# <sub>Form</sub> 990

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. For the 2013 calendar year, or tax year beginning 07/01 2013, and ending 20 14 D Employer identification number Check if applicable: C Name of organization GUITARS IN THE CLASSROOM Doing Business As 71-1013691 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 2770 Historic Decatur Rd., Barracks 14 (619) 578-2326 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return San Diego, CA 92106 G Gross receipts \$ 2.114.177 Application pending F Name and address of principal officer: Jessica Baron H(a) Is this a group return for subordinates? Yes Vo No H(b) Are all subordinates included? Yes No. 2770 Historic Decatur Rd., Barracks 14, STE 203, San Diego, CA 92106 If "No." attach a list, (see instructions) 501(c)(3) ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) ( http://www.gultarsintheclassroom.org H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile: CA Part I Briefly describe the organization's mission or most significant activities: To Inspire, train and equip Pre-Kinder through SCANNED MAR 0 5 2015 university teachers to provide daily hands-on music integration across the curriculum that transforms classrooms into vibrant, creative, and effective learning environments. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . . . . . 6 45 Total unrelated business revenue from Part VIII. column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 238.385 2,111,714 Program service revenue (Part VIII, line-2a) n 189 Investment income (Part VIII, column (A), lines 3.4 and 7d) . 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,444 1,858 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 246,829 2,113,761 Grants and similar amounts paid (Part 1X, column (A), lines 133) ] 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX), column (A), lines 5-10) 63,903 64,853 16a Professional fundraising fees (Part IX, column (A), line 11e) 356 147 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 171,499 1,968,972 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 235,758 2,033,972 19 Revenue less expenses. Subtract line 18 from line 12 . 11,071 79,789 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 114,100 2,055,761 21 Total liabilities (Part X, line 26) . . 1.094 1,862,966 Net assets or fund balances. Subtract line 21 from line 20 113,006 192,795 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Arthur D. Harvey, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) . Yes 🗌 No

916

Cat. No. 11282Y

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For Paperwork Reduction Act Notice, see the separate instructions.

130,870

Total program service expenses ▶

Part	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," complete Schedule A	1	√ les	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?  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	2	<b>▼</b>	
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	3		<b>√</b>
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, Part III	5		<b>√</b>
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		✓
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		>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		,	,
a	complete Schedule D, Part VI	11a	1	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>✓</b>
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	-	✓_
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	<b>y</b>	1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	7	✓_
14 a b	Did the organization maintain an onice, employees, or agents outside of the office states?	14b	<u> </u>	1
15	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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	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		1
18	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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	1
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Part	Checklist of Required Schedules (continued)			<del></del>
•	Did the annulation was to see that OC 000 of system or other assistance to any demostic organization or		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		1
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		✓
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		1
24a	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		1
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 disqualified persons? If so, complete Schedule L, Part II	26	<b>√</b>	
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	<del> </del>	<b>✓</b>
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

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`	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ļ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		.,	٠-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Ì	l
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	<b> </b>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 1	1
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		1
b	If "Yes," enter the name of the foreign country:			
E	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			"
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>-</b>
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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	1		-
	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	required to file Form 8282?	7c		İ
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	J 1041	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b></b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		-	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	37.77	10" 12 ""	70 480
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:	อม	<del></del>	
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ŀ
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			
100	against amounts due or received from them.)	50		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		ļ
13	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.			
a	A CAN THE STATE OF	13a	<del></del>	
-	Note. See the instructions for additional information the organization must report on Schedule O.	.ua		
b	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		.	-
C	Enter the amount of reserves on hand			<u> </u>
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L

Statements Regarding Other IRS Filings and Tax Compliance

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line In this Part VI	ee ins	for a tructi	ions.				
Section	on A. Governing Body and Management	<u>···</u>	• •					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			,				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			:				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Let be a solution of the	2	-					
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		1				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>				
6	Did the organization have members or stockholders?	6		<b>✓</b>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<b> </b>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>√</b>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	\					
b	Each committee with authority to act on behalf of the governing body?	8b	<b>\</b>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	,					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>✓</b>				
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		1				
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	<del>  </del>				
14 15	Did the organization have a written document retention and destruction policy?	14	,	<b>✓</b>				
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b	<del>'</del>	1				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>√</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						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation in the second statements available to the public during the tax year.	erest	policy	y, and				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•					
	organization: ► Guitars In The Classroom, 2770 Historic Decatur Rd., Barracks 14, STE 203, San Diego CA 92106. (6			3. (2013)				

