

			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047			
	0	00	Return of Organization Exempt From	income rax				
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2023			
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public			
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection			
<u>A</u>	For th			JUN 30, 2024				
Β	Check if applicab	le: C Name o	forganization	D Employer identific	ation number			
	Addre	ADOP	T-A-CLASSROOM, INC.					
	Name Chang	pe Doing b	usiness as	65-082827	72			
	Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number				
	Final		5TH ST. 835	877-384-0				
	ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,642,349.			
	Amer		EAPOLIS, MN 55402	H(a) Is this a group re				
	Appli tion pendi	F Name a	nd address of principal officer: ANN PIFER	for subordinates				
		SAME	AS C ABOVE	H(b) Are all subordinates ind				
		empt status:		<i>'</i>	list. See instructions			
_	Vebsi		ADOPTACLASSROOM.ORG	H(c) Group exemption				
		f organization: <u>[</u> Summarv	X Corporation Trust Association Other L Y	ear of formation: 1998	I State of legal domicile: F'L			
F	art I	,	A DIZA MOTIN					
é	1		e the organization's mission or most significant activities: <u>ADVANCIN</u> SSROOM AT A TIME	G EQUITI IN EL	JUCATION,			
anc								
Governance	2	Check this bo		ets. 18				
200	3		ting members of the governing body (Part VI, line 1a)		18			
	1 .		umber of independent voting members of the governing body (Part VI, line 1b) 4 otal number of individuals employed in calendar year 2023 (Part V, line 2a) 5					
Activities &					<u>22</u> 20			
			of volunteers (estimate if necessary)		0.			
A			business taxable income from Form 990-T, Part I, line 11		0.			
		Not an clated		Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	8,091,756.	8,635,891.			
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.			
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	134,108.	323,450.			
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	7,365.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,225,864.	8,966,706.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	4,668,088.	6,058,617.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.			
Expenses	40		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,827,412.	2,248,235.			
	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.			
	. ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 531,015.					
	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	659,961.	568,934.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,155,461.	8,875,786.			
		Revenue less	expenses. Subtract line 18 from line 12	1,070,403.	90,920.			
Assets or				Beginning of Current Year	End of Year			
sets	20	Total assets (I	Part X, line 16)	9,019,517.	9,267,111.			
it As	21		(Part X, line 26)	365,040.	476,170.			
Plet,	22		fund balances. Subtract line 21 from line 20	8,654,477.	8,790,941.			
	art II							
			I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is			
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.				

Sign	Signature of officer	Date										
Here	ANN PIFER, EXECUTIVE DIRE											
	Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN												
Paid	BRUCE THIEL		/24 self-employed P0052									
Preparer	Firm's name CBIZ ADVISORS, LL		Firm's EIN 34-18732	282								
Use Only	Firm's address 222 SOUTH 9TH STR											
MINNEAPOLIS, MN 55402 Phone no. 612-339-781												
May the IRS discuss this return with the preparer shown above? See instructions												
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)											

	n 990 (2023) ADOPT-A-CLASSROOM, INC. 65-0828272	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ADOPTACLASSROOM.ORG ADVANCES EQUITY IN EDUCATION, ONE CLASSROOM AT A	
	TIME. WE BELIEVE EVERY CHILD DESERVES THE TOOLS AND MATERIALS THEY	
	NEED TO LEARN AND THRIVE IN SCHOOL. TO ACHIEVE THIS, WE PROVIDE	
	FLEXIBLE FUNDING TO PREK-12 TEACHERS AND SCHOOLS ACROSS THE U.S. TO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	XNo
	If "Yes," describe these new services on Schedule O.	
3		XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		al
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	u
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 7,993,537. including grants of \$ 6,058,617.) (Revenue \$	
4a)
	IN FISCAL 2024, ADOPTACLASSROOM.ORG DONATED CLASSROOM SUPPLIES AND	
		VE
	HAVE RAISED \$73MM AND EQUIPPED MORE THAN 7MM STUDENTS ACROSS THE U.S.	
	FUNDS RAISED FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATE SPONSORS AN	
	USED TO PURCHASE CLASSROOM SUPPLIES THAT ARE SELECTED BY EACH TEACHER	
	OR SCHOOL, AS WELL AS TO SUPPORT OUR OPERATIONS. RECIPIENTS ARE EITHI	ER
	SELECTED DIRECTLY BY THE DONOR, OR BY ADOPTACLASSROOM.ORG BASED ON	
	APPLICATIONS TO OUR SPOTLIGHT FUNDS (ARTS, STEM, INCLUSIVE CLASSROOM	,
	DISASTER RELIEF, RACIAL EQUITY, AND INDIGENOUS LANGUAGE). THE	
	ORGANIZATION'S SERVICES ARE DELIVERED THROUGH ITS WEBSITE AND RELATED)
	TECHNOLOGY PLATFORM, WHICH CONNECTS DONORS, TEACHERS, AND VENDORS OF	
	EDUCATIONAL PRODUCTS TO SUPPORT CLASSROOMS IN NEED.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
чN)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other preserves any isaa (Describe on Calendula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) 7 002 527	
4e	Total program service expenses 7,993,537.	00 /
		90 (2023)
332002	12 12-21-23	
	2	

 Form 990 (2023)
 ADOPT-A-CLASSROOM, INC.

