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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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 01, 2009, and ending JUNE 30, 2010

Form sections B through M: B Check of applicable (Address change, Name change, Initial return, Terminated, 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 Name and address of principal officer (700 KIPLING PLACE, DEERFIELD IL 60015); G Gross receipts (\$ 633,958); H(a) Is this a group return for affiliates? (Yes X No); H(b) Are all affiliates included? (Yes No); I Tax-exempt status (X 501(c)(3)); J Website (N/A); K Form of organization (Corporation); L Year of formation; M State of legal domicile.

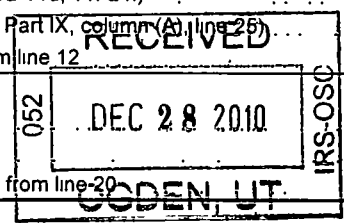
Part I Summary table with columns for Revenue and Expenses. Rows include: 1 Briefly describe the organization's mission (SEE ATTACHMENT #1); 2-7 Governing Body & Activities; 8-12 Revenue (Total revenue 326,407); 13-19 Expenses (Total expenses 299,192); 20-22 Assets and Liabilities (Total assets 119,533).

Part II Signature Block: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Suzanne Schecter, Co-President, dated 12-15-10. Preparer's signature: [Signature], CPA, dated 12/9/10. Firm: EVOY KAMSCHULTE JACOBS & CO LLP, 2122 YEOMAN STREET, WAUKEGAN, IL 60087-4823.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE ATTACHMENT #2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O

4 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 \$ 35,972 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

SEE ATTACHMENT #3

4b (Code \_\_\_\_\_) (Expenses \$ 261,419 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 297,391

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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	N/A	
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 "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did 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, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**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		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		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 Schedule J		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 Schedule K. If "No," go to line 25		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	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		X
28	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)		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	c 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		X
29	29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Includes questions 1a-12a regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1a		7
b Enter the number of voting members that are independent		
1b		7
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9a		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code )

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		N/A
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b		N/A
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
12c		N/A
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
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 arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		N/A

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed	IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
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	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	SEE ATTACHMENT #4

**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 hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
JODI SHAPIRA CO PRESIDENT	10.00	X						0	0	0	
JULIET GRAY CO PRESIDENT	2.00	X						0	0	0	
RACHEL SILVERS VICE PRESIDENT	2.00	X						0	0	0	
MELINA DWORSKY VICE PRESIDENT	2.00	X						0	0	0	
SUZANNE SCHECTER TREASURER	5.00	X						0	0	0	
LISA WINEBERG SECRETARY	5.00	X						0	0	0	
REAGAN KNAUS VICE PRESIDENT	2.00	X						0	0	0	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEES	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED			
<b>1b Total</b> ▶ 0 0 0											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS	1a	Federated campaigns	1a					
		b	Membership dues	1b	5181			
		c	Fundraising events	1c				
		d	Related organizations	1d				
		e	Government grants (contributions)	1e				
		f	All other contributions, gifts, grants, & similar amounts not included above	1f				
		g	Noncash contributions included in lines 1a-1f		\$			
	h	<b>Total.</b> Add lines 1a-1f		5181				
PROGRAM SERVICE REVENUE			<b>Business Code</b>					
	2a	STUDENT LUNCH		117247	117247			
	b	ELEMENTARY SCHOOL STOR		62501	62501			
	c	AFTER SCHOOL ENRICHMEN		33051	33051			
	d	BEFORE SCHOOL CARE		24392	24392			
	e	OTHER SCHOOL RELATED S		15622	15622			
	f	All other program service revenue #5		38812	38812			
	g	<b>Total.</b> Add lines 2a-2f		291625				
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		775	775			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a			(i) Real				
				(ii) Personal				
		b	Gross Rents					
		c	Less rental expenses					
	d	Rental income or (loss)						
	e	Net rental income or (loss)						
	7a			(i) Securities				
				(ii) Other				
		b	Gross amount from sales of assets other than inventory					
		c	Less cost or other basis and sales expenses					
	d	Gain or (loss)						
	e	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ 336377 of contributions reported on line 1c) See Part IV, line 18	a	336377					
b	Less direct expenses	b	307551					
c	Net income or (loss) from fundraising events		28826	28826				
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
11a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions			326407	321226			

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1801		1801	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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)				
a <u>SCHOOL LUNCH</u>	94243	94243		
b <u>SCHOOL STORE</u>	60615	60615		
c <u>ENRICHMENT ACTIVITIES</u>	35972	35972		
d <u>AFTER SCHOOL ENRICHMENT</u>	32305	32305		
e <u>OTHER SCHOOL SUPPORT</u>	19251	19251		
f All other expenses #6	55005	54206	799	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>299192</b>	<b>296592</b>	<b>2600</b>	
<b>26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

