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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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)

► 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► 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

7/1/2009

, and ending

6/30/2010

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
BURR ELEMENTARY SCHOOL PTA, INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1690 BURR STREET

City, town, or country

State

ZIP + 4

FAIRFIELD

CT

06824

D Employer identification number

26-0077181

E Telephone number

203-255-7385

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
Other (specify) ► Cash Accrual

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 44,992

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

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	657
4	Investment income	4	83
5a	Gross amount from sale of assets other than inventory	5a	0
c b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	44,252
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	23,593
b	Less direct expenses other than fundraising expenses	6c	20,659
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
8	Other revenue (describe ►)	9	21,399
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	DECEIVED	
10	Grants and similar amounts paid (attach schedule)	10	47,773
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	450
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	244
16	Other expenses (describe ► See Attached Statement)	16	1,045
17	Total expenses. Add lines 10 through 16	17	49,512
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,113
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)	19	96,713
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	68,600

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	99,359	22
		70,598
23		23
24	578	24
		641
25	99,937	25
		71,239
26	3,224	26
		2,639
27	96,713	27
		68,600

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990-EZ (2009)

3

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Support of School programs for students, parents and Faculty

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 The PTA serves the school community of approximately 600 students and staff by promoting the welfare of the students, funding various enrichment programs and supports the educational goals of the teachers (see list of grants/programs)

(Grants \$ 47,773) If this amount includes foreign grants, check here

28a

29

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Page 10 of 10

30

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(Grants \$ 0) If this amount includes foreign grants, check here

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here □

32. Total program service expenses (add lines 28a through 31a)

Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See Part I, Item 10 through 13.)

(b) Title and average (c) Compensation (d) Contracts

(a) Name and address _____ hours per week
devoted to position _____ (If not paid,
enter 0.) _____ employee be
deferred con-

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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 why the organization did not report the income on Form 990-T 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37b Yes No

b Did the organization file Form 1120-POL for this year? 38a Yes No

38 a 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 outstanding at the end of the period covered by this return? 38b Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a Yes No

39 Section 501(c)(7) organizations Enter 39b Yes No

a Initiation fees and capital contributions included on line 9 40a Yes No

b Gross receipts, included on line 9, for public use of club facilities 40b Yes No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40c Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40d Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f Yes No

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 40g Yes No

41 List the states with which a copy of this return is filed ► 41 Yes No

42 a The organization's books are in care of ► Krista Dougherty Telephone no. ► 42a Yes No

Located at ► c/o PTA 1960 Burr Street City Fairfield ST CT ZIP + 4 ► 06824 42b Yes No

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 ► 42c Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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: ► 43 Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 45 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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 Yes No
46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a X

b If "Yes," was the related organization a section 527 organization? Yes No
49b X

50 Complete this table for the organization's 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" Yes No

(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
Name None City	Str ST ZIP	Title Hr/WK .00	0	0
Name City	Str ST ZIP	Title Hr/WK .00	0	0
Name City	Str ST ZIP	Title Hr/WK .00	0	0
Name City	Str ST ZIP	Title Hr/WK .00	0	0
Name City	Str ST ZIP	Title Hr/WK .00	0	0

f Total number of other employees paid over \$100,000 ► Yes No

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" Yes No

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City	Str ST ZIP	
Name City	Str ST ZIP	

d Total number of other independent contractors each receiving over \$100,000 ► Yes No

Sign Here	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		
	Signature or officer <i>Christyn Whitney</i>	Date <i>10/15/10</i>	Preparer's identifying number (See instructions) <i>P00759425</i>
Paid Preparer's Use Only	Preparer's signature <i>Joanne C. Bartmess</i>	Date 10/6/2010	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>JOANNE C. BARTMESS, CPA 278 FAIRLAND DR, FAIRFIELD, CT 06825</i>	EIN ►	Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

BURR ELEMENTARY SCHOOL PTA, INC

Employer identification number

26-0077181

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?

(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)		
11g(ii)		
11g(iii)		

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	
									0
									0
									0
									0
									0
									0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

Part III**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	731	684	735	677	657	3,484
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	118,731	162,217	57,959	107,670	44,252	490,829
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6 Total. Add lines 1 through 5	119,462	162,901	58,694	108,347	44,909	494,313
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						494,313

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	119,462	162,901	58,694	108,347	44,909	494,313
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,411	1,369	1,971	207	83	5,041
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,411	1,369	1,971	207	83	5,041
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	120,873	164,270	60,665	108,554	44,992	499,354
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98 99%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99 15%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.01%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 85%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

BURR ELEMENTARY SCHOOL PTA, INC

Employer identification number

26-0077181

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Total				0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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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