 Part IV
 Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		- 23
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			res	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24 a				
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	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	- 14		
254		05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<u></u>
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h		28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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," complete			
0L		32		x
	Schedule N, Part II	32		
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> </u>
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
30				v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			 Vc-	
			Yes	No
та	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	990 (2023) ADOPT-A-CLASSROOM, INC. 65-0828 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	272	P	age 5
Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)		Y.	
0-	Enter the number of employees reported on Form W.C. Transmittel of Wage and Tay Statements		Yes	No
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 22			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
		20 3a		x
		3b		
	It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O			
чи	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	ти		
D.	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
-	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
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 the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			-
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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 ADOPT-A-CLASSROOM, INC.
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
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 18	3									
	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 on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 18										
2											
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, 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 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, 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	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
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 on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	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	Х								
b	Describe on 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	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on 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		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	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AZ, AR, CA, CO, CT, DE, FI	,GA	,HI,	ID							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	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 ΔNN DIFFR - FYFCUUTIVE DIFFCUOP - $977 - 384 - 0764$										

	AN.	N PIF	ER	- EXEC	OTIVE	DIRE	CTOP	(– 8	11-38	4-0/	/04				
	10	S 51	רא צי	r. ste	835,	MINN	JEAPC	DLIS,	MN	5540)2				
	332006 12-21	-23		SEE S	CHEDU	LE O	FOR	FULL	LIST	OF	STATES		Fo	rm 990 (2023)	
									6						
102	271218	1433	99 1	L35197				202	3.050	10	ADOPT-A-C	LASSROOM,	INC.	135197_	_1

Form 990 (Part VII	ADOPT-A-CLASSROOM, INC. Compensation of Officers, Directors, Trustees, Key Employe	es, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	Individual trustee or director	utiona	<u> </u>	Key employee	st col	Ŀ			organizations
	line)	Indivi	In stitutional trustee	Officer	Key el	Highest compensated employee	Former			5
(1) ANN PIFER	40.00									
EXECUTIVE DIRECTOR				Х				174,130.	0.	17,122.
(2) CAROLYN ABERMAN	40.00									
EVP - CORPORATE PARTNERSHI						Х		143,284.	0.	12,554.
(3) RYAN JORDAN	40.00									
ASSOCIATE DIRECTOR						Х		108,372.	0.	17,442.
(4) JEN SWANSON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ERIK HUCKLE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) RAHOUL GHOSE	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) MARTHA PHELPS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) MATT JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KURTS STRELNIEKS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JORDAN MCGOWAN	1.00									
DIRECTOR		х						0.	0.	0.
(11) ASHLEY GOBERT	1.00									
DIRECTOR		х						0.	0.	0.
(12) DALE ROBINSON ANGLIN	1.00								•	•
VICE CHAIR	1 00	Х		X				0.	0.	0.
(13) JEFF GRAY	1.00								•	•
TREASURER	1 00	Х		X				0.	0.	0.
(14) ANNIE ALCOTT	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) KAYLA WESSER	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(16) HEATHER DUVAL	1.00	~~							•	•
DIRECTOR	1 00	X						0.	0.	0.
(17) SONAL PATEL	1.00								•	^
DIRECTOR		Х						0.	0.	0.
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										Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Name and title Average hours per			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	compen from organiz and rel organiza	the ation ated
(18) KEN PEAK DIRECTOR	1.00	x						0.	C	•	0.
(19) ASHWARYA RAJANAGARAN DIRECTOR	1.00	x						0.	0	•	0.
(20) SPENCER SMITH DIRECTOR	1.00	x						0.	C	•	0.
(21) LOLA ENEH DIRECTOR	1.00	x						0.	C	•	0.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							425,786. 0. 425,786.	C	•	<u>118.</u> 0. 118.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable		3
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i>. 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> 	uch individual m of reportabl),000? If "Yes, uccrue compen	e co " co Isati	mpe mple on fr	ensat ete S om a	tion Sche any	and edule unre	oth <i>J f</i>	ner compensation from t for such individual ed organization or individ	he organization dual for services	Ye: 3 4 X	x
Section B. Independent Contractors 1 Complete this table for your five highest co	-			-							- -
the organization. Report compensation for (A)	•	•							· ·	(C)	
Name and business	address							Description of s	ervices	Compensat	ion
2167 HICKORY CREST DR, ME	MPHIS,	TN	3	81:	19			ACCOUNTING/F	INANCE	178,	200.
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	thos 1	e list -	ed	above) who received mo	ore than	Form 990) (2023)

