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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: KIPLING SCHOOL PTO, INC. D Employer identification number: 36-4418480. E Telephone number: (847) 948-5151. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [X] Cash [] Accrual Other (specify).

I Website: N/A. H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) - [X] 501(c)(3) (insert no) 4947(a)(1) or 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 681,402

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Investment income. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Special events and activities (complete applicable parts of Schedule G). Row 6a: Gross revenue (not including \$ of contributions reported on line 1). Row 6b: Less direct expenses other than fundraising expenses. Row 6c: Net income or (loss) from special events and activities. Row 7a: Gross sales of inventory, less returns and allowances. Row 7b: Less cost of goods sold. Row 7c: Gross profit or (loss) from sales of inventory. Row 8: Other revenue (describe SEE ATTACHMENT #1). Row 9: Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. Row 10: Grants and similar amounts paid (attach schedule). Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors. Row 14: Occupancy, rent, utilities, and maintenance. Row 15: Printing, publications, postage, and shipping. Row 16: Other expenses (describe SEE ATTACHMENT #2). Row 17: Total expenses. Add lines 10 through 16. Row 18: Excess or (deficit) for the year (Subtract line 17 from line 9). Row 19: Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year. Combine lines 18 through 20.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows and 3 columns. Row 22: Cash, savings, and investments. Row 23: Land and buildings. Row 24: Other assets (describe). Row 25: Total assets. Row 26: Total liabilities (describe). Row 27: Net assets or fund balances (line 27 of column (B) must agree with line 21).

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED JAN 18 2010

RECEIVED

RECEIVED

RECEIVED

RECEIVED

JAN 14 2010

RECEIVED

Handwritten initials 'P' and 'B'.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="IL"/>		
42a	The books are in care of <input type="text" value="SEE ATTACHMENT #6"/> Telephone no <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
42b	b 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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ *Joel C. Shapiro* Signature of officer Date 1/5/10

▶ Joel SHAPIRA president Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *John S. Acosta CPA* Date 1/4/10 Check if self-employed Preparer's Identifying No. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EVOY KAMSCHULTE JACOBS & CO LLP EIN ▶

2122 YEOMAN STREET Phone no ▶

WAUKEGAN, IL 60087-4823 847-662-8300

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

EVOY KAMSCHULTE, JACOBS & CO.
CERTIFIED PUBLIC ACCOUNTANTS
WAUKEGAN, IL 60087
36-2769783

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **KIPLING SCHOOL PTO, INC.** Employer identification number: **36-4418480**

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 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
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f 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
- g 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, the governing body of the supported organization?
 - (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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE ATTACHMENT #7									
Total									29,453

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		KIPLING CA (event type)	PUMPKINFES (event type)	3 (total number)	(Add col (a) through col (c))
1	Gross receipts	348,317	26,248	25,788	400,353
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	348,317	26,248	25,788	400,353
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	337,256	10,140	18,640
8	Direct expense summary Add lines 4 through 7 in column (d)				(366,036)
9	Net income summary Combine lines 3 and 8 in column (d)				34,317

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9	Enter the state(s) in which the organization operates gaming activities _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

- 13 Indicate the percentage of gaming activity operated in
 - a The organization's facility 13a %
 - b An outside facility 13b %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a
 - b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
15a		X
17a		X

SCHEDULE OF OTHER REVENUE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization: KIPLING SCHOOL PTO, INC. Employer Identification Number: 36-4418480

Description of Other Revenue	Amount
ADMINISTRATIVE	575
Total	575

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization

KIPLING SCHOOL PTO, INC.

