| | | | ** PUBLIC DISCLOSURE COPY | * * | |
|---|--|------------------------------|--|------------------------------------|---|
| | n | nn | Return of Organization Exempt From | Income Tax | OMB No. 1545-0047 |
| Forn | n y | 9 0 | | | 2009 |
| Depar | rtment c | f the Treasury | benefit trust or private foundation) | | Open to Public |
| | | | | - | |
| <u>A</u> F | or the | | | | |
| | | e. 1 10030 | C Name of organization | D Employer identi | fication number |
| | | use IRS | | | |
| Address change Jabel or print or ADOPT-A-CLASSROOM INC Name change bilitial Doing Business As Initial return See Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | 000070 |
| |]Initial | - | Heturn or Organization Exempt From income fax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (sexcept black lung) benefit trust or private foundation) | | |
| | Termir | _ Specific | | | |
| | Ameno | | | | 2,229,988. |
| | Applic | a- | | | |
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| | | | E AS C ABOVE | | |
| ΙT | ax-exe | empt statu | s: 🗶 501(c) (3) ◀ (insert no.) 🔛 4947(a)(1) or 📖 527 | | |
| | | | W.ADOPTACLASSROOM.ORG | | |
| K F | orm of | organizatio | n: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 L | ear of formation: 1998 | M State of legal domicile; \mathbf{FL} |
| Pa | | Summa | | | |
| e | 1 | Briefly des | cribe the organization's mission or most significant activities: SEE SCHE | DULE O | |
| anc | | | | | |
| ern | 2 | Check this | box 🕨 📖 if the organization discontinued its operations or disposed of n | hore than 25% of its net a | |
| Š | 3 | Number of | voting members of the governing body (Part VI, line 1a) | | |
| .∞ ∞ | 4 | Number of | independent voting members of the governing body (Part VI, line 1b) | | |
| ies | For the For the Check if applicable Address Check if applicable Address Check if applicable Initial Initial Initial Address Check if applicable Initial Initial Initial Address Change Initial Initial Amend Application Part I ending Initial Part I ending Initial Initial | | | | |
| ivit | | | | | 0. |
| Act | | | | rom Part VIII, column (C), line 12 | |
| | b | Net unrela | ted business taxable income from Form 990-T, line 34 | | |
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| ne | | | • | 2,003,003 | • 2,223,472• |
| ven | 9 10 | • | | 2 120 | 2,388. |
| Be | | | | | |
| | | | | | |
| | | | | 2,010,705 | • 2,229,900• |
| | | | | | |
| | | | | 333 827 | 408,366. |
| sec | 16 | Drofossion | al fundraising face (Dart IX, column (A), line 11c) | 555,027 | <u> </u> |
| pen | h | Total fund | raising expenses (Part IX, column (D), line 25) \rightarrow 32, 840. | | |
| ы | | | | 2.276.503 | 1,562,847. |
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| Sec | | | | | · · · · · · · · · · · · · · · · · · · |
| ilanc | 20 | Total asse | ts (Part X, line 16) | | |
| d Ba | | | ties (Part X, line 26) | | |
| Net ∕ Fund | | | or fund balances. Subtract line 21 from line 20 | 1,617,132 | . 1,930,918. |
| Ра | rt II | Signat | ure Block | | |
| | | Under penalt and complet | ies of perjury, I declare that I have examined this return, including accompanying schedules and stateme e. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | nts, and to the best of my knowle | edge and belief, it is true, correct, |
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| Sigr | ı | — | | | |
| Here | е | | | Date | |
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| | | , ,, | | | avaula identificio a sussela |
| Paid | I | Preparer's | | self- (see | arer s identitying number instructions) |
| | | signature Firm's name | | employed 🕨 🛄 | |
| • | | yours if | RAOFMAN, ROSSIN & CO., F.A. | EIN 🕨 | |
| | - | self-employe address, and | | | |
| | | ZIP + 4 | MIAMI, FL 33133 | Phone no. 🕨 | (305) 858-5600 |
| May | the IF | 29 discuss | this return with the preparer shown above? (see instructions) | | X Yes No |

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| If "Yes," describe these new services on Schedule O. | | |
|---|---|------------------|
| TO EMPOWER TEACHERS WITH COMMUNITY PARTNERS AND FUNDS TO PURCHASE RESOURCES FOR THE CLASSROOM, THEREBY INCREASING THE OPPORTUNITY FOR STUDENT SUCCESS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? Important of the prior form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Important 40 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,849,379. including grants of \$) (Revenue \$ DURCHASED SCHOOL SUPPLIES FOR CLASSROOMS OF LOCAL COMMUNITY SCHOOLS DURING THE CURRENT YEAR, SUPPLIES WERE FURNISHED TO 7,640 CLASSROOM WHICH IMPACTED APPROXIMATELY 200,000 STUDENTS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | |
| RESOURCES FOR THE CLASSROOM, THEREBY INCREASING THE OPPORTUNITY FOR STUDENT SUCCESS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E2? Important the prior Form 980 or 990-E2? 11 'Yes, 'describe these were vertices on Schedule 0. Important the prior Form 980 or 990-E2? Important the prior Form 980 or 990-E2? 3D dd the organization cease conducting, or make significant changes in how it conducts, any program services? Important the sec changes on Schedule 0. 4D Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,849,379. including grants of \$) (Revenue \$) PURCHASED SCHOOL SUPPLIES FOR CLASSROOMS OF LOCAL COMMUNITY SCHOOLS DURING THE CURRENT YEAR, SUPPLIES WERE FURNISHED TO 7,640 CLASSROOM WHICH IMPACTED APPROXIMATELY 200,000 STUDENTS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | |
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| td Other program services. (Describe in Schedule O.) | | |
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| Form | 990 | (200) |
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| 1 Its error optice Schedule A 1 X 2 X 2 X 3 Did the organization required to complete Schedule B, Schedule O Contributors? 2 X 4 the organization required to complete Schedule B, Schedule C, Part II 4 X 5 Section 501(c)(3) organizations. Did the organization sugges in lobbying activities on behaf of or in opposition to candidates for public officies // 11 */es, "complete Schedule C, Part II 4 X 5 Section 501(c)(3) organizations and 501(c)(6) organization sugges in ad501(c)(6) organization sugges and and on a spannin funds or accounts // 11 */es," complete Schedule D, Part II 6 X 9 Did the organization matima onlian organization sugges // 11 */es," complete Schedule D, Part II 7 X 9 Did the organization matima collectors of works of at, historical treasures, or other similar assets? II */es," complete Schedule D, Part II 8 X 9 Did the organization matima collectors of works of at, historical treasures, or other similar assets? II */es," complete Schedule D, Part II 8 X 10 Did the organization report an amount in Part X, line 21; serve as a custolian for amounts not listed in Part X, or provide contributors? 10 X 11 X <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th> | | | | Yes | No |
|---|-----|---|------------|-----|----------|
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 3 Did the organization required to indirect political campaign activities on behalf of or in opposition to candidates for public office? If ''res,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Bit the organization subject to the section 6030(i) onlice and reporting requirement and proxy taxy If ''res,' complete Schedule C, Part II 3 X 5 Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organization subject to the section 6030(i) onlice and reporting requirement and proxy taxy If ''res,' complete Schedule C, Part II 5 5 7 Did the organization maintain and concervation essement. Including assements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets I'' ''res,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, complete Schedule D, Part II 9 X 10 Did the organization report an amount for law, buildings, and equipment in Part X, line 19 // I''res,' complete Schedule D, Part XI 9 X 11 X is organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If ''res,' complete Schedule C, Part I 3 X 4 Section 501(c)(4), organizations, Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part I 4 X 5 Section 501(c)(4), 601(c)(3) organizations, Did the organizations usupect to the section 6033(e) notice and reporting requirement and proy tax /I 'Yes,' complete Schedule C, Part II 4 X 6 Ut the organization meintain any donor advised funds or any similar funds or accounts /II 'Yes,' complete Schedule D, Part II 5 5 7 Did the organization meintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization meintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 9 X 9 Did the organization functify or through a related organization, hold assets in term, permanent, or quasiendowments? 10 X 9 Did the organization report an amount for heyestments - organization services? If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization report an amount for investments - organization services? If 'Yes,' complete Schedule D, Part IV 10 X | | | 1 | | |
| public office? If "res," complete Schedule (C, Part I 3 X 4 Section 501(c)(3) or ganizations. Dit the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 4 X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 6 X 6 Did the organization methating and y donard values defunds or any subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule D, Part II. 6 X 7 ZX Bit the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, deb transagement, credit grapi, or debt negatication services? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If 'Yes," complete Schedule D, Part II. 9 X 10 Did the organization report an amount for laws threst- ther securities in Part X, line 10? If 'Yes," complete Schedule D, Part V. 9 X 11 X 11 X 11 X 10 Did the organization report an amount for investments - organization | 2 | | 2 | X | |
| 4 Section 501(c)(3) organizations. Is the organization subject to the section 603(c)(3) S01(c)(5), and 501(c)(0) organizations. Is the organization subject to the section 603(c) indice and reporting requirement and provide advice on the distribution or investment of amounts in such funds or accounts Where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts Where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts Where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts Where donors have: "scamplete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part V 9 X 10 Did the organization adjust the end organization, hold assets in term, permanent, or quasi-endowments? 10 X 11 X 10 X 10 X 10 Did the organization direction report an amount for investments - other securities in Part X, line 12 Hai is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI. 10 X 11 X Did the organization report an amount for tothre sastes in Part X, line 12 Hai | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax/ If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any door advised funds or any similar funds or accounts? W "Yes," complete Schedule D, Part II 6 7 Did the organization maintain any door advised funds or at such funds or accounts? W "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 9 Did the organization, fundamagement, credit repair, or dath requiration, hold assets in term, permanent, or quasi-endownents? 9 10 Is the organization report an amount for law to fund or amount in the tot in the organization or any of the following questions "Yes?" If so, complete Schedule D, Part IV 10 10 Did the organization report an amount for investments - program related 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 X. 10 11 X Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 11 10 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 X. 11 10 Did the organization incubal described in specia | | | | | |
| reporting requirement and proxy tax/if "Yes," complete Schedule C, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts // If "se," complete Schedule D, Part II 6 7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, histoci land areas, or histoci structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, niceroid to may of the tollowing questions "Yes?" If so, complete Schedule D, Part IV. 10 X 11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X. 11 X 10 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X. 11 X 11 X Did the organization report an amount for investments - program related in Part X, line 13? If Yes," complete Schedu | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
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| 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX.</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization betan separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization included in consolidated, independent audited financial statements for the tax year? <i>Yes</i> No If "Yes," <i>completing Schedule D, Parts XI, XII, and XIII.</i> Is the organization maintain an office, employees, or agents outside of the United States? Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundralsing, business, and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to any organization so individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report nore than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to individuals 16 X Did the organization report more than \$15,000 of expenses for professional fun | • | | | | |
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| complete Schedule G, Part III 19 X | 10 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 0.22 if "Ves." | 10 | | |
| | 19 | | 19 | | х |
| | 20 | | 20 | | Х |