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	n 990 (j		PT-A-CLASS	ROOM, ING	с.		65-0828	272 Page 9
Pa	rt VII	Statement of Rev	enue					
		Check if Schedule O co	ontains a response o	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω ω	1 a	Federated campaigns	1a					
ant			1b					
, G		Fundraising events						
ar A		Related organizations						
s, Dili	е	Government grants (contrib						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gi similar amounts not included a		635,891.				
ĞĘ	q	Noncash contributions included in lin	nes 1a-1f 1g \$	159,019.				
anc	h	Total. Add lines 1a-1f			8,635,891.			
				Business Code				
ø	2 a							
Program Service Revenue	b							
Se	с							
eve eve	d							
- ngo B	е							
4	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (includir						
					309,093.			309,093.
	4	Income from investment of						
	5	Royalties	(i) Real					
	-			(ii) Personal				
	6 a		6a					
	b	· ··· -	6b					
	C		6c					
		Net rental income or (loss). Gross amount from sales of	(i) Securities	(ii) Other				
	7 а		7a 690,000.					
	h	Less: cost or other basis	<u>1a 0 5 0 , 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>					
Ð	5		7ь675,643.					
venue	c	Gain or (loss)	7c 14,357.					
		Net gain or (loss)			14,357.			14,357.
Other Re		Gross income from fundraising	g events (not					
0		including \$						
		contributions reported on li Part IV, line 18						
	b	Less: direct expenses						
		Net income or (loss) from fu						
		Gross income from gaming						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from g						
		Gross sales of inventory, les						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sa						
s				Business Code				
šou:	11 a	CREDIT CARD CA	ASH BACK	900099	7,365.			7,365.
Miscellaneous Revenue	b							
cell Seve	с							
Mis	d	All other revenue						
_	е	Total. Add lines 11a-11d			7,365.	0	-	220 015
	12	Total revenue. See instruction	IS		8,966,706.	0.	0.	330,815.
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5011	ion 501(c)(3) and 501(c)(4) organizations must comple			npiete column (A).	
	Check if Schedule O contains a respons	(
	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,058,617.	6,058,617.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	155,839.	85,711.	42,077.	28,05
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	1,737,276.	1,167,013.	182,102.	388,16
B	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-	-		· · ·
9	Other employee benefits	213,476.	144,590.	18,667.	50,21
D	Payroll taxes	141,644.	98,413.	9,426.	33,80
I	Fees for services (nonemployees): Management				<u>.</u>
b	Legal				
с	Accounting	79,364.	38,724.	30,417.	10,22
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,117.		11,117.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	13,006.	12,226.	780.	
2	Advertising and promotion	53,255.	48,481.	3,276.	1,49
3	Office expenses	21,618.	18,050.	2,590.	97
1	Information technology	174,926.	163,492.	7,671.	3,76
5	Royalties	F0 00C	45 404	2 401	2 40
5	Occupancy	52,286.	45,484.	3,401.	3,40
7	Travel	33,048.	25,130.	7,918.	
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
))	Conferences, conventions, and meetings				
1	Payments to affiliates	CO 470	E0 46	0.661	
2	Depreciation, depletion, and amortization	62,479.	50,467.	8,661.	3,35
3	Insurance	5,692.	147.	5,545.	
•	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	60.442	26.000	18.500	
а	OTHER	62,143.	36,992.	17,586.	7,56
b					
C	-				
d					
	All other expenses	8,875,786.	7,993,537.	351,234.	E21 01
5	Total functional expenses. Add lines 1 through 24e	0,013,100.	1,252,001.	JJI, 434.	531,01

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Check here

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X

ADOPT-A-CLASSROOM, INC.

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	3,117,492.	2	3,765,924.		
	3	Pledges and grants receivable, net	670,943.	3	151,527.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			57,749.	9	37,721.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,352,450.			
	b	Less: accumulated depreciation	10b	1,257,353.	126,780.	10c	95,097.
	11	Investments - publicly traded securities			4,365,215.	11	4,551,811.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			681,338.	15	665,031.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	9,019,517.	16	9,267,111.
	17	Accounts payable and accrued expenses		203,466.	17	346,667.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	ons		22		
	23	Secured mortgages and notes payable to unrelate	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	
	25	Other liabilities (including federal income tax, pay	ables 1	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			161,574.	25	129,503.
	26	Total liabilities. Add lines 17 through 25			365,040.	26	476,170.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,535,451.	27	1,789,740. 7,001,201.
Ba	28	Net assets with donor restrictions		<u> </u>	7,119,026.	28	7,001,201.
pur		Organizations that do not follow FASB ASC 95	58, che	ck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
sei	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
t∆ŝ	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E		31	
Ne	32	Total net assets or fund balances			8,654,477.	32	8,790,941.
	33	Total liabilities and net assets/fund balances			9,019,517.	33	9,267,111.
							Form 990 (2023

Form	ADOPT-A-CLASSROOM, INC.	65-0	828272	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,966		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,875	5,78	86.
3	Revenue less expenses. Subtract line 2 from line 1	3	90),92	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,654	4'	77.
5	Net unrealized gains (losses) on investments	5	45	i,54	44.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,790),94	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Nam	ame of the organization Employer identification number										
			T-A-CLASSR						5-0828272		
Pa	τl	I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The o	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C									
6	37	A federal, state, or local gov	-								
7	X	An organization that norma	•	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general j	oublic described in		
_		section 170(b)(1)(A)(vi). (C									
8		A community trust describe			-						
9		An agricultural research org				-		-	-		
		or university or a non-land-g	frant college of agric	ulture (see instructions).	Enter the i	lame, city	, and state of	the college	or		
10		university: An organization that norma	lly receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	ne membereb	in fees and	d aross receipts from		
10		activities related to its exem									
		income and unrelated busir		•					•		
		See section 509(a)(2). (Cor		(1000 000 101 0 1 1 101 9 1 1		eee aequi					
11		An organization organized a	• •	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	-	•	•			rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	-				•		•		
		control or management o			ame perso	ns that co	ntrol or manao	ge the supp	ported		
		organization(s). You mus	-								
с		J Type III functionally inte						ly integrate	d with,		
-1		its supported organization		-							
d		J Type III non-functionally						-			
		that is not functionally int requirement (see instructi			•		-	anallenin	leness		
е		Check this box if the orga		-				II Type III			
C	L	functionally integrated, or					турс і, турс	n, rype m			
f	Ente	r the number of supported of			0 0						
g		ride the following information	•								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota											

