT	0.00	1			 		\neg			
(-)	5.00									
SECRETARY	0.00			X	<u> </u>			0	0	0
(7) BARRY KINGSTON										
	5.00							_		_
TREASURER	0.00			X	<u> </u>	├	_	0	0	0
(8)										
(9)										
(10)										
(11)							\dashv			
DAA		<u> </u>					_			Form 990 (2014)

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	, ar	nd Highest Compensated	Employees (continued)			
	' (A) Name and title	(B) Average hours per week (list any hours for	bx of	x, unk ficer a	Pos check ess pe nd a d	rson I	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other mpensation from the	n
		related organizations below dotted line)	Individuat trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2)1099-MISC)	, ,	ar	ganization nd related janizations	
(12)													
(13)													
(14)													-
(15)													
(16)													
(17)													
(18)										West 1			
(19)	· · ·												-
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A	.	<u> </u>	<u>, </u>	> > >					
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ve)	who received more than \$10	00,000 of			
3	Did the organization list any for	rmer officer, dire	ctor,	or tri	ustee	e, ke	y em	ploy	ee, or highest compensated			Ye	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum of	f rep	ortab	le co	mpe	ensat	ion a		m the		3	X
5	individual Did any person listed on line 1stor services rendered to the or	ganization? If "Ye								lividual		5	X
Sect 1	ion B. Independent Contracto Complete this table for your five	e highest comper	nsate	ed inc	depe	nder	nt cor	ntrac	dors that received more that	n \$100,000 of			
	compensation from the organiz	zation Report cor (A) business address	nper	nsatio	on fo	r the	cale	ndai		he organization's tax year (B) ton of services		(C Comper)
		TOUGHTCOO COUTCOO							Боотр	activities			1301011
	<u> </u>												
													· · · · · · · · · · · · · · · · · · ·
	,									•			
2	Total number of independent or received more than \$100,000	ontractors (included compensation	ling l from	but n	ot lin orgar	nited nızat	i to th	ose	listed above) who	0			
DAA												Form 9	90 (2014)

		Check if Schedule	O con	itains a	response c	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ	1a	Federated campaigns	1a						
ran	b	Membership dues	1b						
G,E	С		1c						
ifts ar A	d		1d						
S,G	e	Government grants (contributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		105,210				
dactr	g	Noncash contributions included in lines 1a	-1f	\$					
Se	<u>h</u>	Total. Add lines 1a-1f			•	105,210			
Program Service Revenue					Busn. Code				
Ver	2a	LAS VEGAS EVENT				100,950			100,950
»Re	b	BOSTON STRING PROJE	CT			10,000			10,000
Vice	С	SALE OF INSTRUMENTS				6,400			6,400
Ser	d					_			
æ	е								
ogr	f	All other program service reve	nue						
ے ا	g	Total. Add lines 2a-2f			•	117,350			
	3	Investment income (including	dividend	ds, interes	t,				
		and other similar amounts)			▶	1			1
	4	Income from investment of tax	-exemp	t bond pro	ceeds 🕨				
	5	Royalties			>				
		(ı) Real		(II) F	Personal				
	6a	Gross rents							
	b	Less rental exps							
	С	Rental inc or (loss)		- " -					
	d	Net rental income or (loss)			•			•	
	7a	I (I) Securite:	5	(u)	Other				-
		sales of assets other than inventory 19	,620						
	b	Less cost or other	,						
			,189						
	С	Gain or (loss)	431						
	d	Net gain or (loss)		1	▶	431	431		
	8a	Gross income from fundraising eve	nts						
Other Revenue		(not including \$							
Ve		of contributions reported on line 1c	١						
Re		See Part IV, line 18	a						
Je l	b	Less direct expenses	b						
ō				events	•				
		Gross income from gaming activities	_		-				
		See Part IV, line 19	a						
	h	Less direct expenses	b		-				
		Net income or (loss) from gam	-	vities	•				
		Gross sales of inventory, less	iii ig aa.	VII.00					
		returns and allowances	а						
	h	Less cost of goods sold	b						
		Net income or (loss) from sale		entorv		j			
	Ť	Miscellaneous Revenue	0 01 1110	ontory	Busn. Code				
	11a								
	b								
	C								
	d	All other revenue							
	e	Total. Add lines 11a–11d						· · · · · · · · · · · · · · · · · · ·	
	12		ns			222,992	431	0	117,351
									,