Form **990** (2009)

932003 02-04-10

ADOPT-A-CLASSROOM INC Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | 37 | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No", go to line 25 | 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 | 04- | | |
| ام | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 258 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 254 | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Sahadula L. Dart I | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 200 | | |
| 20 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| с | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | | | |
| | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | v |
| 05 | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 05 | | x |
| 26 | If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35 | | |
| 36 | | 26 | | x |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | - 37 | | |
| 00 | Note. All Form 990 filers are required to complete Schedule O. | 38 | x | |
| | | | | |

Form 990 (2009)

932004 02-04-10

| Form 990 | (2009) |
|----------|--------|
|----------|--------|

ADOPT-A-CLASSROOM INC

| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | 0 |
|----|---|-----|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0 if not applicable 13 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | | | |
| | Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| с | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | | |
| | Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | | | |
| | provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | 37 |
| | benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings | | | |
| - | at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| 40 | amounts due or received from them.) | 40 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| a | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |

Form **990** (2009)

932005 02-04-10 Dart VI Gove

| Sec | tion A. Governing Body and Management | | | | | | |
|-----|---|--------|-------------------|----|-----|-----|----|
| | | | 1 | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | | 11 | | | |
| b | Enter the number of voting members that are independent | 1b | | 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p witl | n any other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | e dire | ect supervision | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? \dots | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Fo | rm 99 | 90 was filed? | | 4 | | Х |
| 5 | Did the organization become aware during the year of a material diversion of the organization's asset | ts? | | | 5 | | Х |
| 6 | Does the organization have members or stockholders? | | | | 6 | | Х |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more me | embe | rs of the | | | | |
| | governing body? | | | | 7a | | Х |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other per | rsons | ? | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | durir | ig 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 rea | ched | at the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ue Code.) | | | | |
| | | | | _ | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | | | 10a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such | chap | ters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | | | | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before fi | ling t | he form? | | 11 | Х | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | Х | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that cou | uld gi | ve rise | | | | |
| | to conflicts? | | | | 12b | Х | |
| с | Does the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | | | |
| | in Schedule O how this is done | | | | 12c | | Х |
| 13 | Does the organization have a written whistleblower policy? | | | | 13 | | Х |
| 14 | Does 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 approva | al 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 in Schedule O. (See instructions.) | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | ment | with a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva | luate | its participation | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga | aniza | tion's | | | | |
| | | | | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |

List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$ 17

| 18 | Section 6104 requires | an organization to make its F | orms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for |
|----|-----------------------|--------------------------------------|---|
| | | cat <u>e ho</u> w you make these ava | ilab <u>le. C</u> heck all that apply. |
| | X Own website | X Another's website | X Upon request |

| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: |
|----|---|
| | JAMES ROSENBERG - 305-674-4470 |
| | AIAI NE 2ND AVENUE SULTE 203B MIAMI EL 3313A |

Form 990 (2009)

¹⁹ Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

⁹³²⁰⁰⁶ 02-04-10

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

____ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average | | (C) Position | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|------------------------|-----------------------|--------------------------------|------------------------|---------|---|------------------------------------|---|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | | Highest compensated addee employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| JAMES ROSENBERG | 55.00 | v | | v | | | | 122 442 | 0 | 21 610 |
| EXECUTIVE DIRECTOR | 55.00 | X | | Х | | | | 132,442. | 0. | 21,610. |
| JOHN OXENDINE CHAIR | 0.50 | x | | x | | | | 0. | 0. | 0. |
| DOUG LEVINE | | | | | | | | | | |
| VICE CHAIR | 0.50 | x | | x | | | | 0. | 0. | 0. |
| BEN POWELL | | | | | | | | | | |
| TREASURER | 0.50 | x | | x | | | | 0. | 0. | Ο. |
| MARJORIE KEAN | | | | | | | | | | |
| SECRETARY | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| CHRISTOPHER CURRAN | | | | | | | | | | |
| DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| MAX HOLTZMAN | | | | | | | | | | _ |
| DIRECTOR | 0.50 | х | | | | | | 0. | 0. | 0. |
| DAVE LEYRER | 0 50 | | | | | | | | | |
| DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| MELISSA RUBIN | | | | | | | | 0 | | 0 |
| DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| DEBORAH C. YOUNG | 0.50 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR WADE DYKE | 0.50 | | | | | | - | 0. | 0. | 0. |
| DIRECTOR | 0.50 | x | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 932007 02-04-10 | | L | I | | I | | | I | | Form 990 (2009) |

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2009.05070 ADOPT-A-CLASSROOM INC