Schedule	A (Form 990)) 2023
Part II	Suppor	t Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4580996.	6636802.	7906179.	8091756.	8635891.	35851624.
2	Tax revenues levied for the organ-						
	ization'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	4580996.	6636802.	7906179.	8091756.	8635891.	35851624.
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)						22118681.
6	Public support. Subtract line 5 from line 4.						13732943.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4580996.	6636802.	7906179.	8091756.	8635891.	35851624.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	48,269.	31,287.	31,674.	131,188.	309,093.	551,511.
9	Net income from unrelated business	,			,	-	, í
-	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 VI.)	5,703.				7,365.	13,068.
11	Total support. Add lines 7 through 10	,					36416203.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th	•	,			01(c)(3)	
	organization, check this box and stop	0					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	37.71 %
	Public support percentage from 2022					15	40.92 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	0 10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	•					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
							(Form 990) 2023

15	5 Pu	iblic	suppo	ľ

16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%
Sec	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a	33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion	
b	33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore th	an 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	orted	organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	truct	ions

(f) Total

(e) 2023

Schedule A (Form 990) 2023 ADOPT-A-CLASSROOM, INC.

(a) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

(b) 2020

(c) 2021

(d) 2022

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

2 Gross receipts from admissions,							
merchandise sold or services per- formed, 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 bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization'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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support				•			<u></u>
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	((e) 2023	(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							
c Add lines 10a and 10b							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain 							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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.) 							
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 		rst, second, third, -	ourth, or fifth tax y	year as a section 5	501(c)(i	3) organizatic	yn,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here 	e organization's fir	· · · ·	ourth, or fifth tax y	•		., 0	í E
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here 	e organization's fir	· · · ·	, ,	•		., 0	,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 	e organization's fir Support Per	centage		•		., 0	,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2023 (line) 	e organization's fir Support Per ne 8, column (f), d Schedule A, Part	centage ivided by line 13, c III, line 15			······	., 0	
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2023 (line) 	e organization's fir Support Per ne 8, column (f), d Schedule A, Part	centage ivided by line 13, c III, line 15	:olumn (f))		15	., 0	
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2023 (line) 16 Public support percentage from 2022 Section D. Computation of Invest 	e organization's fir Support Per ne 8, column (f), d Schedule A, Part tment Income	centage ivided by line 13, o III, line 15 Percentage	:olumn (f))		15	., 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage from 2022 Section D. Computation of Invest 17 Investment income percentage from 2021 18 Investment income percentage from 2021 	e organization's fir Support Per the 8, column (f), d Schedule A, Part Iment Income 23 (line 10c, colur 022 Schedule A,	centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17	olumn (f))	· · · · · · · · · · · · · · · · · · · ·	15 16 17 18		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage from 2022 Section D. Computation of Invest 17 Investment income percentage from 2021 18 Investment income percentage from 2021 	e organization's fir Support Per the 8, column (f), d Schedule A, Part Iment Income 23 (line 10c, colur 022 Schedule A,	centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17	olumn (f))	· · · · · · · · · · · · · · · · · · · ·	15 16 17 18		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage from 2022 Section D. Computation of Invest 17 Investment income percentage for 2020 	e organization's fir Support Per te 8, column (f), d Schedule A, Part tment Income 23 (line 10c, colum 022 Schedule A, organization did n	centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box o	ne 13, column (f))	9 15 is more than 3	15 16 17 18 33 1/39		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2023 (line 10, 2023) 16 Public support percentage for 2023 17 Investment income percentage for 2023 18 Investment income percentage from 2023 19a 33 1/3% support tests - 2023. If the original form of the support tests - 2023. If the original form and support the support tests - 2023. 	e organization's fir Support Per he 8, column (f), d Schedule A, Part ment Income 23 (line 10c, colur 022 Schedule A, organization did n d stop here. The organization did n	centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box o organization quali ot check a box on	ne 13, column (f)) no 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	9 15 is more than 3 upported organiza 1, and line 16 is mo	15 16 17 18 33 1/39 ation ore tha	%, and line 17	7 is not
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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, and 12.) 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2023 (line 10, 2023) 16 Public support percentage for 2023 (line 10, 2023) 17 Investment income percentage for 2023 18 Investment income percentage for 2023. If the original 31/3% support tests - 2023. If the original 31/3% support tests - 2022. If the original support tests - 2022. 	e organization's fir Support Per the 8, column (f), d Schedule A, Part Iment Income 23 (line 10c, colum 022 Schedule A, organization did n d stop here. The organization did n k this box and st	centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box o organization quali ot check a box on op here. The orga	olumn (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	9 15 is more than 3 upported organiza I, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/39 ation pre that prted c	%, and line 1 an 33 1/3%, a organization	9 9 9 7 is not

