,	Form	", '990-T	E	AMENDED R Exempt Org	anization i	Busines	512(A)(7) ss Income	REPEAL ( ) Tax Return	UK !	OMB No 1545-0687	
	•	(됐으)	(and proxy tax under section 6033(e))  For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018  Go to www.irs.gov/Form990T for instructions and the latest information.						8	2017	
		(38)							_	2011	
		ment of the Treasury	<b>•</b>	Do not enter SSN nur					. [	Open to Public Inspection for 50 1(c)(3) Organizations Only	
,	A []	Check box if		Name of organization ( Check box if name changed and see instructions.)			D Emplo	yer identification number byees' trust, see			
,		address changed		,				instructions )			
	B Ex	cempt under section	Print	ADOPT-A-CLASSROOM, INC.					<u>5-0828272                                 </u>		
	X	X 501(c)(3)		Number, street, and room or suite no. If a P.O. box, see instructions.				E Unrela (See in	ted business activity codes istructions )		
		408(e) 220(e) Type 401 2ND AVE N, NO. 305				_					
		408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code				•			
	بل	529(a)		MINNEAPOLIS, MN 55401				ļ			
	C at e	k value of all assets nd of year	^	F Group exemption number (See instructions.)				\ A = A	Other drived		
	u Da	0 • G Check organization type   X 501(c) corporation 501(c) trust						ı 401(a	401(a) trust Other trust		
		Describe the organization's primary unrelated business activity.									
		During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes X No If "Yes," enter the name and identifying number of the parent corporation.									
		books are in care of			aront dorporation: P		Telei	phone number > 8	377-3	384-0764	
707 	Pai			e or Business I	ncome		(A) Income	(B) Expense		(C) Net	
3 '	1 a	Gross receipts or sale	:S		]						
4		Less returns and allov			c Balance	<b>▶</b> 1c					
<b>&gt;</b>	2	Cost of goods sold (S	chedule	A, line 7)		2				1	
Z	3	Gross profit. Subtract	line 2 fr	om line 1c	10	3					
=		Capital gain net incom	•	•		4a					
	ь	Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b		<b>/</b>		<u></u> _	
П	C	Capital loss deduction			•	46_				<u> </u>	
Z	5	,	artnerships and S corporations (attach statement)								
SCANNED	: 6	Rent income (Schedu									
Ü	; <u>'</u>		related debt-financed income (Schedule E)  erest, annuities, royalties, and rents from controlled organizations (Sch. 5)  8								
Š	) ° 9	Interest, annuities, royalties, and rents from controlled organizations (Sch. R) 8  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule B) 9									
			pt activity income (Schedule I)								
		Advertising income (S									
	12	Other income (See ins	come (See instructions, attach schedule)								
	_	Total. Combine lines				13	0	<u>- 1                                  </u>			
	Pai			t Taken Elsewh							
				utions, deductions m	_=	nected with the	ne unrelated busines	ss income )	тт		
	14		icers, di	rectors, and trustees (S	Schedule K)				14		
	15	Salaries and wages			•				15		
	16 17	Repairs and mainten Bad debts	anut						16	<del></del>	
	17 18	Interest (attach schedule)						18			
	19	Taxes and licenses	<b>N</b>						19		
	20		ons (Se	instructions for limital	tion rules)				20		
	21	Depreciation (attach			RECEIVE	<u>=D</u>	21				
	22	Less depreciation cla	aimed or	n Schedule A and elsew	here on return		22a		22b		
	23	Depletion		l⊭l	MAD A @ 20	320 RS-0SC			23		
	24	Contributions to defe	erred co	mpensation plans	MAR <b>06</b> 20				24		
	25	Employee benefit pro	yrams	1 1					25		
	26	Excess exempt exper		· · · · · · · · · · · · · · · · · · ·	OGDEN,	UT			26		
	27 28	Excess readership co			,				27		
	20 29	Total deductions. A		ach schedule)						0.	
	29 30			ncome before net opera	iting loss deduction. S	Subtract line 29	from line 13		29 30	0.	
	31			(limited to the amount	-				31		