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo			. ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	92,959	92,959		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındividuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Payroli taxes				
11	Fees for services (non-employees)				•
а	Management	75,027	63,027	12,000	
b	Legal				
С	Accounting	11,844		11,844	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	_			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	8,000			8,000
12	Advertising and promotion	3,625		3,625	
13	Office expenses	3,081		2,948	133
14	Information technology				
15	Royalties				
16	Occupancy	4,297			4,297
17	Travel	3,543		3,543	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				···
22	Depreciation, depletion, and amortization	909	909		
23	Insurance		· · · · · · · · · · · · · · · · · · ·		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		1		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a		20,000			20,000
b	1	6,499	ļ		6,499
C	TRAVEL	2,642			2,642
d		2,268		2,268	2 42-
e	· · · · · · · · · · · · · · · · · · ·	7,202	150 005	3,781	3,421
25	Total functional expenses. Add lines 1 through 24e	241,896	156,895	40,009	44,992
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 following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

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 122,704 173,776 Cash-non-interest bearing 3,760 2 35,960 Savings and temporary cash investments 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 5 Complete Part II of Schedule L 6 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 7 7 Notes and loans receivable, net 1,035 1,003 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 88,240 10a other basis Complete Part VI of Schedule D 87,438 802 802 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 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 Other assets See Part IV. line 11 15 15 179,373 160,469 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 80,279 58,413 Unrestricted net assets 99,094 102,056 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 160,469 179,373 33 33 Total net assets or fund balances 160,469 179,373 Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number

81-0516714

Department of the Treasury Internal Revenue Service Name of the organization

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

CLASSICS FOR KIDS FOUNDATION

Open to Public inspection

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

e Check this bo	ox if the organization received	d a written determination from t	he IRS that	it is a Type	e I, Type II, Type III	
		ctionally integrated supporting		-		
f Enter the number	of supported organizations		_			
g Provide the follow	ring information about the su	oported organization(s)				<u> </u>
(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)			-	-		
(C)						
(D)						
(E)				_		
Total				:		

organization You must complete Part IV, Sections A and B.

organization(s) You must complete Part IV, Sections A and C.

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	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	125,336	147,351	62,262	156,919	105,210	597,078
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	125,336	147,351	62,262	156,919	105,210	597,078
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)				11		
6	Public support. Subtract line 5 from line 4.				1		597,078
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	125,336	147,351	62,262	156,919	105,210	597,078
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273		. 29	37	1	340
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			174,555	284,585	117,350	576,490
11	Total support. Add lines 7 through 10						1,173,908
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	n, or fifth tax year as	a section 501(c)(3))	
	organization, check this box and stop here	1					>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2014 (line 6,	column (f) divided b	y line 11, column (f))		14	50.86%
15	Public support percentage from 2013 Sche	dule A, Part II, line 1	4			15	58.92%
16a	33 1/3% support test—2014. If the organi	zation did not check	the box on line 13	, and line 14 is 33 1/	/3% or more, check	this	_
	box and stop here. The organization qualif	ies as a publicly sup	ported organizatio	n			▶ [X
b	33 1/3% support test—2013. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15 is	33 1/3% or more,		. —
	check this box and stop here. The organiz		• • •				▶ [_
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ds-and-circumstance	es" test. The organ	ization qualifies as a	a publicly supported	I	
	organization						▶ _
b	10%-facts-and-circumstances test—201	•				e	
	15 is 10% or more, and if the organization i						
	Explain in Part VI how the organization med	ets the "facts-and-ci	cumstances" test	The organization qu	ualifies as a publicly	•	
	supported organization						▶∟
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check ti	his box and see		. □
	instructions						