65-0828272 Page 8

| Par | t VII Section A. Officers, Directors, Tru | istees, Key Er | nplo | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|---|---|------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|--------------------------------|--------------------|-------|------------|--------|--------|
| | (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | | | Pos | itior | ı | | Reportable | Reportable | | Es | timat | ed |
| | | hours | (cł | heck | all | that | app | ly) | compensation | compensatior | וו | | nount | |
| | per from from related | | | | | | | | | | other | | | |
| week 월 the organizations (W-2/1099-MISC | | | | | | | | | | pens: om th | | | | |
| | | | Individual trustee or director | In stitutional trustee | | | Highest compensated employee | | (W-2/1099-MISC) | (00-2/1033-000) | 0, | | aniza | |
| | | | al tru | onal ti | | Key employee | co mp | | | | | • | d rela | |
| | | | dividu | stituti | Officer | sy em | ghest | Former | | | | orga | anizat | ions |
| | | | Ē | Ë | t d | ž | en Hi | Ъ | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Total | • | | | | | ► | | 132,442. | | 0. | 2 | 1,6 | 10. |
| 2 | Total number of individuals (including but n | ot limited to th | iose | liste | ed a | bove | e) wł | no re | eceived more than \$100 | ,000 in reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization list any former officer, | director or tru | stee | , ke | y en | nplo | yee, | or h | nighest compensated er | nployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | L | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | 0,000? If "Yes, | " CO | mple | ete S | Sche | edule | e J f | or such individual | | L | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | • | | | rom | any | / unr | elat | ed organization for serv | ices rendered to | | | | |
| | the organization? If "Yes," complete Sched | ule J for such | oers | on . | | | | | | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated ind | depe | ende | ent c | onti | racto | ors t | hat received more than | \$100,000 of com | pensa | tion f | rom | |
| | | | | | | | | | (D) | | | 10 | | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ervices | Co | C) mpei | | on |
| | | | | | | | | + | 2000.19.001.010 | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | • | ot lir | mite | d to | | ~ | sted | l above) who received m | nore than | | | | |
| | \$100,000 in compensation from the organiz | zation 🕨 | | | | (| 0 | | | | | | 000 | |
| | | | | | | | | | | | F | orm | 990 | (2009) |

932008 02-04-10

Form 990 (2009)

| Forn | n 990 | (2009) ADOPT-A-CLASSROOM I | INC | | 65-0828 | 272 Page 9 |
|---|------------|--|----------------------|--|--|--|
| Pa | rt VI | II Statement of Revenue | | | | |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | | Federated campaigns 1a 1,68 | 30. | | | |
| gra | | Membership dues 1b | | | | |
| fts, | | Fundraising events 1c | | | | |
| s, gi nilai | | Related organizations 10 | | | | |
| sin | | Government grants (contributions) 1e | | | | |
| buti | | similar amounts not included above 1f 222379 | 2. | | | |
| dot | a | Noncash contributions included in lines 1a-1f: \$ | | | | |
| aS | - | Total. Add lines 1a-1f | ▶ 2225472. | | | |
| | | Business C | Code | | | |
| e | 2 a | · [| | | | |
| ervi | b | | | | | |
| n Si | С | | | | | |
| Bev | d | ۱ ا | | | | |
| Program Service Revenue | e | | | | | |
| - | | All other program service revenue | • | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | Ŭ | other similar amounts) | ▶ 2,388. | | | 2,388. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Persor | nal | | | |
| | 6 a | Gross Rents | | | | |
| | | Less: rental expenses | | | | |
| | | Rental income or (loss) | <u> </u> | | | |
| | | I Net rental income or (loss) | ▶ | | | |
| | <i>i</i> a | Gross amount from sales of (i) Securities (ii) Othe assets other than inventory | <u>r</u> | | | |
| | b | Less: cost or other basis | _ | | | |
| | | and sales expenses | | | | |
| | с | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| Other Revenue | 8 a | Gross income from fundraising events (not including \$ of | | | | |
| Rev | | contributions reported on line 1c). See | | | | |
| her | | Part IV, line 18 a 2,12 | · • • | | | |
| đ | | Less: direct expenses b Less: het income or (loss) from fundraising events | ▶ 2,128. | | | 2,128. |
| | | Gross income from gaming activities. See | 2,120: | | | 2,120. |
| | 5 4 | Part IV, line 19 a | | | | |
| | b | b Less: direct expenses b | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances a | | | | |
| | | Less: cost of goods sold b | | | | |
| ł | С | Net income or (loss) from sales of inventory | | | | |
| ŀ | 11 0 | Miscellaneous Revenue Business C | Jode | | | |
| | 11 a b | | | | | |
| | u D | | | | | <u> </u> |
| | d | | | | | |
| | | | • | | | |
| | 12 | Total revenue. See instructions. | ▶ 2229988. | 0. | 0. | 4,516. |
| 93200 02-04 | 9 -10 | | | | | Form 990 (2009) |

16270317 756350 12125000 2009.05070 ADOPT-A-CLASSROOM INC

9

ADOPT-A-CLASSROOM INC Part IX Statement of Functional Expenses

| | Section 501(c)(3) All other organizations must comp | | tions must complete al not required to comple | | (D). |
|---------|--|------------------------------|--|---|---------------------------------------|
| | 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 governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 1.5.5 1.0.0 | | 54 500 | ~~ ~~~ |
| | trustees, and key employees | 166,402. | 85,862. | 51,582. | 28,958 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 104 466 | 104 466 | | |
| 7 | Other salaries and wages | 184,466. | 184,466. | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| - | and section 403(b) employer contributions) | 20 10F | 21 /01 | 10 004 | |
| 9 | Other employee benefits | 32,485. 25,013. | 21,491. 25,013. | 10,994. | |
| 10 | Payroll taxes | 45,013. | 43,U13. | | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | 10,689. | 10,689. | | |
| b | | 12,623. | 12,623. | | |
| | Accounting | 12,023. | 12,023. | | |
| a | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| e 4 | | | | | |
| f | Investment management fees | 13,135. | 13,135. | | |
| g 12 | Other Advertising and promotion | 4,637. | 4,637. | | |
| 13 | | 41,658. | 37,046. | 4,047. | 565. |
| 14 | Office expenses Information technology | 84,066. | 84,066. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 35,511. | 21,307. | 14,204. | |
| 17 | Travel | 6,634. | , | 3,317. | 3,317. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,599. | 2,599. | | |
| 20 | Interest | - | - | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 60,083. | 55,807. | 4,276. | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | CLASSROOM SUPPLIES | 1,231,880. | 1,231,880. | | |
| b | DEVELOPMENT | 42,364. | 42,364. | | |
| c | CONTRACT LABOR | 15,532. | 15,532. | | |
| d | PAYROLL FEES | 1,436. | 862. | 574. | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,971,213. | 1,849,379. | 88,994. | 32,840. |
| 26 | Joint costs. Check here 🕨 🛄 if following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation \dots | | | | |
| 93201 | 0 02-04-10 | | | | Form 990 (2009) |