	Y
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors

Check if Schedule 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 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 no	any related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				•	<b>)</b>			1		
(A)	(B)	/4	-4 -6		ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any	office	rand	bat	rect	or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	or a	lns	Officer	<u>ح</u>	BE	Former	the	organizations	compensation
	related	direc	胨	ğ	Key employee	§ ₹	를	organization	(W-2/1099-MISC)	from the
	organizations below dotted	헟眶	2		ğ	& <u>&amp;</u>	`	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	5		ê	₩ ₩	1			organizations
		8	Institutional trustee			Highest compensated employee				
			Ŀ		ļ	8.	-			
(1) Jessica Baron	40					ļ				
Executive Director	0	✓		✓	✓	1		58,595	0	0
(2) Peter D'Addario	10									
President	0	✓		1	<u> </u>			0	0	0
(3) Anna Ress	5									
Vice President and Director of Marketing	0	✓	L	✓			L	0	0	0
(4) Art Harvey	5						1			
Treasurer	0	1		✓			L	0	0	0
(5) Janet Godin	5	]	İ			1				u.
Director and Secretary	0	✓		✓			<u> </u>	0	0	0
(6) Billy Stern	5			l		l				
Director	0	<b>✓</b>		<u>_</u>		<u> </u>	<u> </u>	0	0	0
(7) Judy Robert	5		1	1					}	
Director	0	1		<u> </u>	<u> </u>		_	0	0	0
(8) Joan Maute	5						1	ŀ		
Director	0	1			乚	<u> </u>	<u> </u>	0	0	0
(9) Harry Finkel	5		1			1			]	
Director	0	1	<u> </u>	<u> </u>	<u> </u>		_	0	0	0
(10)	<u></u>			ļ	ł	1	1			
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Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/005			lighes	st C	ompensated E	mployees (	continue	ed)		
•	`				•	C) ation			(5)					
	(A)	(B)			neck	more	than o		(D) Reportable	(E) Reportable			(F) mated	
	Name and title	Average box, unless per hours per officer and a di							compensation	compensation		amo	ount of	
		week (list any hours for			<del>,</del>		<del></del>		from the	related organization	ine	_	ther ensatio	n
		related	divic	stutu	Officer	Key employee	aghes Sheet	Forme	organization	(W-2/1099-N		fro	m the	
		organizations below dotted	of E	on.		룡	88	֓֡֟֝ <i>֡</i>	(W-2/1099-MISC)		- [		nizatior related	
		line)	Individual trustee or director	Institutional trustee		) Š	mpe				l		zation	
			8	stea			Highest compensated employee							
			<u> </u>			ļ.	8.	<u> </u>		<u></u>				
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			<u>]                                    </u>	<u></u>	<u></u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>					
1b	Sub-total			•	•	•			58,595	<u> </u>	0			0
C	Total from continuation sheets to Part			•	•	•	• •		50 505	<del> </del>	_			
d	Total (add lines 1b and 1c)	t not limite	4 +0 +1	•	·	<u>:</u>	obov"	2) 11	58,595		0 000	of.		0
2	reportable compensation from the organ		3 10 11	1056	3 115	leu	abovi	e) vi	nio received in	Ole ulair wi	00,000	Oi		
		<u> </u>								······································			Yes	No
3	Did the organization list any former or							emį	oloyee, or high	nest compe	nsated		****	****
	employee on line 1a? If "Yes," complete							•				3		✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation fr	om the	1		
	organization and related organizations individual						7 "Y8 			reaule J To	r sucn	4		
5	Did any person listed on line 1a receive									 zation or inc	 tividual			<del>                                     </del>
J	for services rendered to the organization											5		1
Section	on B. Independent Contractors						•							···········
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	or t	he c	alenc	lar :	year ending wi	th or within	the org	anizati	on's t	ax
	year.		·····					_		<del></del>				
	(A) Name and business add	dress							(B) Description of s	services		(C) Compens		
								╁╌				<del></del>		
-			<del></del>		-			†					<del></del>	
			••											
							<del></del>	_لــــــــــــــــــــــــــــــــــــ			ļ			<del></del>
2	Total number of independent contractor							o ti	nose listed ab	ove) who				:

Par	VIII	Statement of Revenue Check if Schedule O contains a re	enoneo or noto t	o any lino in thi	e Dart VIII	1 101005	
on the company		Oneck is scriedule o contains a re	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b			Tevenue		312-314
s, G	С	Fundraising events 1c	. 0	1			
Gif	d	Related organizations 1d		]			
ns,	е	Government grants (contributions) 1e	0				
er S	f	All other contributions, gifts, grants,			Ī		
ۇ	ŀ	and similar amounts not included above 1		1			
<u> </u>	9	Noncash contributions included in lines 1a-1f: \$		1			
	h h	Total. Add lines 1a-1f	Business Code	2,111,714	·		
Program Service Revenue	2a	Program Fees	Dusiness Code	400	400	يا سا يا	
Re	b	**************************************	·	189	189	0	<u> </u>
8	C		·		<del> </del>		
ΘZ	d		•				
S	e				<del> </del>		
gg	f	All other program service revenue.	·				
Æ	g	Total. Add lines 2a-2f	· <b>&gt;</b>	189		<del></del>	I
	3	Investment income (including divi				<del></del>	
	•	and other similar amounts)	🕨	ا ا	0	0	0
	4	Income from investment of tax-exempt I	oond proceeds ▶	0	0	0	0
	5	Royalties	<u> </u>	0	0	0	0
		(i) Real	(ii) Personal				
	6a		0 0				
	b	· <del> </del>	0 0		,		
	C	· · · · · · · · · · · · · · · · · · ·	0 0	to the transfer			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	_	Less: cost or other basis	0 0				
	b	and salas avnanass					
	С		0 0		ł	·	
	d	Net gain or (loss)	U U	/	*1 = 1 =1 .		
e e		Gross income from fundraising					
Other Revenue		events (not including \$	}				
₹.		of contributions reported on line 1c).					
er l		0 0 11/ 11 40	a 3,011		}		
Ě	b		1,336				,
)		Net income or (loss) from fundraising		1,675		` o	1,675
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a0				,
		•	b0	ب سياسان			
		Net income or (loss) from gaming ac	tivities ►	0	0	0	0
	10a	Gross sales of inventory, less					
		•	a <u>599</u>				
	b	•	416	na de John de Language de La			A + 2/2 - 2 - 2
	<u>c</u>	Net income or (loss) from sales of inv Miscellaneous Revenue		183	183	0	0
	11a	iviiscellaneous nevenue	Business Code		1 - 2 - 2 - 2		
				<del> </del>			
	b					· ·	
	d	All other revenue			<del></del>		
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		2 113 761	372		1675

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . . 0 0 3 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . . n 0 Compensation of current officers, directors, trustees, and key employees . . . . . 58,595 43,946 8,789 5,860 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages . . . . . . 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) n 0 0 0 9 Other employee benefits . . . . . . . 1,441 1,081 216 144 10 4,817 723 3,613 481 11 Fees for services (non-employees): Management . . . . . . . A 0 0 Legal . . . . . . . . . . 0 O 0 0 Accounting . . . . . . . . C 3,730 0 3,730 0 Lobbying . . . . . . . . . . . . . 0 0 0 0 Professional fundraising services. See Part IV, line 17 е 147 147 Investment management fees . . . . . ٥ 0 0 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 8,841 6,463 2,378 0 12 Advertising and promotion . . . . 3.000 0 0 3,000 13 Office expenses . . . . . . 5,115 3,149 1,737 724 Information technology . . . . . . 14 6.173 86 2.005 4.082 Royalties . . . . . . . . . 15 0 0 0 0 16 Occupancy . . . . . . . 0 7.602 7,602 0 17 2.372 820 801 751 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 1,076 0 197 879 20 0 0 n 0 Payments to affiliates . . . . . . . . 21 0 0 0 0 22 Depreciation, depletion, and amortization . 41,447 41,447 0 0 23 2,593 0 2,593 0 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Increases in reserves for donated land 1,849,000 0 Equipment Expense - Instruments 28,102 28,102 Accrued Property Taxes Payable 6,177 d Continuing Education 410 410 All other expenses е 1,691 2,163 384 292 Total functional expenses. Add lines 1 through 24e 25 2,033,972 130,870 1,886,332 16,770 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) . . . . .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 18,511 6,320 2 2 0 0 35,472 3 3 8,597 4 4 540 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 2,172 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 0 7 7 0 0 8 6,717 0 9 Prepaid expenses and deferred charges . 0 ol 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,123,624 10b Less: accumulated depreciation . . . . 52,860 10c 2.038,218 85,406 11 11 Investments—publicly traded securities ol 0 Investments—other securities. See Part IV, line 11 . . . . . 12 12 ol 0 Investments -- program-related. See Part IV, line 11 . . . . . . . . . 13 0 13 0 14 0 14 0 15 15 0 454 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 114,100 16 2,055,761 1,094 17 17 7,789 0 18 18 0 19 0 19 0 20 0 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . 24 24 ol 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 1,855,177 Total liabilities. Add lines 17 through 25 . . . 26 1.094 1.862.966 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 113,006 198,972 28 28 0 1,849,000 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 0 0 33 33 192,795 113,006 34 114,100 34 2,055,761