Employer Identification Number

36-4418480

Description of Other Expenses	Amount
PROGRAM SERVICES	244,997
ADMINISTRATION	499
DONATIONS	300
ENRICHMENT	29,453
Total	275,249

PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.		
Name of Organization KIPLING SCHOOL PTO, INC.	Employer Identification Number 36-4418480		

Primary Purpose

TO PROMOTE THE WELFARE OF KIPLING SCHOOL CHILDREN; TO BRING CLOSER RELATIONSHIP FROM THE HOME AND THE SCHOOL SO THAT PARENTS AND TEACHERS MAY COOPERATE INTELLIGENTLY; TO PROMOTE DEEPER INTERESTS CONCERNING EDUCATIONAL MATTERS; TO PROMOTE PROPER CARE AND PROTECTION OF CHILDREN AND YOUTH; AND TO DEVELOP BETWEEN EDUCATORS AND THE GENERAL PUBLIC SUCH UNITED EFFORTS THAT WILL SECURE FOR ALL CHILDREN THE HIGHEST ADVANTAGE IN PHYSICAL, MENTAL AND SOCIAL EDUCATION.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
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Name of Organization KIPLING SCHOOL PTO, INC.	Employer Identification Number 36-4418480
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Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	29,453

Exempt Purpose Achievements

CONTRIBUTION TO/FOR THE BENEFITS OF KIPLING ELEMENTARY SCHOOL DEERFIELD PUBLIC SCHOOLS DISTRICT NO. 109, DEERFIELD, ILLINOIS TO SUPPORT AND PROMOTE THE EDUCATIONAL PROGRAMS AND ACTIVITIES OF THE APPROXIMATE 515 STUDENTS OF THE KIPLING SCHOOL.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization KIPLING SCHOOL PTO, INC.	Employer Identification Number 36-4418480
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	245,297
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Exempt Purpose Achievements

EDUCATIONAL AND SOCIAL ENRICHMENT PROGRAMS PROVIDED TO THE APPROXIMATELY 515 STUDENTS OF THE KIPLING ELEMENTARY SCHOOL, DEERFIELD PUBLIC SCHOOL DISTRICT NO. 109. DEERFIELD, ILLINOIS.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization
KIPLING SCHOOL PTO, INC.

Employer Identification Number
36-4418480

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
JODI SHAPIRA	PRESIDENT 10.00			
DEERFIELD, IL 60015 KATY RUOCCO	VICE PRESIDENT	0	0	0
DEERFIELD, IL 60015 RACHEL SILVERS	1.00 VICE PRESIDENT	0	0	0
DEERFIELD, IL 60015 JULIET GRAY	2.00 VICE PRESIDENT	0	0	0
DEERFIELD, IL 60015 SUZANNE SCHECTER	2.00 TREASURER	0	0	0
DEERFIELD, IL 60015 JANICE BARR	5.00 SECRETARY	0	0	0
DEERFIELD, IL 60015		0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization KIPLING SCHOOL PTO, INC. Employer Identification Number 36-4418480

Part V - Line 42a

Individual Name or Business Name SUZANNE SCHECTER

Street Address 700 KIPLING PLACE

U S Address

Zip code 60015 City DEERFIELD State IL

Foreign Address

City

Province or State

Country

Postal code

Phone Number (847) 945-7252

Fax Number

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 7: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization KIPLING SCHOOL PTO, INC.	Employer Identification Number 36-4418480
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(a) Name(s) of Supported Organization(s)	Employer EIN	Line No (1 to 9) or IRC Section	Governing Documents	Notify org of support	Organization in the U S	Amount of Support
DEERFIELD PUBLIC SCHOOL DISTRICT NO. 109 DEERFIELD, ILLINOIS 60015		2				29,453

BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization KIPLING SCHOOL PTO, INC.	Employer Identification Number 36-4418480
Part VI - Line 91a	

Individual Name SUZY SCHECTER
or
Business Name

Street Address 700 KIPLING PLACE

U.S. Address

Zip code 60015 City DEERFIELD State IL

Foreign Address

City

Province or State

Country

Postal code

Phone Number (847) 945-7252

Fax Number

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization KIPLING SCHOOL PTO, INC.	Employer identification number 36-4418480
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 700 KIPLING PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DEERFIELD IL 60015	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attachment #1

Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20__ or

▶ tax year beginning JULY 01, 20 08, and ending JUNE 30, 20 09

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2008)