932010 02-04-10

16270317 756350 12125000

2009.05070 ADOPT-A-CLASSROOM INC

16270317 756350 12125000

(2009) Balance Sheet ADOPT-A-CLASSROOM INC Part X

| | | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|----------|--|---|-------------|---|-----|---------------------------|
| | 1 | Cash - non-interest-bearing | | | | 1 | - |
| | 2 | Savings and temporary cash investments | | | 1,249,931. | | 1,567,371. |
| | 3 | Pledges and grants receivable, net | | | 83,333. | 3 | 83,333. |
| | 4 | Accounts receivable, net | | | • | 4 | , |
| | 5 | Receivables from current and former officers, di | | | | | |
| | - | employees, and highest compensated employe | | | | | |
| | | of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as | | | | | |
| | Ū | 4958(f)(1)) and persons described in section 499 | | | | | |
| | | Part II of Schedule L | | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | r f | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | - | Land, buildings, and equipment: cost or other | I I | | | | |
| | 100 | basis. Complete Part VI of Schedule D | 102 | 37,654. | | | |
| | h | Less: accumulated depreciation | | 27,297. | 21,047. | 10c | 10,357. |
| | 11 | Investments - publicly traded securities | | | | 11 | 20,0011 |
| | 12 | Investments - other securities. See Part IV, line | | | 2,000. | | 2,000. |
| | 13 | Investments - program-related. See Part IV, line | | | 2,000 | 13 | 2,0000 |
| | 13 14 | | | 14 | | | |
| | 15 | Intangible assets Other assets. See Part IV, line 11 | 383,275. | | 388,893. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 1,739,586. | | 2,051,954. |
| | 17 | Accounts payable and accrued expenses | | | 122,454. | 17 | 121,036. |
| | 18 | | | | | 18 | |
| | 19 | Grants payable Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| 6 | 21 | Escrow or custodial account liability. Complete | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, director | | T T | | 21 | |
| ilidi | ~~ | highest compensated employees, and disqualifi | | | | | |
| Lia | | | | 22 | | | |
| | 23 | of Schedule L Secured mortgages and notes payable to unrela | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelate | r i i i i i i i i i i i i i i i i i i i | | 24 | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | | |
| | 26 | | | | 122,454. | | 121,036. |
| | 20 | Organizations that follow SFAS 117, check he | | | | 20 | |
| ş | | lines 27 through 29, and lines 33 and 34. | | | | | |
| JCe | 27 | | | | 381,063. | 27 | 477,540. |
| alaı | 28 | Temporarily restricted net assets | 858,784. | 28 | 1,070,475. | | |
| dB | 29 | | 377,285. | 29 | 382,903. | | |
| 'n | | Organizations that do not follow SFAS 117, c | | ere 🕨 🗌 and | • | | , |
| οr F | | complete lines 30 through 34. | | | | | |
| ts (| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or ec | | | | 31 | |
| Ϋ́ | 32 | Retained earnings, endowment, accumulated in | | r | | 32 | |
| Ne | 33 | Total net assets or fund balances | | F | 1,617,132. | | 1,930,918. |
| | 34 | Total liabilities and net assets/fund balances | | | 1,739,586. | 34 | 2,051,954. |
| | | | | | , | | Form 990 (2009) |

12125001

| Form 990 (200 |
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|---------------|

| Form 990 | (2009) |
|----------|--------|
|----------|--------|

ADOPT-A-CLASSROOM INC

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|--|------|---------------|-------|
| 1 | Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Х |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| 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 |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | |
| | Act and OMB Circular A-133? | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |
| | | Form | 990 (2 | 2009) |

932012 02-04-10

| SCHEDULE A |
|------------|
|------------|

Part I

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X 7

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number ADOPT-A-CLASSROOM INC 65-0828272 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. dL Type III - Other **c** Type III - Functionally integrated a∟ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i)

- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | organization (described on lines 1-9 above or IRC section | in col. (i) listed in your | | nization (v) Did you notify the in your organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|----------------------------|----|---|----|--|----|----------------------------|
| | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

11g(ii)

|11g(iii)

932021 02-08-10

13 2009.05070 ADOPT-A-CLASSROOM INC OMB No 1545-0047

| 20 | 09 | |
|---------|--------|--|
| Open to | Public | |

Schedule A (Form 990 or 990 EZ) 2009 ADOPT-A-CLASSROOM INC Part II

65-0828272 Page 2

| Support Schedule for Organizations Described in Sections | 170(b)(1)(A)(iv) an | id 170(b)(1)(A)(vi |
|--|---------------------|--------------------|
| (Complete only if you checked the box on line 5, 7, or 8 of Part I.) | | |

| Section A. P | ublic Support | | | | | | | | |
|-----------------|--|-----------------------|------------------------|---------------------|-------------------|---------------------|------------|--|--|
| Calendar year (| or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| 1 Gifts, grants | s, contributions, and | | | | | | | | |
| membershi | p fees received. (Do not | | | | | | | | |
| include any | "unusual grants.") | 898,857. | 1,037,085. | 2,339,700. | 2,603,063. | 2,225,472. | 9,104,177. | | |
| 2 Tax revenue | es levied for the organ- | | | | | | | | |
| ization's be | nefit and either paid to | | | | | | | | |
| or expende | d on its behalf | | | | | | | | |
| 3 The value o | f services or facilities | | | | | | | | |
| furnished b | y a governmental unit to | | | | | | | | |
| the organiza | ation without charge | | | | | | | | |
| 4 Total. Add | lines 1 through 3 | 898,857. | 1,037,085. | 2,339,700. | 2,603,063. | 2,225,472. | 9,104,177. | | |
| | of total contributions | | | | | | | | |
| - | rson (other than a | | | | | | | | |
| | tal unit or publicly | | | | | | | | |
| | organization) included | | | | | | | | |
| | at exceeds 2% of the | | | | | | | | |
| | own on line 11, | | | | | | | | |
| column (f) | , | | | | | | 1,563,225. | | |
| | port. Subtract line 5 from line 4. | | | | | | 7,540,952. | | |
| Section B. T | | | | | | | , - , | | |
| - | or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | |
| | om line 4 | 898,857. | 1,037,085. | 2,339,700. | 2,603,063. | 2,225,472. | 9,104,177. | | |
| | me from interest, | 05070071 | _,, | _, | _, | _,, | -,, | | |
| | | | | | | | | | |
| | payments received on | | | | | | | | |
| | oans, rents, royalties | 37. | 8,444. | 16,622. | 3,430. | 2,388. | 30,921. | | |
| | from similar sources | 57. | 0,444. | 10,022. | 5,450. | 2,500. | 50,921. | | |
| | from unrelated business | | | | | | | | |
| | hether or not the | | | | | | | | |
| | regularly carried on | | | | | | | | |
| | ne. Do not include gain | | | | | | | | |
| | the sale of capital | | | | | | | | |
| | lain in Part IV.) | | | | | | | | |
| | ort. Add lines 7 through 10 | | | | | | 9,135,098. | | |
| | pts from related activities, | | , | | | 12 | | | |
| • | ears. If the Form 990 is for | ° | | | | | | | |
| organization | n, check this box and sto r | here | | | | | | | |
| Section C. C | omputation of Publ | ic Support Pe | rcentage | | | | | | |
| 14 Public supp | oort percentage for 2009 (l | line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 82.55 % | | |
| | oort percentage from 2008 | | | | | 15 | 99.60 % | | |
| 16a 33 1/3% su | pport test - 2009. If the o | rganization did not | check the box on | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this boy | | | |
| stop here. | stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| b 33 1/3% su | b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | | |
| and stop he | ere. The organization qual | ifies as a publicly s | supported organization | ation | | | ▶∟ | | |
| | -and-circumstances tes | | | | | | | | |
| | rganization meets the "fac | | | | | | | | |
| | facts-and-circumstances" | | | - | - | - | | | |
| | -and-circumstances tes | | | | | | | | |
| | f the organization meets th | - | | | | | | | |
| | n meets the "facts-and-circ | | | | | | | | |
| | ndation. If the organizatio | | | | | | | | |
| | | | | .,,, | | dulo A (Eorm 000 | | | |