Part	X Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI	· • •			Ø
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,11	3,761
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,03	3,972
3	Revenue less expenses. Subtract line 2 from line 1	3		7	9,789
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	3,006
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	i			
	33, column (B))	10		19	2,795
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<del></del>	
			· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		-		7
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain ir	וו		
	Schedule O.			وجويس	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were companiously as a constant basis as part of the second statements.	ollea o	r ]		7
	reviewed on a separate basis, consolidated basis, or both:		ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis			n., s	أ منا
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on a	*	1	
	•				
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	oroiah		1 was 4.6	A10744
C	of the audit, review, or compilation of its financial statements and selection of an independent accou				
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>		·
	Schedule O.	piaiii ii	'		1
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	.		اب . سا
Jä	the Single Audit Act and OMB Circular A-133?		' За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the			<b></b> -
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	require seems of addition original and an entered of and addition and another and an addition and addition and an addition and an addition and an addition and an addition and an addition and an addition and an addition and addition addition and addition and addition and addition and addition and addition and addition and addition and addition and addition and addition addition and addition and addition addition and addition and addition addition addition addition and addition addition addition and addition			n 990	(2013)
			. 011		(20,0)

### 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.

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

ww.irs.gov/form990. Inspection

Employer Identification number

Name	of the organization						E	imployer id	entification	num	ber	
	rs in The Classroon		the Oten (All and	-11			45:	<del>-1.0:</del>	71-10		1	<del></del>
1 2	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).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  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, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
6 7 8 9	☐ A federal, state ☐ An organizatio described in se ☐ A community t ☑ An organizatio receipts from support from	n that normally ection 170(b)(1) rust described in that normally activities related gross investme	ment or governmenta receives a substantia (A)(vi). (Complete Par n section 170(b)(1)(A) receives: (1) more tha if to its exempt functi nt income and unrel	ll part of t II.) <b>)(vi).</b> (Cor an 33¹/₃% ions—sul lated bus	its suppo nplete Pa 6 of its su bject to c siness ta	ort from a ort II.) opport fro certain ex kable inc	m contri cceptions come (les	butions, s, and (2)	members no more	ship e tha	fees, ar ın 331/3	nd gross % of its
11 e	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 that describes the type of supporting organization and complete lines 11e through 11h.  a  Type I  b  Type II  c  Type III—Functionally integrated  d  Type III—Non-functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
<u>h</u>	(iii) below, to (iii) A family me (iii) A 35% cor	the governing bo ember of a perso strolled entity of	ndirectly controls, eithody of the supported on described in (i) about a person described in on about the supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat ove? n (i) or (ii) a ed organi (iv) Is the c in col. (i) Is	ion? above? .	(v) Did y		(vi) i	s the tion in col. zed in the S.?		11g(i) 11g(ii) 11g(ii)	f monetary
(A)											*	
(B)												
(C)												
(D)												
(E)												
Tota	•											

instructions . . . . .