<b>Part X</b>		<b>Balance Sheet</b>	
		(A)	(B)
		Beginning of year	End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing	92,318	119,533
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments -- publicly traded securities		
	12 Investments -- other securities See Part IV, line 11		
	13 Investments -- program-related See Part IV, line 11		
	14 Intangible assets		
	15 Other assets See Part IV, line 11		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	92,318	119,533	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses		
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities Complete Part X of Schedule D		
	26 <b>Total liabilities.</b> Add lines 17 through 25	0	0
<b>N E T A S S E T B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	92,318	119,533
	28 Temporarily restricted net assets		
	29 Permanently restricted net assets		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 <b>Total net assets or fund balances</b>	92,318	119,533	
34 <b>Total liabilities and net assets/fund balances</b>	92,318	119,533	

**Part XI** Financial Statements and Reporting

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p>		X
<p><b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .</p>	X	
<p><b>c</b> If "Yes" to lines 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? . . . . .                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	X	
<p><b>d</b> 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  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		
<p><b>3a</b> 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? . . . . .</p>		X
<p><b>b</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 . . . . . N/A</p>		

**SCHEDULE A**  
(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.

OMB No 1545-0047

**2009**

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: (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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).
- 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? 

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
  - (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?
- h Provide the following information about the supported organization(s)

(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									
<b>Total</b>									35,972

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

<b>Part VII</b> Investments -- Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

<b>Part VIII</b> Investments -- Program Related. See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

<b>Part IX</b> Other Assets. See Form 990, Part X, line 15	
(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

<b>Part X</b> Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48



**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 CASH (event type)	PUMPKINFEST (event type)	4 (total number)	(Add col (a) through col (c))
1	Gross receipts	293,844	23,307	19,226	336,377
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	293,844	23,307	19,226	336,377
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	284,804	8,179	14,568
10	Direct expense summary Add lines 4 through 9 in column (d)				( 307,551 )
11	Net income summary Combine line 3, column (d), and line 10				28,826

**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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input 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 line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
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	%
13b	%

b An outside facility

14 Enter 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

X

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 of the third party:

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

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open to Public  
Inspection

Name of the organization

KIPLING SCHOOL PTO, INC.

Employer identification number

36-4418480

THE PRESIDENT AND THE TREASURER  
REVIEW THE 990 BEFORE SIGNING AND  
MAILING TO THE INTERNAL REVENUE SERVICE.

PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
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 THE 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 ADVANTAGES IN PHYSICAL, MENTAL AND SOCIAL EDUCATION.

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.

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 THE 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 ADVANTAGES IN PHYSICAL, MENTAL AND SOCIAL EDUCATION.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION • For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Code	Expenses.	71,944	including Grants of	Revenue
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Exempt Purpose Achievements

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

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning	07-01-2009, and ending	06-30-2010.
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Name of Organization	Employer Identification Number
KIPLING SCHOOL PTO, INC.	36-4418480

Part III - Statement of Program Service Accomplishments			
Code	Expenses	522,838	including Grants of Revenue
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

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC

INSPECTION For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.

Name of Organization

KIPLING SCHOOL PTO, INC.

Employer Identification Number

36-4418480

Part VI - Line 91a

Individual Name

SUZANNE SCHECTER

or

Business Name

Street Address

700 KIPLING PLACE

U S Address

Zip code 60015

City DEERFIELD

State IL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(847) 945-7252

Fax Number

**PART VIII - PROGRAM SERVICE REVENUE**

ATTACHMENT 5: FORM 990 PAGE 9, LINE 2 - PROGRAM SERVICE REVENUE

OPEN TO PUBLIC  
INSPECTION

For calendar year 2009, or tax period beginning 07-01-2009 , and ending 06-30-2010.

Name of Organization

KIPLING SCHOOL PTO, INC.

Employer Identification Number

36-4418480

Program Service Revenue	business code	(a) Total revenue	(b) Related or exempt function revenue	(c) Unrelated business revenue	(d) Revenue excluded from tax under IRC 512, 513, or 514
FIFTH GRADE LEGACY		15,040	15,040		
THEATER WORKSHOP		12,933	12,933		
YEAR BOOK		10,839	10,839		
<b>Totals</b>		<b>38,812</b>	<b>38,812</b>		

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
FIFTH GRADE LEGACY	12,608	12,608		
BEFORE SCHOOL CARE	12,155	12,155		
CELEBRATING WITH BOOKS	11,599	11,599		
THEATER WORKSHOP	9,339	9,339		
YEARBOOK	8,505	8,505		
ADMINISTRATION	549		549	
DONATIONS	250		250	
<b>Total</b>	<b>55,005</b>	<b>54,206</b>	<b>799</b>	

**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 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

(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	X			35,972

BOOKS ARE IN CARE OF

ATTACHMENT 2 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION. For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.

Name of Organization

KIPLING SCHOOL PTO, INC.

Employer Identification Number

36-4418480

Part V - Line 42a

Individual Name

SUZANNE SCHECTER

or

Business Name

Street Address

700 KIPLING PLACE

U S Address

Zip code 60015

City DEERFIELD

State IL

or

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

▶ **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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>	Name of Exempt Organization <b>KIPLING SCHOOL PTO, INC.</b>	<b>Employer identification number</b> <b>36-4418480</b>
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 <b>700 KIPLING PLACE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>DEERFIELD IL 60015</b>	

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

- |   |   |                                    |
|---|---|------------------------------------|
| <input 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 checked="" 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 #2

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 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 01, 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

<b>3a</b> 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	<b>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.