Schedule A (Form 990 or 990-EZ) 2009

932022 02-08-10

16270317 756350 12125000

| Sch | edule A (Form 990 or 990-EZ) 2009 | | | | | | Page 3 |
|-----|--|------------------|---------------------------|--------------------------|-----------------------------|-----------------------|-------------------------|
| | rt III Support Schedule for C | rganizations | Described in | Section 509(a | i)(2) (Complete only | if you checked the be | ox on line 9 of Part I. |
| Se | ction A. Public Support | | _ | - | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services 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 | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| | | () 0005 | (1) 0000 | () 0007 | (1) 0000 | () 0000 | (0 T)) |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 102 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| ŀ | and income from similar sources | | | | | | |
| L | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30 1075 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 is for | the organization | l 's first second thir | l d fourth or fifth t | l av vear as a sectiv | $\frac{1}{501(c)(3)}$ | l zation |
| 14 | check this box and stop here | • | | | | | |
| Se | ction C. Computation of Publi | c Support Pe | ercentage | | | | |
| | Public support percentage for 2009 (li | | | column (f)) | | 15 | % |
| | Public support percentage from 2008 | | | | | 16 | % |
| | ction D. Computation of Invest | | | | | | /0 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from 2 | | B | | | 18 | % |
| | 33 1/3% support tests - 2009. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| r | 33 1/3% support tests - 2008. If the | | | | | | |
| ~ | line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009

932023 02-08-10

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

65-0828272

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

ADOPT-A-CLASSROOM INC

| 11001 1 | |
|--------------------------------|--|
| 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

| | | | (Complete Part II if there is a noncash contribution.) |
|---------------------------------|-----------------------------------|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$84,840. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u> </u> | | \$86,841. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>4</u> | | \$174,667. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u> </u> | | \$425,945. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>6</u> 923452 02-01-10 | | \$103,621. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009) |

Part I

(a)

No.

1

(d)

Type of contribution

X

Employer identification number

65-0828272

Person Payroll

Noncash

(c)

Aggregate contributions

\$

51,798.

ADOPT-A-CLASSROOM INC

Contributors (see instructions)

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

17

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2009.05070 ADOPT-A-CLASSROOM INC

| | | (Complete Part II if there is a noncash contribution.) |
|-----------------------------------|--|--|
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$53,500. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$\$ | Person Payroll Noncash Complete Part II if there is a noncash contribution.) |
| | (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 | Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions |

ADOPT-A-CLASSROOM INC Part I Contributors (see instructions)

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

7

(d)

Type of contribution

X

Person Payroll

Noncash

65-0828272

(c)

Aggregate contributions

\$

50,000.

18 2009.05070 ADOPT-A-CLASSROOM INC

16270317 756350 12125000

Name of organization

Page of of Part II

Employer identification number

65-0828272

ADOPT-A-CLASSROOM INC

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | <u> </u> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | (| |

16270317 756350 12125000

2009.05070 ADOPT-A-CLASSROOM INC

| a) No. | | formation once. See instructions.) | | |
|--------------------------|---|---|--|--|
| 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, a | Ind 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 | ť | |
| | 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 | |
| | | | | |
| | Transferee's name, address, a | t 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 gift | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |

Schedule D

| (Form | 990) |
|-------|------|
|-------|------|

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

| OMB No. 1545-0047 |
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| 2009 |
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| Open to Public |
| Inspection |

| NI | | |
|------|-------|--------------|
| Name | ortne | organization |

| Nam | of the organization ADOPT-A-CLASSROOM IN | C | | Employer identification number 65-0828272 |
|------------------------|---|--------------------------|-------------------------|---|
| Pa | | | imilar Funds or | |
| | organization answered "Yes" to Form 990, Part IV, line 6. | | | • |
| | | (a) Donor advised | l funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writ | ing that the assets he | ld in donor advised f | unds |
| | are the organization's property, subject to the organization's exc | lusive legal control? | | Yes 🛛 No |
| 6 | Did the organization inform all grantees, donors, and donor advis | sors in writing that gra | nt funds can be use | d only |
| | for charitable purposes and not for the benefit of the donor or de | onor advisor, or for an | y other purpose con | ferring |
| | impermissible private benefit? | | | |
| Pa | t II Conservation Easements. Complete if the organi | zation answered "Yes | " to Form 990, Part I | V, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (e.g., recreation or plea | sure) 🔄 Prese | ervation of an historic | cally important land area |
| | Protection of natural habitat | Prese | ervation of a certified | historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribu | ition in the form of a | conservation easement on the last |
| | day of the tax year. | | | |
| | | | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation easements | | | |
| C d | Number of conservation easements on a certified historic struct | | | |
| d | Number of conservation easements included in (c) acquired after | | | |
| 3 | Number of conservation easements modified, transferred, release | sea, extinguishea, or t | erminated by the org | anization during the tax |
| 4 | year | ont is located | | |
| 4 5 | Number of states where property subject to conservation easen Does the organization have a written policy regarding the period | | ion bandling of | |
| 5 | violations, and enforcement of the conservation easements it ho | 1-1-0 | , C | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and | | on easements during | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfo | | | |
| 8 | Does each conservation easement reported on line 2(d) above s | | | |
| - | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIV, describe how the organization reports conservation | | | |
| - | include, if applicable, the text of the footnote to the organization | | | |
| | conservation easements. | | | |
| Pa | | rt, Historical Tre | asures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990 | | | |
| | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to | report in its revenue s | statement and balan | ce sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, educ | ation, or research in fu | urtherance of public | service, provide, in Part XIV, the text o |
| | the footnote to its financial statements that describes these iten | IS. | | |
| b | If the organization elected, as permitted under SFAS 116, to rep | ort in its revenue state | ement and balance s | heet works of art, historical treasures, |
| | or other similar assets held for public exhibition, education, or re | search in furtherance | of public service, pro | ovide the following amounts relating to |
| | these items: | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of art, historical treasu | res, or other similar as | ssets for financial gai | n, provide |
| | the following amounts required to be reported under SFAS 116 | - | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | • • |
| b | Assets included in Form 990, Part X | | | |
| | | | | |
| LHA 93205 02-01- | For Privacy Act and Paperwork Reduction Act Notice, see th | e Instructions for Fo | rm 990. | Schedule D (Form 990) 2009 |

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| | | -CLASSROOM | | | | | | <u>55-08</u> | | | ge 2 |
|------|--|------------------------|--------------------|-----------------|----------------|--------------|-------------|----------------|------------------|---------|-------------|
| Par | t III Organizations Maintaining C | Collections of Ar | t, His | storical Tr | easures, | or Othe | r Simila | ar Asse | ts (conti | nued) | |
| 3 | Using the organization's acquisition, accessi | ion, and other record | s, che | ck any of the | following that | at are a sig | gnificant u | use of its | collectior | n items | , |
| | (check all that apply): | | | 1 | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | ams | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explair | n how [.] | they further t | he organizati | ion's exen | npt purpo | se in Par | t XIV. | | |
| 5 | During the year, did the organization solicit of | | | | | | | _ | - | | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if o | rganization ar | nswered "Ye | s" to Form | n 990, Pai | rt IV, line | 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | liary fo | r contributior | is or other as | ssets not i | ncluded | | - | | |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing | y table: | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? . | | | | | ∟ | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | f the organization an | | | | | | | | | |
| | | (a) Current year | | Prior year | (c) Two yea | rs back 🚺 | d) Three ye | ears back | (e) Four | years b | ack |
| 1a | Beginning of year balance | 377,285. | 48 | 38,476. | | | | | | | |
| b | Contributions | = (10 | | | | | | | | | |
| | Net investment earnings, gains, and losses | 5,618. | -11 | 11,191. | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 382,903. | 3. | 77,285. | | | | | | | |
| 2 | Provide the estimated percentage of the year | ar end balance held a | S: | | | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment 100.00 | % | | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation th | nat are held a | nd administe | ered for th | e organiz | ation | - | | |
| | by: | | | | | | | | | | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | X | |
| | | | | | | | | | 3a(ii) | | Х |
| b | If "Yes" to 3a(ii), are the related organization | s listed as required o | n Sche | edule R? | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | | |
| Par | t VI Investments - Land, Building | gs, and Equipme | ent. s | See Form 990 | , Part X, line | 10. | | | | | |
| | Description of investment | (a) Cost or of | | 1 | or other | | cumulate | d | (d) Bool | value | |
| | | basis (investr | nent) | basis | (other) | dep | reciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | <u> </u> | | | · ~ - | |
| | Other | | | | 7,654. | | 27,29 | 97. | |),35 | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colu | ımn (B), line 1 | 0(c).) | | | | |),35 | |
| | | | | | | | ~ | م اردام م ما م | | 0001 0 | |