1

Yes No

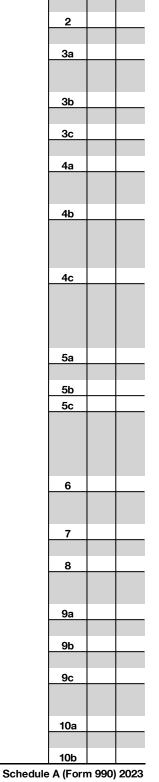
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23



2023.05010 ADOPT-A-CLASSROOM, INC.

16

		Organizations (CO)	ntinued
Schedule A	(Form 990) 2023	B ADOPT-	·A-CL

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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 herefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Su	Dervis	seu. Ur co	JIIIOIIEU L	ne suppo		anization.	
Sectio	n C.	Type I	I Suppo	orting C	Drganiz	zations	

 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
 Image: Control organization was vested in the same persons that controlled or managed
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Section D. All Type III Supporting Organizations	
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			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 on line 2, above, did the organization's supported organizations have a			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- 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.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

10271218 143399 135197

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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-function		ted Type III supporting oraa	anization (see		

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

65-0828272 Page 6

332026 12-21-23

	(Form 990) 2023	ADOPT-A-CLASSROOM, IN		65-082827
Part V	Type III Non-F	Functionally Integrated 509(a)(3) Suppo	orting Organizations	(continued)

Page 7

Sect	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			_		
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.	and 4c.				
8	Breakdown of line 7:					
	Excess from 2019					
b	Excess from 2020					
C	Excess from 2021					
	Excess from 2022					
۵	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	ADOPT-A-CLAS			65-0828272 Page 8
Part IV, Section A, lin line 1; Part IV, Sectio	nformation. Provide the ex nes 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 on D, lines 2 and 3; Part IV, Sec and 8; and Part V, Section E,	9a, 9b, 9c, 11a, 11b, and ction E, lines 1c, 2a, 2b, 3	11c; Part IV, Section B, lines 1 a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, /, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 10, EX	PLANATION FOR	OTHER INCOME:	
CREDIT CARD CASH	BACK REWARDS			
2023 AMOUNT: \$	7,365.			
MISCELLANEOUS				
2019 AMOUNT: \$	5,703.			
332028 12-21-23				Schedule A (Form 990) 2023
271218 143399 1351	97	20 2023 05010	ADOPT-A-CLASSR	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

65-0828272

Schedule	B
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

ADOPT-A-CLASSROOM, INC.

Organization type (check or	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

ADOPT-A-CLASSROOM, INC.

Employer identification number

65-0828272

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$ 4,298,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$ <u>1,702,571.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$ <u>243,471.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll OKANA CARACTERISTICS (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

323452 12-26-23

10271218 143399 135197

Name of organization

Page 3

Employer identification number

65-0828272

ADOPT-A-CLASSROOM, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part 1 Control of an analysis of the set of general set of the set of general set of the se	art II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. (b) FMV (or estimate) (c) Part 1 Description of noncash property given \$			FMV (or estimate)	(d) Date received
(a) (b) (c) (d) No. Description of noncash property given (c) (d) (a) (c) (c) (d) (a) (b) (c) (c) (d) (a) (b) (c) (d) (d) (a) (b) (c) (d) (d) (a) (b) (c) (d) (d) (d) (a) (b) (c) (d) (d) (d) (d) (a) (b) (c) (d) (d) (d) (d) (d) (a) (b) (b) (c) (d) (d) </td <td></td> <td></td> <td></td> <td></td>				
No. from rom art1 (b) Description of noncash property given FMV (or estimate) (See instructions.) (d) Date received (a) No. from part 1 (b) (b) (b) (b) part 1 (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from part 1 (b) (b) (b) (b) (b) (c) from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from part 1 (b) (b) (b) (c) from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from pescription of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
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No. rom Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
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(a) (b) (c) (d) No. Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) (b) (c) (c) (a) (b) (c) (c) (a) (b) (c) (c) (b) (c) (c) (c) (a) (b) (c) (c) No. (b) (c) (c) Description of noncash property given (c) (d) Date received (c) (c) FMV (or estimate) (c) (c) Description of noncash property given (c) (c) Date received (c) (c) FMV (or estimate) (c) (c) Date received (c) (c) Date received (c) (c) FMV (or estimate) (c) (c) Date received (c) (c) Date received (c) (c) Date received (c) (c) Date received	No. rom		FMV (or estimate)	(d) Date received
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(a) No. (b) rom Description of noncash property given (c) (b) FMV (or estimate) (See instructions) Date received	No. rom		FMV (or estimate)	(d) Date received
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No. (b) (c) (d) irom Description of noncash property given See instructions) Date received			\$	
	No. rom		FMV (or estimate)	(d) Date received
			_	
			 \$	

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lame of o	rganization	Employer identification nur			
ADOPT	-A-CLASSROOM, INC.		65-0828272		
Part III	Exclusively religious, charitable, etc., contributor, Complete columns (a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the		
(a) No.	Ose duplicate copies of Part III II additiona				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	[
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gif	 t		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	 t		
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
-	Transferee's name, address,	anu ZIP + 4	Relationship of transferor to transferee		
23454 12-26	5-23		Schedule B (Form 990)		