Part							
•	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or IT th	e organizatio	n talled to qu	ality under
	Part III. If the organization fails to on A. Public Support	quality und	er the tests his	ited below, p	iease comple	ete Part III.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2009	(0) 2010	(0) 2011	(4) 2012	(0) 2010	ty Total
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.						
	on B. Total Support				<del>,</del>	·	
	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	<del></del>	<del> </del>	ļ	<u> </u>	<u> </u>	ļ
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			<u> </u>	<u> </u>	ļ	<u>                                     </u>
12	Gross receipts from related activities, etc.					12	- 504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re					<b>N</b> C
14	Public support percentage for 2013 (line 6			1. column (f))		14	%
15 16a	Public support percentage from 2012 Sch 331/3% support test—2013. If the organization qual	edule A, Part zation did not	II, line 14 check the box	on line 13, an	d line 14 is 33	15 1/3% or more, o	% check this
<b>.</b>							or more
b	check this box and stop here. The organi	zation qualific	es as a publicly	supported or	ganization .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts acts-and-circ	-and-circumsta umstances" tes	nces" test, ch st. The organiz	eck this box a cation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported $ ightharpoonup$
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets th	e "facts-and-ci	ircumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13	. 16a. 16b. 17	a, or 17b, ched	ck this box and	

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

r art III	Support Schedule for Organizations beschibed in Section Sociality
	(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.)
Section A	Public Support

	on A. Public Support	(-) 0000 I	<b>7-1</b> 0040	(-) 0044 J	/-N 0010	(-) 0010	(f) Total	
_	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		40-040	107.500	000 005	0.444.744	0.700.000	
2	Gross receipts from admissions, merchandise	111,606	137,040	127,593	238,385	2,111,714	2,726,338	
_	sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose				13,709	3,799	17,508	
3	Gross receipts from activities that are not an				13,709	3,799	17,306	
•	unrelated trade or business under section 513	1						
4	Tax revenues levied for the							
4	organization's benefit and either paid		1					
	to or expended on its behalf	i				ŀ		
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge						· · · · · · · · · · · · · · · · · · ·	
6	Total. Add lines 1 through 5	111,606	137,040	127,593	252,094	2,115,513	2,743,846	
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				İ	Į		
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						·····	
8	Public support (Subtract line 7c from						<del></del>	
	line 6.)						2,743,846	
	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	111,606	137,040	127,593	252,094	2,115,513	2,743,846	
10a	Gross income from interest, dividends,			}				
	payments received on securities loans, rents, royalties and income from similar sources.							
	·							
D	Unrelated business taxable income (less section 511 taxes) from businesses	i			ĺ			
	acquired after June 30, 1975		İ	ļ				
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					1		
	loss from the sale of capital assets							
46	(Explain in Part IV.)		<u></u>					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	444.000	407.045	404 500	050.004	6445 546	0.740.040	
14	First five years. If the Form 990 is for the	111,606	137,040	127,593	252,094 or fifth tax ve	2,115,513	2,743,846 2,501(c)(3)	
14	organization, check this box and stop he	-					▶ □	
Secti	on C. Computation of Public Suppor			<del></del>	······································	·		
15	Public support percentage for 2013 (line 8			3, column (f))		15	100 %	
16								
Secti	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 0 %							
18	Investment income percentage from 2012 Schedule A, Part III, line 17							
19a								
_	and or the state of the state o							
b	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization di							
20	TITULO IOUTICALION IL LIIS OLGANIZATION U	oon a	- 371 - 111 1110 171					

#### SCHEDULE D (Form 990)

# **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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization Employer identification number **Guitars in the Classroom** 71-1013691 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive 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 donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) R ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X . .

Part	III Organizations Maintaining				
3.	Using the organization's acquisition, a collection items (check all that apply):	accession, and other rec	ords, check any of the	ne following that are a	significant use of its
а	Public exhibition	d	Loan or exchange	ge programs	
b	☐ Scholarly research	e	☐ Other		
C	☐ Preservation for future generations				
4	Provide a description of the organizat XIII.	ion's collections and exp	plain how they further	the organization's ex-	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintained as			
Par	IV Escrow and Custodial Arra	_			
	Complete if the organization 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?				not Page 10 Yes 10 No
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	following table:		Amount
C	Beginning balance			1c	<del></del>
d	Additions during the year	. <b></b> .		1d	
е	Distributions during the year			1e	
f	Ending balance			1f	• <del></del>
2a	Did the organization include an amoun	nt on Form 990, Part X, lir	ne 21?		. 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here if the	explanation has been	provided in Part XIII	
Par			<u> </u>		
	Complete if the organization	answered "Yes" to Fo	m 990, Part IV, line	e 10.	
		(a) Current year (b) F	Prior year (c) Two yea	rs back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	he current year end balar	nce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowmen	nt ▶ %			
b	Permanent endowment ▶	%			
С	Temporarily restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2	c should equal 100%.			
3a	Are there endowment funds not in the	possession of the orga	nization that are held	and administered for	the
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organiz	zations listed as required	on Schedule R? .		. 3b
4	Describe in Part XIII the intended uses	of the organization's end	dowment funds.		
Part	VI Land, Buildings, and Equip	ment.			
	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	11a. See Form 990	), Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0 1,849,000		1,849,000
b	Buildings		0 0	0	0
С	Leasehold improvements		0 0	0	0
d	Equipment		0 274,624	85,406	189,218
е	Other	····	0 0		0
Total	Add lines 1a through 1e (Column (d) m		<del></del>		2 038 218