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ADOPT-A-CLASSROOM INC

| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valua Cost or end-of-year mark | |
|--|---------------------------|------------------------|---|---------------------------|
| Financial derivatives | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► | | | | |
| Part VIII Investments - Program Related. | See Form 990, Part X, lir | ne 13. | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valua | |
| (a) Description of investment type | (b) DOOK value | | Cost or end-of-year mark | ket value |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, lir | ne 15 | | | |
| | a) Description | | Ì | (b) Book value |
| OTHER ASSETS | , 1 | | | 5,990 |
| NORTH DADE MEDICAL FOUNDATIO | N ENDOWMENT | FUND | | 382,903 |
| | | | | 002,000 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 15 \ | | | 388,893 |
| Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X | | | | 200,092 |
| (a) Description of lightlity | K, line 25. | (b) Amount | | |
| 1. (a) Description of liability | | (b) Amount | _ | |
| Federal income taxes | | | _ | |
| | | | _ | |
| | | | _ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) li | ne 25.) 🕨 | | | |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the fo | | on's financial stateme | ents that reports the ora | anization's liability for |
| uncertain tax positions under FIN 48. | 0 | | | , |
| 932053 02-01-10 | | | Sch | edule D (Form 990) 200 |

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| _ | dule D (Form 990) 2009 ADOPT-A-CLASSROOM INC | | | | -0828272 Page 4 |
|------------------|---|--------|------------------|---------|-------------------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ed Financial S | Stateme | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | | 2,229,988. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | | 1,971,213. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | | 258,775. |
| 4 | Net unrealized gains (losses) on investments | | | | |
| 5 | Donated services and use of facilities | | | | |
| 6 | Investment expenses | | | | |
| 7 | Prior period adjustments | | | | |
| 8 | Other (Describe in Part XIV.) | | | | 55,011. |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | | 55,011. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 an | | | | 313,786. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | | | er Retu | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | 2,235,606. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | ····· - | |
| ے a | Net unrealized gains on investments | 2a | 5,6 | 18. | |
| | | | 570 | | |
| b | Donated services and use of facilities | | | _ | |
| с | 1 | | | | |
| | Other (Describe in Part XIV.) | | | _ | E C 10 |
| е | Add lines 2a through 2d | | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,229,988. |
| 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 | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 2,229,988. |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statem | ents V | Vith Expenses | per Re | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,921,820. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| | Prior year adjustments | | | | |
| | Other losses | | | | |
| | Other (Describe in Part XIV.) | | | | |
| | Add lines 2a through 2d | | | 2e | 0. |
| - | | | | | 1,921,820. |
| 3 | Subtract line 2e from line 1 | | | | 1,521,0201 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | l | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | 10.2 | 02 | |
| | Other (Describe in Part XIV.) | 4b | 49,3 | | 40.202 |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | | | | 5 | 1,971,213. |
| | rt XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I | | | | |
| | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com | | • • | | |
| PA | RT V, LINE 4: AN ENDOWMENT FUND WAS ESTABL | TSHE | D IN JUNE | OF 2 | 006 BY |
| | | | | | |
| ANC | OTHER EXEMPT ORGANIZATION. THE ENDOWMENT | FUND | IS PERMA | NENTL | Y RESTRICED |
| | | | | | |
| ANI | D IS INVESTED BY A DESIGNATED REPARESENTAT | IVE. | THE ORG | ANIZA | TION HAS NO |
| | | | | | |
| COI | NTROL OVER THE THE INVESTMENT GUIDELINES. | THE | DESIGNAT | ED RE | PRESENTATIVE |
| | | | | | |
| MAI | KES ANNUAL DISTRIBUTIONS FROM THE FUND TO | THE | ORGANIZAT | ION O | F NO LESS |
| | | | | | |
| THA | AN 5% OF THE FAIR MARKET VALUE. THE ORGAN | IZAT | ION IS FR | EE TO | USE THE |
| | | | | | |
| DIS | STRIBUTIONS IT RECEIVES FROM THE FUND FOR | ITS | NORMAL OP | ERATI | ONS. FUNDS |
| | | | * • • • • • • | | |
| RE | CEIVED IN THE CURRENT YEAR WERE APPROXIMAT | ELY | <u>\$23,000.</u> | | |
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| 93205- 02-01- | ¹⁰ 24 | | | | |

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AMORTIZATION OF WEBSITE COSTS, EXPENSED PER BOOKS, CAPITALIZED

FOR FORM 990: 49393.

CHANGE IN PRESENT VALUE ENDOWMENT FUND: 5618.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AMORTIZATION OF WEBSITE COSTS, EXPENSED PER BOOKS, CAPITALIZED

FOR FORM 990: 49393.

Schedule D (Form 990) 2009

932055 02-01-10

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| | HEDULE J rm 990) | Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, | ŀ | OMB No. | 09 |) |
|------|--|---|---------------------------|------------------|------|----------|
| | rtment of the Treasury | Part IV, line 23. | | Open to Inspe | | ic |
| _ | al Revenue Service ne of the organizat | Attach to Form 990. See separate instructions. | Employer id | • | | mhor |
| Ival | ne of the organizat | ADOPT-A-CLASSROOM INC | | 82827 | | Inder |
| Pa | rt I Question | s Regarding Compensation | 05 0 | 02027 | 2 | |
| | ducotion | | | | Yes | No |
| 1a | Part VII, Section A, First-class or o Travel for com Tax indemnifie | r | onal use osidence s | | 103 | 110 |
| b | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| ~ | | provision of all of the expenses described above? If "No," complete Part III to explain | | 1 b | | <u> </u> |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir | | | | |
| | trustees, and the C | EO/Executive Director, regarding the items checked in line 1a? | | 2 | | |
| 3 | CEO/Executive Dim Compensation | ny, of the following the organization uses to establish the compensation of the organization's ector. Check all that apply. In committee Written employment contract compensation consultant Compensation survey or study ther organizations Approval by the board or compensation of | | | | |
| 4 | | d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing elated organization: | | | | |
| а | • | ce payment or change-of-control payment? | | 4a | | Х |
| b | | ceive payment from, a supplemental nonqualified retirement plan? | | | | Х |
| с | Participate in, or re | ceive payment from, an equity-based compensation arrangement? | | 4c | | X |
| | - | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| 5 | For persons listed contingent on the r | | | | | |
| а | | | | <u>5a</u> | | X |
| b | | zation? | | 5b | | X |
| 6 | | or 5b, describe in Part III. in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation and earnings of: | 'n | | | |
| а | • | | | 6a | | х |
| | | zation? | | | | X |
| ~ | | or 6b, describe in Part III. | | | | |
| 7 | | in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | 3 | | | |
| | | es 5 and 6? If "Yes," describe in Part III | | 7 | | Х |
| 8 | | reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | | |
| | initial contract exce | eption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in n 53.4958-6(c)? | <u></u> | 9 | | |
| LHA | For Privacy Act a | nd Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedul | e J (Form | 990) | 2009 |

932111 02-02-10

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65-0828272

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------|-----------------|------------------|---|---|--------------------------------|--------------------------|--------------------------------|---|
| (A) Name | (A) Name | | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported in prior Form 990 or Form 990-EZ |
| (i) | | 132,442. | 0. | 0. | 0. | 21,610. | 154,052. | 0 |
| JAMES ROSENBERG | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2009

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Name of the organization ADOPT-A-CLASSROOM INC