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		0			1	OMB No. 1545-0047
	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10				2023
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
	e of the organization				Employer	identification number
	e er ine er gamzati	ADOPT-A-CLASSROOM,	INC.			5-0828272
Pa		ations Maintaining Donor Advise		imilar Funds or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advise	d funds (b) Funds and	d other accounts
1		nd of year				
2		f contributions to (during year)				
3 4		f grants from (during year)				
5		on inform all donors and donor advisors in v	writing that the assets he	Id in donor advised fund	s	
•	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for an	y other purpose conferri	ng	
De	impermissible priva					Yes No
		ation Easements. Complete if the or	-	s" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	· · · ·			tent level even
		n of land for public use (for example, recrea f natural habitat	tion or education)	Preservation of a histo	• •	
		n of open space		Preservation of a certil	ied historic :	structure
2		through 2d if the organization held a qualit	fied conservation contribu	ution in the form of a cor	servation ea	asement on the last
_	day of the tax year					at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	a	2c	
d		vation easements included on line 2c acqu	•			
•		ture listed in the National Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished, or t	erminated by the organiz	zation during	the tax
4	year	 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		ion, handling of		
	-	orcement of the conservation easements it		· •		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservation	n easements	during the year
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and en	forcing conservation eas	ements duri	ng the year
•				of eaching 170/b)(4)(D)(i)		
8		vation easement reported on line 2d above (4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
		d include, if applicable, the text of the footr		-		the
	organization's acc	ounting for conservation easements.				
Pa		ations Maintaining Collections of	•	asures, or Other Si	milar Ass	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	•	elected, as permitted under FASB ASC 95				orks
		easures, or other similar assets held for put			ce of public	
h	· •	Part XIII the text of the footnote to its finar			shoot works	of
b	-	elected, as permitted under FASB ASC 95 sures, or other similar assets held for public				
		ng amounts relating to these items.				11100,
	•	ded on Form 990, Part VIII, line 1			\$	
2	If the organization	received or held works of art, historical tre			rovide	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these	items:		
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
	-	eduction Act Notice, see the Instructions	s for Form 990.		Schee	dule D (Form 990) 2023
33205	09-28-23		25			

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Sche		-CLASSROOM,					65-08			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Othe	r Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that	make s	ignificant ı	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Par	t IV Escrow and Custodial Arran		e if the organizatior	n answered "Y	es" on	Form 990	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•				_	-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fe					ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if					<u> </u>				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears hack	(e) Fou	r vears	hack
10	Beginning of year balance	540,710.	524,188.		,262.		90,231.	(0) 1 00		895.
1a b					,202.				,	
0	Contributions	12,874.	16,522.	-84	,074.	1	18,031.		-40	664.
с А	Grants or scholarships	,=	,		, - ,		,		,	
	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
g	End of year balance	553,584.	540,710.	524	,188.	6	08,262.		490,	231.
2	Provide the estimated percentage of the curr	ent vear end balance	,		,		,		,	
_ a	Board designated or quasi-endowment		%	,,						
b	Permanent endowment 100	%	_/*							
c		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held ar	nd administere	ed for th	ne				
	organization by:	-							Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	vment funds.							
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)	• •	ccumulate		(d) Boo	k valu	е
1a	Land									
	Buildings									
	Leasehold improvements			0,622.		2,9	87.		7,6	35.
	Equipment		1,34	1,828.	1,	254,3	66.	8	7,4	62.
	Other									_
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, line 10c, column	<u>(B))</u>					5,0	97.
							A . I	D (E -		0000

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	ADOPT-A-CLASSROOM,	TNC
Part VII	Investments -	Other Securities	

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) BENEFICIAL INTEREST IN A	· · · · · · · · · · · · · · · · · · ·	ናጥ	553,584
		51	111,447
	TODE ADDEI		,,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>I. (В))</u>		665,031
	on Form 000 Dart IV line	110 or 11f Son Form 000 Dort X line 25	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25.	(h) Deels velve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 500
(2) OPERATING LEASE LIABILITY			129,503
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 25, co	<i>L (B</i>))		129,503

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 ADOP'T-A-CLASSROOM, INC.				0828272 Pag	ge 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,015,14	<u>.0.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	45,544.			
b	Donated services and use of facilities	2 b	14,007.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	59,55	51.
3	Subtract line 2e from line 1			3	8,955,58	<u> 9.</u>
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	11,117.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	11,11	
С						
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I. line 12.)			5	8,966,70	6.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem			-		6.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I. line 12.)	nents With		-	n	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With ^{2a.}	Expenses per F	-		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With ^{2a.}	Expenses per F	Retur	n	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With ^{2a.}	Expenses per F	Retur	n	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With ^{2a.}	Expenses per F	Retur	n	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2b 2b	Expenses per F	Retur	n	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c	Expenses per F	Retur	n	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	Expenses per F	Retur	n <u>8,878,67</u> 14,00	76.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	Expenses per F	1	n 8,878,67	76.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	Expenses per F	1 2e	n <u>8,878,67</u> 14,00	76.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a 2b 2c 2d	Expenses per F	1 1 2e 3	n <u>8,878,67</u> 14,00	76.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a. 2a 2b 2c 2d 2d	Expenses per F	1 1 2e 3	n 8,878,67 14,00 8,864,66	<u>76.</u> 97.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 1 2e 3	n <u>8,878,67</u> 14,00	<u>76.</u> 97.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	n 8,878,67 14,00 8,864,66	<u>76.</u> 99.