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 ti	ie lesis listeu t	ciow, picase o	umpiete Fait ii	<i></i>	
	tion A. Public Support		Y	,	<u></u>		
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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 VI)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)		account thurst form	th as 60h tay yans s		(2)	
14	First five years. If the Form 990 is for the organization, check this box and stop here) 		ın, or ının tax year a	is a section 501(c)	(3)	. ▶ 🗌
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2014 (line 8,	column (f) divided l	by line 13, column	(f))		15	%
16	Public support percentage from 2013 Sche					16	<u>%_</u>
	tion D. Computation of Investme				 		
17	Investment income percentage for 2014 (lin			column (f))		17	%_
18	Investment income percentage from 2013						
19a	33 1/3% support tests—2014. If the organ						, [
	17 is not more than 33 1/3%, check this box	· ·	=		•		. ▶ 🗆
b	33 1/3% support tests—2013. If the organ						⊾ □
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did		=				

Part'IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	and b. If you checked 110 of 1 art 1, complete decitors A and C. If you checked 110 of 1		•	
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and com	<u> plete Part V.)</u>		
	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing	F	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1 2-		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	25		
_	organization made the determination	3b	,	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	3c		
40	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	44		
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	ĺ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	170		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			.,,
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial		` ` '	
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

10a

organizations)? If "Yes," answer (b) below

determine whether the organization had excess business holdings)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		, ,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
•	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
' a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	١		
Ŭ	The digunization depended a governmental charge postable in rate visitory year depended a government charge (see montactions	,		
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	E		
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
•	activities but for the organization's involvement Parent of Supported Organizations, Answer (a) and (b) below			
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
l.	trustees of each of the supported organizations? Provide details in Part VI.	34		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		. `
	or no supported organizations. If Test, describe in Fair of the fole played by the organization in this regard			

collection of groot income of for management, conservation, of			1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			-
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		Ì
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	, , , , , , , , , , , , , , , , , , , ,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6_		
7 Check here if the current year is the organization's first as a non-functionally-integra	ted Type III supp	orting organization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

and 4c

b

Breakdown of line 7

d Excess from 2013
e Excess from 2014

Excess distributions carryover to 2015. Add lines 3

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income

\$ 459,140

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Inspection

Employer identification number

C:	LASSICS FOR KIDS FOUNDATION	81-0516714				
	rt I Organizations Maintaining Donor Advised Fu					
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that t			_		
	funds are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in w	3 3				
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes No		
	Conservation Easements. Complete if the organization answered "Yes" to F	form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check a	Il that apply)		······		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land	area		
Protection of natural habitat Preservation of a certified historic structure						
Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservati	ion			
	easement on the last day of the tax year			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure include	2c	-			
đ	Number of conservation easements included in (c) acquired after 8/17/06					
	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization	during the	•		
	tax year >					
4	Number of states where property subject to conservation easement is lo					
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of				
^	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ig conservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	ncervation excements during the year				
•	\$	nservation easements during the year				
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)				
•	and section 170(h)(4)(B)(II)?			Yes No		
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	nd			
	balance sheet, and include, if applicable, the text of the footnote to the or	•				
	organization's accounting for conservation easements					
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		imilar A	assets.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		nce sheet	·		
	works of art, historical treasures, or other similar assets held for public ex	•				
	public service, provide, in Part XIII, the text of the footnote to its financial					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance	sheet			
	works of art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtheran	ce of			
	public service, provide the following amounts relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1	_	>	\$.		
	(ii) Assets included in Form 990, Part X		•	\$.		
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	the			
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items				
а	Revenue included in Form 990, Part VIII, line 1		•	\$		
ь	Assets included in Form 990, Part X		•	\$		