65-0828272

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

TO EMPOWER TEACHERS WITH COMMUNITY PARTNERS AND FUNDS TO PURCHASE

RESOURCES FOR THE CLASSROOM, THEREBY INCREASING THE OPPORTUNITY FOR

STUDENT SUCCESS.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE PRESIDENT BY THE RETURN

PREPARER. AFTER REVIEW BY THE BOARD, THE PREPARER MAKES ANY NECESSARY

CHANGES AND PROVIDES THE COMPLETED RETURN TO THE ORGANIZATION FOR FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE CONTAINED WITHIN

THE BY-LAWS.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JOHN OXENDINE - 2727 N. OCEAN BLVD., A-506, BOCA RATON, FL 33429

DOUG LEVINE - 2760 N. BAY ROAD, MIAMI BEACH, FL 33140

BEN POWELL - 15908 SW 92ND AVENUE, MIAMI, FL 33157

MARJORIE KEAN - 1000 VENETIAN WAY, #108, MIAMI BEACH, FL 33139

CHRISTOPHER CURRAN - 28 MONTGOMERY PLACE, BROOKLYN, NY 11215

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Sch 932211 02-03-10

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047

Name of the organization

ADOPT-A-CLASSROOM INC

Employer identification number 65-0828272

MAX HOLTZMAN - 1610 W. 21ST STREET, MIAMI BEACH, FL 33140

DAVE LEYRER - 7652 FISHER ISLAND DRIVE, FISHER ISLAND, FL 33109

MELISSA RUBIN - 10 SOUTH RIVER DRIVE, MIAMI, FL 33130

DEBORAH C. YOUNG - 2699 S. BAYSHORE DRIVE, MIAMI, FL 33133

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 29

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Schedule O (Form 990) 2009

| Form | 4562 | |
|---------|----------------------|--|
| Departn | nent of the Treasury | |

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No. 1545-0172

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| (| Inc | lu | din | ıg | Inf | orn | nat | ion | 0 | n | Li | st | ed | P | 'n | 0 | P |
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| Department of the Treasury Internal Revenue Service (99) | (INCIUCING e separate insti | Informati | on on List | | - | | | Attachment Sequence No. 67 |
|--|--------------------------------|--------------------------------|-------------------------------|-----------|--------------------|---------------------|---------------|-------------------------------|
| Name(s) shown on return | | uctions. | | | | ch this form relate | s | Identifying number |
| | | | | | | | | |
| ADOPT-A-CLASSROOM INC | | | FOR | м 9 | 90 P | AGE 10 | | 65-0828272 |
| Part I Election To Expense Certain Property | v Under Section 1 | 79 Note: If you | | | | | V before v | |
| 1 Maximum amount. See the instructions | | | | | | | | 250,000. |
| 2 Total cost of section 179 property place | | | | | | | | |
| 3 Threshold cost of section 179 property b | | | | | | | | 800,000. |
| 4 Reduction in limitation. Subtract line 3 fr | | | | | | | | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1 | | | | | | | - | |
| 6 (a) Description of prop | | | (b) Cost (busin | | | (c) Elected | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 1 |
| 7 Listed property. Enter the amount from I | ine 29 | | | | 7 | | | 1 |
| 8 Total elected cost of section 179 proper | ty. Add amounts | in column (c) | , lines 6 and | 7 | | | 8 | |
| 9 Tentative deduction. Enter the smaller of | of line 5 or line 8 | | | | | | | |
| 10 Carryover of disallowed deduction from | | | | | | | | |
| 11 Business income limitation. Enter the sm | aller of business | s income (not | less than zei | ro) or li | ne 5 🛄 | | 11 | |
| 12 Section 179 expense deduction. Add lin | es 9 and 10, but | do not enter | more than lir | ne 11 , | <u></u> | | 12 | |
| 13 Carryover of disallowed deduction to 20 | | , | | ► | 13 | | | |
| Note: Do not use Part II or Part III below for | | | | | | | | |
| Part II Special Depreciation Allowan | ce and Other D | epreciation (| Do not inclu | de liste | ed prope | rty.) | | i |
| 14 Special depreciation allowance for qualif | ied property (oth | ner than listed | l property) pl | aced ir | n service | during | | |
| the tax year | | | | | | | | |
| 15 Property subject to section 168(f)(1) elec | | | | | | | | |
| 16 Other depreciation (including ACRS) | | | | | | | 16 | |
| Part III MACRS Depreciation (Do not | include listed pr | - | |) | | | | |
| | · · . | | tion A | | | | 47 | [|
| 17 MACRS deductions for assets placed in | | | | | | | 17 | |
| 18 If you are electing to group any assets placed in service Section B - Assets F | | | | | | | tion Syst | om |
| | (b) Month and | (c) Basis for | depreciation | <u> </u> | | 1 | | |
| (a) Classification of property | year placed in service | (business/inv only - see in | vestment use instructions) | (u) F | Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property | | | | | | | | |
| b 5-year property | | | | | | | | |
| c 7-year property | | | | | | | | |
| d 10-year property | | | | | | | | |
| e 15-year property | | | | | | | | |
| f 20-year property | | | | | | | | |
| g 25-year property | | | | 2 | 5 yrs. | | S/L | |
| | / | | | 27 | .5 yrs. | MM | S/L | |
| h Residential rental property | / | | | 27 | .5 yrs. | MM | S/L | |
| . Normalitation and a second | / | | | 39 | 9 yrs. | MM | S/L | |
| i Nonresidential real property | / | | | | | MM | S/L | |
| Section C - Assets Pl | aced in Service | During 2009 | Tax Year U | sing th | e Alterr | ative Depred | iation Sy | stem |
| 20a Class life | | | | | | | S/L | |
| b 12-year | | | | 1: | 2 yrs. | | S/L | |
| c 40-year | / | | | 40 | 0 yrs. | MM | S/L | |
| Part IV Summary (See instructions.) | | | | | | | | i |
| 21 Listed property. Enter amount from line : | | | | | | | 21 | |
| 22 Total. Add amounts from line 12, lines 1 | - | | | - | | | | _ |
| Enter here and on the appropriate lines of | | | | tions - | see instr | • | 22 | 0. |
| 23 For assets shown above and placed in s | | e current year | , enter the | | | | | |
| portion of the basis attributable to section | | | | | 23 | | | |
| 916251 11-04-09 LHA For Paperwork Reduction | Act Notice, see | separate ins | tructions. 3 0 | | | | | Form 4562 (2009) |