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.

PART V, LINE 4:

THE ORGANIZATION HAS A BENEFICIAL INTEREST IN A PERPETUAL TRUST WITH THE
ASSETS HELD BY A THIRD PARTY. THESE ASSETS ARE CONSIDERED A PERMANENTLY
RESTRICTED ENDOWMENT FUND. THE ORGANIZATION HAS NO CONTROL OVER THE
INVESTMENT OF THE FUNDS. DISTRIBUTIONS ARE MADE TO THE ORGANIZATION OF NO
LESS THAN 5% OF THE FAIR VALUE OF THE FUND AS MEASURED BY A 12 QUARTER
ROLLING AVERAGE OF THE FAIR VALUE OF THE FUND. FAIR VALUE OF THE ENDOWMENT
FUND INCLUDES ANY UNREALIZED GAINS OR LOSSES.

PART X, LINE 2:

THE ORGANIZATION REVIEWS AND ASSESSES ITS TAX POSITIONS TAKEN OR EXPECTED

TO BE TAKEN IN TAX RETURNS. BASED ON THIS ASSESSMENT THE ORGANIZATION
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Schedule D (Form 990) 2023

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DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT THE POSITION WOULD BE

SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE ORGANIZATION'S

ASSESSMENT HAS NOT IDENTIFIED ANY SIGNIFICANT POSITIONS THAT IT BELIEVES

WOULD NOT BE SUSTAINED UNDER EXAMINATION.

THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION AND HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,		L	OMB No. 1	1545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								20	23
Department of the Treasury		Compr	ete il the organization	Attach to Forn					Open to	Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe	
Name of the organizat	ion							Employer i	dentificatio	on number
	ADOPT-A-C		INC.						65-08	28272
Part I General Ir	nformation on Grants a	nd Assistance								
Ũ	zation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		77	
	ward the grants or assis							L	X Yes	No
	IV the organization's pro					opization answard "V	an Form 000 Dad	t IV/ line 21 f		
	hat received more than \$					anization answered if	es on Form 990, Pan	t IV, line ∠1, I	orany	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	0
						,				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FUNDS FOR THE PURCHASE OF EDUCATIONAL MATERIALS,					
BOOKS AND OTHER CLASSROOM SUPPLIES	12732	6,058,617.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	1
	· · · · ·		• • •		
PART I, LINE 2:					

GOODS PURCHASED CAN ONLY BE SHIPPED TO THE TEACHER'S SCHOOL, NOT TO A HOME

ADDRESS. THE ORGANIZATION USES THE NATIONAL CENTER FOR EDUCATION STATISTICS

("NCES") OR THE MCH STRATEGIC DATA SCHOOL DATABASE TO VERIFY SCHOOL

INFORMATION, AS WELL AS ACCREDITATION AGENCY DATABASES AND DOCUMENTS TO

ENSURE THAT THE SCHOOL IS AN ACCREDITED EDUCATIONAL INSTITUTION. THE

ORGANIZATION CONFIRMS THE MAILING ADDRESS LISTED IN THE TEACHER'S

REGISTRATION INFORMATION MATCHES THE ADDRESS LISTED IN THE DATABASE. FOR

PRIVATE SCHOOLS OR THOSE UNLISTED IN THE NCES OR MCH DATABASE, THE

ORGANIZATION LOOKS AT THE SCHOOL'S WEBSITE AND USES THAT ADDRESS IF IT MATCHES GOOGLE MAPS. IF THERE IS A DISCREPANCY BASED ON GOOGLE MAPS, THE ORGANIZATION WILL CONTACT THE SCHOOL. ORDERS (GRANTS) ARE NOT ALLOWED TO BE PROCESSED UNTIL THE SCHOOL AND MAILING ADDRESS HAVE BEEN VERIFIED. TEACHERS GENERALLY CHOOSE WHAT TO SPEND THEIR DONATED FUNDS ON FROM THE VENDORS ON THE ORGANIZATION'S WEBSITE. THOSE VENDORS ARE ONLY EDUCATIONAL MATERIAL SUPPLIERS, CHILDREN'S BOOK PUBLISHERS, AND CLASSROOM SUPPLY VENDORS. IF TEACHERS WANT TO SPEND THEIR FUNDS ON SOMETHING NOT AVAILABLE ON OUR SITE, THEY CAN SUBMIT A REQUEST FOR AN "OUT-OF-NETWORK" PURCHASE. THOSE ARE REVIEWED FIRST BY A STAFF PERSON. IF ANYTHING LOOKS OUT OF THE ORDINARY OR INAPPROPRIATE, THE STAFF PERSON CONTACTS THE TEACHER TO ASK WHY THE ITEM IS BEING REQUESTED AND WHAT IT WILL BE USED FOR. THE SVP OF OPERATIONS, PROGRAMS, AND TECHNOLOGY REVIEWS AND APPROVES PAYMENTS FOR ALL OUT-OF-NETWORK PURCHASES. THIS ENSURES THAT ONLY ITEMS APPROPRIATE FOR EDUCATIONAL PURPOSES ARE BEING PURCHASED WITH DONATED FUNDS.