Sche	dule D (Form 990) 2014 CLASSICS	FOR KIDS I	OUND:	ATION		81-051	6714				Page 2
Pa	rt III Organizations Maintainir	ng Collections of	Art, Hi	storical Tr	easures, c	r Other Sin	nilar Ass	ets (co	ntinu	ed)	
3	Using the organization's acquisition, accessicollection items (check all that apply)	ion, and other records,	check ar	y of the follow	ring that are a	significant use	of its			-	
а	Public exhibition	d \square	Loan or e	exchange prog	grams						
b	Scholarty research	е 🗍	Other		•						
С	Preservation for future generations										
4	Provide a description of the organization's or	ollections and explain I	how they	further the org	anization's ex	empt purpose	in Part				
	XIII	·	•	J							
5	During the year, did the organization solicit of	or receive donations of	art, histor	ncal treasures	, or other sim	ılar					
	assets to be sold to raise funds rather than t				-			ſ	Ye	s「	No
Pa	rt IV Escrow and Custodial A										
	Complete if the organization		" to For	m 990, Par	t IV, line 9,	or reported	an amou	ınt on F	orm		
	990, Part X, line 21			•		•					
1a	Is the organization an agent, trustee, custod	an or other intermedia	ry for con	tributions or o	ther assets n	ot					
	included on Form 990, Part X?		-					ſ	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing tabl	е				_	_		
	•	·	•					Α	mount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	form 990. Part X. line 2	21. for esc	row or custod	lial account lia	ıbılıtv?		ſ	Ye	s	No
	If "Yes," explain the arrangement in Part XIII					=		_			_
	ert V Endowment Funds.	•		•							
	Complete if the organization	on answered "Yes"	" to Fori	m 990, Parl	t IV, line 10).					
	···	(a) Current year	(b)	Prior year	(c) Two yea	rs back (c	i) Three years t	back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships				Ì						
	Other expenditures for facilities and					Î					
	programs										
f	Administrative expenses		Ì								
	End of year balance		Ì					i			
2	Provide the estimated percentage of the cur	rent vear end balance	(line 1a. c	column (a)) he	ld as						
а	Board designated or quasi-endowment	%		. , ,							
	Permanent endowment ▶ %	5									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organizati	on that ar	e held and ad	ministered for	the					
	organization by	_								Yes	No
	(i) unrelated organizations							ſ	3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	is listed as required on	Schedule	R?					3b	·	
4	Describe in Part XIII the intended uses of the	e organization's endow	ment fun	ds				_			
Pa	rt VI Land, Buildings, and Equ	uipment.									
	Complete if the organization	on answered "Yes	" to For	m 990, Parl	t IV, line 11	la. See Forr	n 990, Pa	art X, lin	e 10.		
	Description of property	(a) Cost or other	basis	(b) Cost or o	other basis	(c) Accumi	ulated	(0	l) Book v	/alue	
		(investment)	<u> </u>	(oth	er)	deprecia	ition	<u></u>			
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment				1,909		1,909				
	Other	86	,331			8	35,529				802
Total	I. Add lines 1a through 1e. (Column (d) must			(B) line 10c)	·			I			802

Part VII	Investments—Other Securities.		on 11h Son Form 000 Po	et V line 12
	Complete if the organization answered "Yes" to	(b) Book value		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial of				
• •	eld equity interests	-		
(3) Other	ad equity interests			
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(E) (F)			- 	
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)▶		-	
Part VIII	Investments—Program Related.		 	
	Complete if the organization answered "Yes" to	Form 990. Part IV. lin	e 11c. See Form 990. Pai	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)			· ·	· · · · · · · · · · · · · · · · · · ·
(2)			```	···
(3)				
(4)				, ,
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	ie 11d See Form 990, Pai	t X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(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.	o Form 990, Part IV, lin	ne 11e or 11f See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	_		
(2)		1	7	
(3)			7	
(4)			7	
(5)			7	
(6)		<u> </u>	7	
(7)		<u> </u>		
(8)			7	
(9)		<u> </u>	7	
	n (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

2d

3

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

d Other (Describe in Part XIII)

b Other (Describe in Part XIII)c Add lines 4a and 4b

e Add lines 2a through 2d

Subtract line 2e from line 1

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

NA

Part XIII Supplemental Information (continued)

NA

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection 2014

Employer identification number

& INSTRUMENT GRANTS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant MUSIC TRAINING or assistance X Yes 81-0516714 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 10,000 77,959 2 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 13-5562351 501C(3 (c) IRC section if applicable CLASSICS FOR KIDS FOUNDATION 81-0526641 General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? MT 59106 02118 (a) Name and address of organization Æ 1500 WASHINGTON STREET or government 4020 RIM ROCK ROAD (1) SALVATION ARMY (2) KIRK VIOLIN BILLINGS BOSTON Part I Par = <u>ල</u> 3 (5) 9 9 8 6

Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Grants and Other Assistance to Domestic Individual	Domestic Individua	Is. Complete if the	organization answered	is. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	V, line 22
	Part III can be duplicated if additional space is needed.	nal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book, EMV appraisal other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV appraisal other)
		2000			(bass) (bass) data (alice)	
-						
2						
c.						
						7.
4						
co						
Œ						
,						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information red	quired in Part I, line	2, Part III, column (b)	, and any other 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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