| (a) Type of property (itst vehicles first) (b) Date placed in service (c) investment investments/ investments/ investments/ investments/ ist vehicles first) (c) Date placed in service (c) Date property (itst vehicles first) (c) Date percentage service (c) Date percentage service (c) Date percentage percentage service (c) Date percentage percentage percentage percentage (c) Date percentage percentage (c) Date percentage percentage (c) Date percentage percentage (c) Date percentage (c) D | For | m 4562 (2009) | ADC | PT-A-CI | LASSR | NOOM | INC | | | | | | <u>6</u> 5- | 0828 | 272 | Page |
|---|-----|----------------------------|----------------|------------------|-------------------|-------------|---------------------|--------------|---------|-------------|------------------------|---------------|-----------------|------------------|----------------|---------|
| Note: For any which for which you are using the standard mikege rate or deducting lease expanse, completency 248, 240, columns through (248, 240, columns) Section A - Depreciation and Other Information (Daution: See the instructions for inits for passenger automobile) 24 by oth the exidence to support the biteshistivestmemt and calment? Vec top (24) (24) Vec (24) (25) (26) (25) (26) (26) (26) (26) (26) (26) (26) (26) (26) (26) (26) (26) (26) | Pa | | | | ertain otl | her vehic | cles, ce | ellular tele | phone | s, certain | compute | ers, and | propert | y used for | or enterta | ainmer |
| Becton A. 2 operation and Other Information (Catural Set the instructions for limits for passenger automobiles) 24a, Do you have evidence to support the business/mestiment use claimed? Yes No 24b If Yes, is the evidence written? Yes 25. Special depredation and Other Information (Catural Set the instructions for limits for passenger automobiles) 25. Special depredation allowance for qualified listed property placed in service during the tax; year and use provide available of the same sum area of the same sum and the same sum area of the same sum area of the same sum and the same sum and the same sum area of the same sum and the same sum area of the same sum and the same | | | | | ısina the | standar | d milea | ae rate o | r dedu | ctina lease | e expens | e. com | pleteonly | y 24a. 24 | 1b. colun | nns (a) |
| 24a Dep It have existing a support the business/investment use claimed? Yes No 24b it Yes,' is the evidence written? Yes,' is the evidence written | | through (c) of S | Section A, al | l of Section B | , and Sec | ction C if | ^r applic | able. | | - | | | | | - | |
| (a) Type of property (life rehicle first) (b) Data is particle (c) Bisines/ Data is particle (c) Data is particle <th(c) Data is particle (c) Da</th(c) | | Section A | - Depreciati | ion and Othe | r Informa | ation (C | aution | See the | instruc | tions for l | imits for _l | passeng | ger auto | mobiles) | | |
| Type of property (its f which is main the service) Date methods Date | 24a | Do you have evidence to s | support the bu | isiness/investm | ent use cl | aimed? | | Yes 🗋 | No | 24b If "Y | ′es," is th | ne evide | nce writ | ten? └ | _ | No |
| Instruction Distriction Districion <thdistriction< th=""> <thdistriction< th=""></thdistriction<></thdistriction<> | | (a) | (b) | | , | (d) | | | | | | | | | | |
| Special depreciation allowance for valified its deproperty placed in service during the tax year and used more than 50% in a qualified business use: | | | | | + | | (h | | | | | | | | | |
| used more than 50% in a qualified business use: 25 28 Property used more than 50% in a qualified business use: 5 27 Property used more than 50% in a qualified business use: 54 27 Property used 50% or less in a qualified business use: 54 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Section 8 - Information on Use of Vehicles 29 Complete this section for whicks used by a sole proprietor, partner, or other "more than 5% owner," or related person. 10 30 Total business/investment miles driven during the year. 40 (b) (c) (d) (d) (e) (f) 31 Total commuting miles year. 41 Vehicle | | | service | use percenta | ige ^{UI} | IIIEI Dasis | | use only | y) | period | 00110 | | ucu | uction | | |
| 29. Property used more than 50% in a qualified business use: i i 56 i i 56 27. Property used 50% or less in a qualified business use: S/L - i i 56 28. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29. Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29. Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Section 61 Complete this section for wholes used by a sole proprioter, partner, or ther "more than 5% owner," or related person. fylue vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle | 25 | Special depreciation allo | owance for c | qualified listed | property | / placed | in serv | rice durin | g the t | ax year ar | nd | | | | | |
| 27 Property used 50% or less in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 4 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section 8 - Information on Use of Vehicles Complete this section for wehcles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. Toy or weight of weight of the during the year method the during the year method the onthing the year method the onthone the onthone onthone the onthole whele year method the onthing t | | used more than 50% in | a qualified b | ousiness use . | | | | | | | | 25 | | | | |
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| 30 Total business/investment miles driven during the year (do not include commuting miles) Vehicle Vehicle< | | | | | 1 | a) | | (b) | | (c) | 6 | 4) | | <u></u> | 6 | F) |
| year (do not include commuting miles) Total commuting miles driven during the year Total commuting miles driven during the year Total commuting miles driven during the year Total commuting miles driven during the year. Add times 30 through 32 Was the vehicle available for personal use during off-duty hours? Was the vehicle available for personal Use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. Section C - Questions for Employers Who Provide Vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by comported officers, directors, or 1% or more owners Do you maintain a written policy statement that prohibits all personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and or 41 is "yes," on on complete Section B for the covered vehicles. Part VI Amortization (a) Code (b) Data maintain a function of costs that begins during your 2009 tax year. 43 Amortization of costs that begins during your 2009 tax year. 43 Amortization for costs that begins during your 2009 tax year. 43 Amortization of costs that began before your 2009 tax year. 43 Amortization for costs that began before your 2009 tax year. 43 Amortization for costs that began before your 2009 tax year. 43 Amortization for costs that began before your 2009 tax year. 43 Amortization for costs that began before your 2009 tax year. 43 Amortization for costs that began before your 2009 tax year. 43 Amortization for costs that began before | 20 | Total huginage/invoctment | milae drivan a | luring the | | | | | | | - | - | | | - | - |
| 31 Total commuting miles driven during the year. Image: Control other personal (noncommuting) miles driven during the year. 33 Total other personal (noncommuting) miles driven during the year. Image: Control other personal use during off-duty hours? Image: Control other personal use during off-duty hours? 34 Was the vehicle available for personal use during off-duty hours? Yes No Yes | 30 | | | • | Vei | IICIE | V | | V | CIIICIC | Ven | | VC | | Ven | |
| 32 Total other personal (noncommuting) miles driven Image: Solution of Soluti | ~ | | | | | | | | | | | | | | | |
| driven 3 Total miles driven during the year. Add lines 30 through 32 Yes No Yes | | | | | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32. Image: Section C + Questions for Employers Who Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes Yes Yes Yes Y | 32 | | - | | | | | | | | | | | | | |
| Add lines 30 through 32 | | | | | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? Yes No | | | | | | | | | | | | | | | | |
| during off-duty hours? | | | | | | | | - | | - | | | | - | | i |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? Image: Construction of the section of the sectin of the section of the section of the section | 34 | | • | | | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No |
| than 5% owner or related person? | | | | | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes I 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes I 39 Do you treat all use of vehicles to your employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Image: Corporate officers, directors, or 1% or more owners 41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Image: Corporate officers, directors, or 1% or more owners 41 Do you meet the requirements concerning qualified automobile demonstration use? Image: Corporate officers, directors, or 1% or more ownered vehicles. Part VI Amortization Amortization Amortization Amortization 12 Armotization of costs that begins during your 2009 tax year: Image: Corporate officers, directors, or where to report Image: Corporate officers, | 35 | | | | | | | | | | | | | | | |
| use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. Yes | | than 5% owner or relate | ed person? | | | | | _ | | | | | | | | |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% Owners or related persons. Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Yes Image: Code officers, directors of the covered vehicles. 41 Do you meet the requirements concerning qualified automobile demonstration use? Amortization Amortization 12 Amortization (a) (b) (c) (c) (d) Amortization for this year 42 Amortization of costs that begins during your 2009 tax year: i i i i i 43 Amortization of costs that began before your 2009 tax year 43 49, 39 44 49, 39 | 36 | Is another vehicle availa | able for perso | onal | | | | | | | | | | | | |
| Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% powners or related persons. Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes 39 Do you treat all use of vehicles by employees as personal use? Yes 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Yes 41 Do you meet the requirements concerning qualified automobile demonstration use? Yes Yes Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Yes Yes 42 Amortization Amortization begins during your 2009 tax year: Yes Yes 43 Amortization of costs that began before your 2009 tax year 43 49, 39 44 49, 39 44 49, 39 | | use? | | | | | | | | | | | | | | |
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 9 39 Do you treat all use of vehicles by employees as personal use? 9 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 9 41 Do you meet the requirements concerning qualified automobile demonstration use? 9 9 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. 9 9 42 Amortization 4 4 4 43 Amortization for costs that begins during your 2009 tax year: 4 4 4 43 Amortization of costs that began before your 2009 tax year: 43 49, 39 44 49, 39 | | | Section C | - Questions | for Emp | loyers V | Vho Pr | ovide Vel | hicles | for Use b | y Their E | Employ | ees | | | |
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