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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)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10**

- B** Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization **PUERTA ABIERTA PRESCHOOL**

Doing Business As **A PRESCHOOL**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9023 LINCOLNWOOD DRIVE

City or town, state or country, and ZIP + 4
EVANSTON, IL 60203-1824

D Employer identification number
36 4179815

E Telephone number
(847) 328-1491

G Gross receipts \$ **371,698**

F Name and address of principal officer: **MARIA WEISGAL**
9023 LINCOLNWOOD DRIVE, EVANSTON, IL 60203-1824

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status. 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **PUERTAABIERTAPRESCH@GMAIL.COM**

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation **1997**

M State of legal domicile **IL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **PUERTA ABIERTA PRESCHOOL PROVIDES THE CURRICULUM AND ACTIVITIES FOR A DIVERSE GROUP OF CHILDREN GEARED TOWARD THE DEVELOPMENT OF FLUENCY AND PRE-LITERACY SKILLS IN ENGLISH AND SPANISH.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of employees (Part V, line 2a) **9**

6 Total number of volunteers (estimate if necessary) **30**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

| | Prior Year | Current Year |
|--|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 105,472. | 113,422. |
| 9 Program service revenue (Part VIII, line 2g) | 217,388. | 235,426. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 838. | 503. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,733. | 22,347. |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 342,431. | 371,698. |

| | | |
|---|----------|----------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 307,526. | 316,918. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) | 6,196. | |
| 17 Other expenses (Part IX, column (A), lines 11d, 11f–24f) | 65,129. | 49,021. |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 372,655. | 365,939. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -30,224. | -5,759. |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 73,472. | 66,886. |
| 21 Total liabilities (Part X, line 26) | 17,280. | 9,780. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 56,192. | 57,106. |

Part II Signature Block

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

Sign Here

Signature of officer: *Lee W. Weisgal* Date: **3/11/11**

Type or print name and title: **LEE W WEISGAL, TREASURER**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

JAN 29 '11

No statute issue

509 C 5 2014

Amended

1006

STATUTE UNIT RECEIVED
 JAN 28 2014
 TPR BRANCH
 OGDEN

STATUTE UNIT RECEIVED
 JAN 21 2014
 OGDEN, UT

762

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization <i>Puerta Abierta Preschool</i> | Employer identification number <i>36-4179815</i> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <i>9023 Lincolnwood Drive</i> | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Evanston, IL 60203-1824</i> | |

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of *Lee W. Weisgr*
 Telephone No. *(847) 328-1491* FAX No. *(847) 328-1491*
- 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 is for.

- I request an additional 3-month extension of time until *April 15,* , 20*11.*
- For calendar year _____ , or other tax year beginning *July 1,* , 20*09,* and ending *June 30,* , 20*10.*
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

| | | |
|---|-----------|----|
| 8a 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. | 8a | \$ |
| 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| 8c Balance Due. Subtract line 8b from line 8a. 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. | 8c | \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *[Handwritten Signature]* Title *Treasurer* Date *12/15/10*

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 <small>File by the due date for filing your return. See instructions</small> | Name of Exempt Organization <i>Puerta Abierta Preschool</i> | Employer identification number <i>36-4179815</i> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <i>9023 Lincolnwood Drive</i> | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Evanson, IL 60203-1824</i> | |

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 ▶ *Lee W. Weisgal*

Telephone No. ▶ *(847) 328-1491* FAX No. ▶ *(847) 328-1491*

- 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 *January 15*, 20*11*, 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 1*, 20*09*, and ending *June 30*, 20*10*.

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 | \$ |
| 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 | \$ |
| 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 | \$ |

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|--|--------------------------------|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization | Employer identification number |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of 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 is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

| | | |
|--|-----------|----|
| 8a 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. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. 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. | 8c | \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *[Handwritten Signature]* Title Treasurer Date 9/30/10
 Form 8868 (Rev. 4-2009)