CLASSICS FOR KIDS FOUNDATION

81-0516714

Form 990, Part III, Line 4d - All Other Accomplishment WE BELIEVE THAT PLAYING A STRING INSTRUMENT CAN TRANSFORM A CHILD, GIVING THEM EXPERIANCES AND SKILLS THAT CAN HELP MAKE THEM MORE SUCESSFUL IN LIFE. TO HELP REALIZE THIS IDEAL WE SUPPORT STRINGS PROGRAMS SERVING KIDS AROUND AMERICA THROUGH MATCHING GRANTSFOR BEATIFUL NEW INSTRUMENTS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

CLASSICS FOR KIDS FOUNDATION

Identifying number

81-0516714

	ss or activity to which this form relates					·			
	ndirect Depreciati								
Pa	rt I Election To Exper	_	•						
	Note: If you have a		, complete Par	t V before you c	omple	te Part I	•	г. т	F00 000
1	Maximum amount (see instructions	-						1	<u>500,000</u> 909
2	Total cost of section 179 property p	*	•	-4				2	2,000,000
3	Threshold cost of section 179 prop	•	•	structions)				3	2,000,000
4 5	Reduction in limitation Subtract lin		•	nod films consentaty as	o inotnio	tions		5	500,000
6	Dollar limitation for tax year Subtract lin (a) Description		less, enter -0- il mai	(b) Cost (business use			Elected cost	-	300,000
<u> </u>	IPAD AIR	··· or property	· · · · · · · · · · · · · · · · · · ·	(2) 0001 (2002/200 000	909	(9)		909	
					-				
7	Listed property Enter the amount f	rom line 29			7				
8	Total elected cost of section 179 pi		ın column (c), lines	6 and 7	<u> </u>			8	909
9	Tentative deduction Enter the sma	• •	• • •					9	909
10	Carryover of disallowed deduction	from line 13 of your 20	013 Form 4562					10	1,000
11	Business income limitation Enter t	he smaller of business	s income (not less t	than zero) or line 5 (s	see inst	ructions)		11	0
12								12	0
13	Carryover of disallowed deduction	to 2015 Add lines 9 a	ind 10, less line 12		13		1,	909	
Note	Do not use Part II or Part III below	for listed property Ins	tead, use Part V						
Pa	rt II Special Depreciat	ion Allowance a	nd Other Depr	eciation (Do 📭	t inclu	ide liste	d proper	ty) (S	See instructions.)
14	Special depreciation allowance for	qualified property (oth	er than listed prope	erty) placed in servic	е				
	during the tax year (see instruction	s)						14	
15	Property subject to section 168(f)(1	l) election						15	
16	Other depreciation (including ACR							16	
_Pa	rt III MACRS Depreciat	ion (Do not inclu			ctions)			
			Secti						
17	MACRS deductions for assets place	•						17	0
<u>18</u>	If you are electing to group any assets placed	in service during the tax year Assets Placed in Se				! Dones	pintian Cu		
	Section B—	(b) Month and year	(c) Basis for depre		Gene	rai Depre		Stein	
	(a) Classification of property	placed in	(business/investme	nt use	(e) C	onvention	(f) Metho	xd	(g) Depreciation deduction
19a	3-year property	service	only-see instructi	ons) police	 				<u> </u>
<u></u> b	5-year property				 				
	7-year property	_			 				
d	10-year property								
	15-year property								
	20-year property								
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs	i	мм	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs	الله	MM	S/L		
	property					MM	S/L		
	Section C—A	ssets Placed in Serv	rice During 2014 T	ax Year Using the	Alterna	tive Depr	eciation S	System)
<u>20a</u>	Class life	1			<u> </u>		S/L		
<u>b</u>	12-year			12 yrs.			S/L		
	40-year	<u> </u>		40 yrs.		MM	S/L		
	rt IV Summary (See ins						,		
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, li	•							
	here and on the appropriate lines of	=	· ·		ons			22	***************************************
23	For assets shown above and place	•	e current year, ente	er the	_				
	portion of the basis attributable to	section 263A costs			23				