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compensation Information		I	OMB No. 1	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	t		2023			
-	-	Compensated Employees			ZU	<u>Z</u> J)	
D	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Attach to Form 990.							
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	n.		Inspe			
Nam	ne of the organization	1	E		identificatio		mber	
		ADOPT-A-CLASSROOM, INC.		65-0	082827	2		
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on	[:] orm 99	90,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for	ersona	al use				
	Travel for com		al resid	dence				
		ation and gross-up payments Health or social club dues or initiation	n fees					
	Discretionary s	spending account Personal services (such as maid, ch	uffeur,	chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment o	٢					
	•	provision of all of the expenses described above? If "No," complete Part III to explain \dots			1b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directo						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		<u> </u>	
•								
3	•	ny, of the following the organization used to establish the compensation of the organization						
		ector. Check all that apply. Do not check any boxes for methods used by a related orga	lization	to				
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
	·			mmittaa				
		ther organizations X Approval by the board or compensa	ion con	nmittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?			4a		x	
b		eive payment from a supplemental nonqualified retirement plan?					X	
c		eive payment from an equity-based compensation arrangement?					x	
-	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	sation					
	contingent on the r							
а	-				5a		X	
		ation?					X	
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	sation					
	contingent on the n	et earnings of:						
а	The organization?				<u>6a</u>		X	
b		ation?					X	
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payr						
		nes 5 and 6? If "Yes," describe in Part III			7	Х	<u> </u>	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subjec	to the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III \dots			8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section		<u></u>				<u> </u>	
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.		Schee	dule J (Forn	n 990)) 2023	

LHA 332111 11-06-23

65-0828272

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANN PIFER	(i)	174,130.	0.	0.	0.	17,122.	191,252.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROLYN ABERMAN	(i)	133,284.	10,000.	0.	0.	12,554.	155,838.	0.
EVP - CORPORATE PARTNERSHI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS PAYMENT WAS DETERMINED BASED ON ORGANIZATIONAL PERFORMANCE PLAN GOALS

FOR THE EVP - CORPORATE PARTNERSHIPS.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 2023

Open to Public

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information	۱.

. Inspection on number

Name of the	organization
-------------	--------------

Name	e of the organization		7110		Employer ident			nber
Par	ADOPT-A-CLAS	SROOM,	INC.		65-0	8282	12	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (STORAGE BUNDLE)	Х	1	83,019.				
26	Other (DUNGEONS AND DR)	Х	1	76,000.				
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organized	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	-					0	
	-		-			`	Y es	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
	must hold for at least 3 years from the date of	-	•••••	-				
	exempt purposes for the entire holding period	?		·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contributi	ions?	31		х
32a	Does the organization hire or use third parties							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.			· ·				
For F	Paperwork Reduction Act Notice, see the Inst	ructions for	Form 990.		Schedule N	/I (Form	990)	2023

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS HAS BEEN REPORTED.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



65-0828272

ADOPT-A-CLASSROOM, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EQUIP CLASSROOMS, AND TO OFFSET THE FINANCIAL BURDEN ON TEACHERS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS LIMITED AUTHORITY TO ACT BETWEEN FULL BOARD

MEETINGS AND MUST REPORT ANY SUCH ACTIONS TO THE FULL BOARD. NO BROAD

DELEGATION OF AUTHORITY EXISTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS THE 990, WHICH IS THEN PRESENTED TO THE FULL

BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND KEY MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS. NO SUCH CONFLICTS OF INTEREST WERE FOUND TO EXIST IN THE MOST RECENT FISCAL YEAR. EXECUTIVE DIRECTOR FOLLOWS UP DIRECTLY WITH ANY BOARD MEMBERS WHO FAIL TO SUBMIT THEIR FORM TO ENSURE COMPLIANCE.

ADOPT-A-CLASSROOM ASKS EACH EMPLOYEE AND BOARD MEMBER WHETHER THEY HAVE AN ACTUAL OR POSSIBLE CONFLICT AND TO DESCRIBE ANY RELATIONSHIPS,

TRANSACTIONS, OR OTHER CIRCUMSTANCES THAT MAY RESULT IN A CONFLICT OF

INTEREST.

IF AN ACTUAL OR POSSIBLE CONFLICT ARISES, ADOPT-A-CLASSROOM REFERS SUCH

 MATTERS
 TO
 ITS
 OUTSIDE
 LEGAL
 COUNSEL
 FOR
 DETERMINATION
 AND
 RELIES
 ON
 LEGAL

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23
 Schedule O (Form 990) 2023

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FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AT THE TIME OF HIRING AND APPROVED BY THE FULL BOARD. SUCH DECISIONS ARE MADE WITH REFERENCE TO EXTERNAL SALARY SURVEYS (PRIMARILY THE MOST RECENT EDITION OF THE MINNESOTA NONPROFIT SALARY AND BENEFIT SURVEY, PRODUCED BY THE MINNESOTA COUNCIL OF NONPROFITS). IN ADDITION, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL EXECUTIVES OF THE ORGANIZATION WHOSE TOTAL COMPENSATION EXCEEDS \$100,000 PER YEAR AT LEAST ONCE EVERY 2 YEARS. THE MOST RECENT REVIEW WAS COMPLETED BY THE COMPENSATION COMMITTEE JANUARY 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S BYLAWS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST
POLICY ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE. THE
ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON
REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN PROCESS FROM THE PRIOR YEAR.

332212 11-14-23