	(a) Event #1 see attached list (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	44,252	0	0
	2 Less Charitable contributions	0	0	0
	3 Gross income (line 1 minus line 2)	44,252	0	44,252
Direct Expenses	4 Cash prizes	0	0	0
	5 Noncash prizes	0	0	0
	6 Rent/facility costs	0	0	0
	7 Food and beverages	0	0	0
	8 Entertainment	0	0	0
	9 Other direct expenses	23,593	0	23,593
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (23,593)
	11 Net income summary Combine line 3, column (d), and line 10			► 20,659

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			0
Direct Expenses	2 Cash prizes			0
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			► (0)
	8 Net gaming income summary Combine line 1, column d, and line 7			► 0

9 Enter the state(s) in which the organization operates gaming activities

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

11

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

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility .
- b An outside facility

13a	%
13b	%

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?

- 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 ► \$ 0

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?
- 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 ► \$

15a

17a

Part I, Line 16 (990-EZ) - Other Expenses

1,045

1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4
5	Conferences, conventions, and meetings	5
6	Depreciation	6
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10
11	Telephone	11
12	Unrelated business income taxes	12
13	Bank charges	13
14	Insurance	14
15	PTA Council Dues	15
16	Hospitality	16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29

Part II, Line 24 (990-EZ) - Other Assets

578

641

	Description	Beginning	End
1	Prepaid Expenses to be reimbursed	578	641
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

	Description	3,224	2,639
1	Mmembership/directory deposits	Beginning	End
2		3,224	2,639
3			
4			
5			
6			
7			
8			
9			
10			

BURR ELEMENTARY SCHOOL PTA INC. #26-0077181, FISCAL YEAR ENDED 6/30/10
 990 EZ Schedules to Part I

LINE #	REVENUE	INCOME	EXPENSE	NET INCOME
		6a	6b	6c
3	Membership (net)	657		657
4	Interest	83		83
6	Special Events & activities			
	After School Enrichment	3,040	2,280	760
	Bake Sale	723		723
	Bingo	764	620	144
	Book Fair	17,602	11,527	6,075
	Chess Club	1,322	1,321	1
	Family Fun Day/Games/Portraits	9,265	4,723	4,542
	Gift Wrap	3,936	999	2,937
	School Spirit/supplies sales	4,352	2,123	2,229
	Miscellaneous	3,248		3,248
	Totals, line 6a,6b,6c	44,252	23,593	20,659
6	Total Revenue	44,992	23,593	21,399

Statement of Expenses

10 Grants and allocations paid:

Art in the Classroom	1,300
Anti-Bullying	90
Authors Visits	2,670
Beautification	549
Birthday/Reading/Celebration books	304
Classroom enrichment	5,155
Contingency funds	3,584
CT Audubon	150
Diversity Day	56
Dora Wheeler Scholarship	200
Fairfield Arts for Youths	2,520
Fairfield HS Scholarship Fund	1,000
Field Day/Field Trips	5,052
Fifth Grade Activities/ gifts	2,218
Gifts to school	1,661
Grade Grants	855
Library Funding	6,000
Literary Magazine	2,361
Mill River	500
Odyssey of the Mind	500
PTA Meeting Programs	171
Post Prom	75
Principal's Fund	1,000
Reflections	151
Staff Appreciation	2,487
Student Council	100
Talent Show	259
Teacher Grants	4,968
Technology	237
Time for Kids Scholastic	1,600
Miscellaneous programs/grants	
	Total Line 10
	47,773

other expenses

13 Accounting fee	450
15 Publishing	244
16 Administrative supplies	368
16 Bank charges	66
16 Hospitality	127
16 Insurance	384
16 PTA Council Dues	100
	1739

Total Expenses **(49,512)**

Fund Decrease **(28,113)**

Burr Elementary School 2009-2010

PTA Executive Board

President	Mary Nardone
President-Elect	Christyn Whitney
Past President	Krista Dougherty
Executive Vice President	Gary Kass
Vice President of Administration	Aarti McMahon
Vice President of Fundraising	Paola Murphy
Vice President of Enrichment	Kim Risley
Vice President of Spirit	Heather Petrecca
Recording Secretary	Stacey James
Corresponding Secretary	Karen Houghton
Treasurer	Monica Anderson
Assistant Treasurer	Ann Marie O'Keefe
Past Treasurer	Diane Smola
Volunteer Coordinators	Chris Nightingale Lisa Previti Renee Sullivan
PTA Council Representatives	Chris Gannon Michelle Stearns
Membership	Angela Manigault
Board of Education Representatives	Lisa Amendola Jen Colucci
Budget Representatives	Laurie Ehlers Lisa Maute