	32	· -		ncome before specific o	•	e 31 from line	30	~	32	0.	
	33			\$1,000, but see line 3				38		1,000.	
	34	Unrelated business	taxable	income. Subtract line	33 from line 32. If line	e 33 is greater	than line 32, enter the		$\prod$		
		line 32							34	0.	
	723701	1 D1-22-18 LHA FO	r Paper	work Reduction Act No	tice, see instructions	:			-	Form <b>990-T</b> (2017)	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T	(2017)	ADOPT-A-CLASSROOM, INC.	65-0828272	Page 2
Part I	11 .	Tax Computation	•	
35	Orga	nizations Taxable as Corporations. See instructions for tax computation.		
		rolled group members (sections 1561 and 1563) check here  See instructions and:		
a		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
_	(xr	[\$ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\		
b	, .	organization's share of: (1) Additional 5% tax (not more than \$11,750)	· ·	
		Additional 3% tax (not more than \$100,000)		
c		ne tax on the amount on line 34	▶ 35c	0.
36	Trust	is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from.		
		Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> 436	
37	Proxy	y tax. See instructions	▶ 37	
38	Alteri	native minimum tax	88	
39	Tax	on Non-Compliant Facility Income. See instructions	/39	
40		. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	740	0.
Part I		Tax and Payments ,		
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
b		credits (see instructions)		
c		ral business credit. Attach Form 3800		
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)		
		credits. Add lines 41a through 41d	41e	
42		ract line 41e from line 40	42	0.
43	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	ittach schedule) 43	
44	Total	tax. Add lines 42 and 43	44	0.
45 a	Pavm	nents: A 2016 overpayment credited to 2017		
	-	estimated tax payments	'	
		leposited with Form 8868		
		gn organizations: Tax paid or withheld at source (see instructions)		
		up withholding (see instructions) 45e		
		t for small employer health insurance premiums (Attach Form 8941)		
		credits and payments: Form 2439		
•		Form 4136 X Other 176.666 Total 450	1,666.	
46			2 46	1,666.
47		nated tax penalty (see instructions). Check if Form 2220 is attached	47	
48		lue. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>5</b> 49	1,666.
50	Enter	the amount of line 49 you want: Credited to 2018 estimated tax	unded 50 50	1,666.
Part V	/ ] :	Statements Regarding Certain Activities and Other Information (see Instruc	tions)	
51	At an	y time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here			X
52	Durin	ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X
	If YES	S, see instructions for other forms the organization may have to file.		
53	Enter	the amount of tax-exempt interest received or accrued during the tax year		
٥.	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the berrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	est of my knowledge and belief,	it is true,
Sign	"	The Land Complete Decide that the property of the Complete Complet	May the IRS disc	cuss this return with
Here		O S EXECUTIVE DIREC	TOR the preparer sho	
		Signature of officer O Date Title	instructions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date (	Check If PTIN	
Paid			self- employed	
Prepa	rer	BRUCE THIEL BUILDAU 2/20/20 3		<u>526510</u>
Use C			Firm's EIN ► 34-	1873282
	,	222 SOUTH 9TH STREET, SUITE 1000		
		Firm's address ► MINNEAPOLIS, MN 55402	Phone no. 612-33	
			Fo	orm 990-T (2017)

FOOTNOTES	STATEMENT 1

AMOUNT ORIGINALLY REPORTED ON LINE 12 OF 990-T

10,271.

THIS AMOUNT HAS BEEN SUBSEQUENTLY REPORTED AS \$0 IN REGARDS TO THE REPEAL OF SECTION 512(A)(7)

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
ORIGINALLY FILED I	RETURN AMOUNT DUE	1,666.
POTAL INCLUDED ON	FORM 990-T, PAGE 2, PART IV, LYNE 45G	1,666.
	C	
•		
		<b>t</b>