<del></del>	Complete if the organization answ	10,00 103 1010111			
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation: I-of-year market value
(1) Financial o	derivatives				
(2) Closely-he	eld equity interests				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					<del></del>
Total. (Column (b)	) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments-Program Related	•			
	Complete if the organization answ	vered "Yes" to Form	990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Me Cost or end	thod of valuation: I-of-year market value
(1)	·				
(2)					<del> </del>
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)	<del></del>				<del> </del>
(6)					
(7)					
(8)					<del></del>
(9)	· · · · · · · · · · · · · · · · · · ·				
	) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·	-
Part IX	Other Assets.				*******
	Complete if the organization answ	vered "Yes" to Form	990, Part IV, line	11d. See Form	990, Part X, line 15.
		Description		······································	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)			<del> </del>		
(6)					
(7)					
(8)	· · · · · · · · · · · · · · · · · · ·	······································		······································	
(9)		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	nn (b) must equal Form 990, Part X, co	l. (B) line 15.)			
Part X	Other Liabilities.	: <u>*</u>		······	<del>1.,</del>
	Complete if the organization answ line 25.	vered "Yes" to Form	990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	<del></del>		<del> </del>
(1) Federal inc		/-,			
<del>- i_i</del>		4 040	<del></del> -		
<del></del>	for Unsellable Donated Assets	1,849,			
(4)	ated Property Taxes on Donated Land	6,	177		•
(5)					
(6)					
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					
(9)					
=	) must equal Form 990, Part X, col. (B) line 25.) ▶	1,855,			

Part	XI . Reconciliation of Revenue per Audited Financial Statemen		Return.
	Complete if the organization answered "Yes" to Form 990, F		<del></del>
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	4
b	Donated services and use of facilities	2b	<b> </b>
C	Recoveries of prior year grants	2c	4
d		2d	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1
b	Other (Describe in Part XIII.)	4b	d <u>-</u> l
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 Detum
Part			er netum.
	Complete if the organization answered "Yes" to Form 990, F		
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:	امدا	
a	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	-
C	Other losses		-
d	· · · · · · · · · · · · · · · · · · ·	<del> </del>	2e
e	Add lines 2a through 2d		3
3		i . i	-3-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII.)	4b	-{
b		L	4c
С 5	Add lines 4a and 4b		5
	XIII Supplemental Information.	<del>5 70.7 </del>	J
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2l	o: Part V. line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	he close of the accounting period, Gultars in the Classroom did not have mate		
A3 01 0	ine close of the appearance personal and appearance in the property of the personal and the personal interesting the personal and the personal interesting the personal and the		
the ac	counting period, a single unsolicited land donation was received at a book value	ie of \$1.849.000. Sales of the	ese properties are donor-
iiio ac	Journally policy, a Single university land domains was recovered at a book fair		
rastric	ted with selling price thresholds until 1/15/2017. Property tax liability began ac	cruing on 1/1/2014 at a rate	of approximately \$ 12.354
1031110	to with Johns proof in Johns Chair / 1920 17 10 porty tex meaning soger as		
anniia	lly. If the organization does not remit these property taxes, the properties may	potentially be foreclosed up	on and the net proceeds
are lik	ely to be substantially less than the current book value. The organization will a	llocate the net proceeds of a	ill parcels sold to the
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
pavme	nt of property taxes due, but there is no guarantee the pace of sales proceeds	will prevent foreclosure in t	he future.
		.,,,,,,i,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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#### SCHEDULE L (Form 990 or 990-EZ)

### Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Name of the organization

(6)(7) (8) (9) (10) ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

inspection

OMB No. 1545-0047

**Employer identification number GUITARS IN THE CLASSROOM** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Onginal (f) Balance due (g) in default? (h) Approved (i) Written with organization from the principal amount by board or loan agreement? organization? committee? From Yes No Yes No (1) Jessica Baron 2,172 Exec. Dir See SchO 2,172 (2)(3)(4)(5)(6)(7) (8) (9)(10)Total 2.172 **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

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

Inspection

**Employer Identification number** 

GUITA	RS IN THE CLASSROOM					71-10136	91		
Part	Types of Property					-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method noncash cor			
1	Art-Works of art				,				
2	Art—Historical treasures					<del></del>			
3	Art—Fractional interests		· · · · · · · · · · · · · · · · · · ·					········	·
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	·							
7	Boats and planes		<del></del>						
8	Intellectual property		<del></del>						
9	Securities—Publicly traded								
10	Securities-Closely held stock .								
11	Securities—Partnership, LLC, or trust interests						·, .·		
12	Securities-Miscellaneous	<u> </u>						····	
13	Qualified conservation contribution—Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate-Residential	1	102 parcels, unimpr.		1,849,000	<b>County Tax</b>	Apprai	sal	
16	Real estate Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy		: 						
22	Historical artifacts								
23	Scientific specimens					ļ. <u></u>			
24	Archeological artifacts				<del></del>		<del></del>		
25	Other ( Musical Instruments )		168		177,804	Fair Value			
26	Other ► ()				<del> </del>	<u> </u>			
27	Other ()								
28	Other ► ( ) Number of Forms 8283 received	by the or	popization during the toy	lear for contribu	itiono for	<del> </del>			
29	which the organization completed						_		
	which the organization completed	11 01111 0200	, raitiv, bolies Acknowle	agement		29	2	Yes	No
30a	During the year, did the organizat it must hold for at least three yea used for exempt purposes for the	ers from the	date of the initial contribu		is not req	uired to be			
	- , ,		ing penour				30a		
31	If "Yes," describe the arrangemen Does the organization have a contributions?	gift accep	stance policy that require			n-standard	ا يَوَ		:
320	Does the organization hire or use					all noncoch	31		✓
32a	contributions?	•	es or related organization		-		32a	✓	
33 33	If "Yes," describe in Part II.  If the organization did not report at describe in Part II.	n amount Ir	column (c) for a type of pro	operty for which	column (a)	is checked,		-	

Schadula M (	(Form 990) (2013)	71-1013691	Page <b>2</b>
Part II	Supplemental Information. Provide the information required by the organization is reporting in Part I, column (b), the number of o	Part I, lines 30b, 32b, and 33, and voortributions, the number of items re	whether
	or a combination of both. Also complete this part for any addition	nal information.	<del></del>
Guitars in 1	the Classroom has contracted Sea Coast Realty of Southport, NC to serve as t	he listing and selling agent for the	
102 parcel	s of donated land in Boiling Spring Lakes, NC.		14444444
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#### **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

Department of the Treasury Internal Revenue Service

► 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

Open to Public Inspection

GUITARS IN THE CLASSROOM	71-1013691
·	
Form 990, Part VI, Section B, Line 11b - The GITC Board of Directors reviews the form 990's before the	y are filed with the IRS.
Form 990, Part VI, Section B, Line 15 - The Executive Director is the only employee of Guitars In The C	lassroom. She is the founder of
GITC as well. Her compensation is reviewed and approved each year by the Board of Directors.	***************************************
Form 990, Part VI, Section C, Line 19 - GITC makes its form 990's available online with GuideStar. Gov	erning policies and financial statements
are available upon request.	***************************************
Form 990, Part XI, Line 5 - GITC received land valued at \$ 1,849,000 (FMV) during the period. Although	the properties are listed for sale,
property taxes are accruing. There is a posibility that the tax assessor will choose to foreclose on the	properties prior to a liquidity event,
and thus a reserve liability has been booked against the entire value of the land, with a corresponding	expense. It is also possible that a sale
may occur in the future prior to foreclosure, and in such event, a corresponding gain would result. Do	nor imposed restrictions limit sales to
above a threshold, defined per parcel, until the expiration of restriction on 1/15/2017.	
Form 990 Schedule L, Part II - GITC's accounting practice for payroll payments prior to reconciliation	of a payroll period is to treat all such
payments as advances, even though there is no net payment in excess of the value of services alread	y rendered.
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<u></u>	