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Short Form

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public
Inspection

A	For the 2010 calendar year, or tax year beginning			7/1/2010	, and ending	6/30/2011
B	Check if applicable			D Employer identification number		
<input type="checkbox"/>	Address change			26-0077181		
<input type="checkbox"/>	Name change			E Telephone number		
<input type="checkbox"/>	Initial return			203-255-7385		
<input type="checkbox"/>	Terminated			F Group Exemption		
<input type="checkbox"/>	Amended return			Number ►		
<input type="checkbox"/>	Application pending			G Accounting Method		
			<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			Other (specify) ► _____
I Website: ► N/A			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 103,391

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,170
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	660
	4 Investment income	4	63
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	91,498
	c Less direct expenses from gaming and fundraising events	6c	46,630
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	44,868
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56,761
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	38,974
	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	7
	16 Other expenses (describe in Schedule O)	16	1,012
Net Assets	17 Total expenses. Add lines 10 through 16	17	40,443
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,318
	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	68,600
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	84,918

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	70,598	22	85,766
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	641	24	1,460
25 Total assets	71,239	25	87,226
26 Total liabilities (describe in Schedule O)	2,639	26	2,308
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,600	27	84,918

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

Check if the organization used Schedule O to respond to any question in this Part III

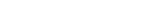
Support of School programs for students, parents and Faculty

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

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/programmes).

(Grants \$ 38 974) If this amount includes foreign grants, check here

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

29  200 40,443

(Grants \$) If this amount includes foreign grants, check here □ **29a**

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ▶ 31a

32 Total program service expenses. (add lines 28a through 31a) ▶ 32 40,443

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

Check if the organization used Schedule O to respond to any question in this Part IV.

Part V Other Information (Note the statement requirements in the instructions for Part V)
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

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, explain in Schedule O why the organization did not report the income on Form 990-T 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b

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 36

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 37a

b Did the organization file **Form 1120-POL** for this year? 37b

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 tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

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 40b

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40c

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. 40e

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► Krista Dougherty Telephone no ► _____
 Located at ► c/o PTA 1960 Burr Street City Fairfield ST CT ZIP + 4 ► 06824 42a

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 ► _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42b

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 ► _____ 42c

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** 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37a		
37b	X	
38a	X	
38b		
39a		
39b		
40a		
40b	X	
40c		
40e	X	
42a		
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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"		

(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 Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
f Total number of other employees paid over \$100,000 ►				

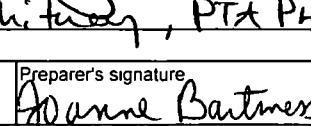
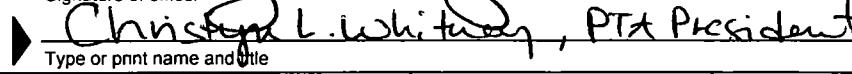
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

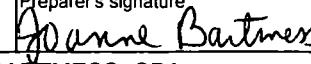
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
f Total number of other independent contractors each receiving over \$100,000 ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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	► 		Date 10/4/11
	Signature of officer	Preparer's signature 	Check if self-employed <input checked="" type="checkbox"/>
► 		PTIN P00759425	
Type or print name and title			

Paid Preparer's Use Only	Print/Type preparer's name JOANNE BARTMESS	Preparer's signature 	Date 9/18/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00759425
	Firm's name ► JOANNE C BARTMESS, CPA			Firm's EIN ►	
	Firm's address ► 278 FAIRLAND DR, FAIRFIELD, CT 06825			Phone no	

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

► Yes No

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.

► 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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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
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
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 2010 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test-2010. 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-2009. 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-2010. 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-2009. 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 or if the organization failed to qualify under Part II
 If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	684	735	677	657	11,830	14,583
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	162,217	57,959	107,670	44,252	91,498	463,596
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	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	162,901	58,694	108,347	44,909	103,328	478,179
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)						478,179

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	162,901	58,694	108,347	44,909	103,328	478,179
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,369	1,971	207	83	63	3,693
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,369	1,971	207	83	63	3,693
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
13 Total support. (Add lines 9, 10c, 11, and 12)	164,270	60,665	108,554	44,992	103,391	481,872
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 2010 (line 8, column (f) divided by line 13, column (f))	15	99 23%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98 99%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 77%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 01%
19a 33 1/3% support tests-2010. 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-2009. 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. Also complete this part for any additional information (See instructions)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2010

Open to Public
Inspection

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 and address 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
1		Yes	No	0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 <u>see attached schedule</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue					
1	Gross receipts .	91,498	0	0	91,498
2	Less Charitable contributions	0	0	0	0
3	Gross income (line 1 minus line 2)	91,498	0	0	91,498
Direct Expenses					
4	Cash prizes	0	0	0	0
5	Noncash prizes	0	0	0	0
6	Rent/facility costs	0	0	0	0
7	Food and beverages	0	0	0	0
8	Entertainment .	0	0	0	0
9	Other direct expenses .	46,630	0	0	46,630
10	Direct expense summary Add lines 4 through 9 in column (d)				► (46,630)
11	Net income summary Combine line 3, column (d), and line 10				► 44,868

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in

13a	%
13b	%

a The organization's facility

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? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____ 0

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? Yes No

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 ► \$ _____ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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

1,012

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	252
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Bank charges	13	45
14	Insurance	14	415
15	PTA Council Dues	15	100
16	Hospitality/sunshine	16	200
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 (Sch G (990/990EZ)) - Events

Event type	Line 1 Gross receipts	Line 2 Less (Charitable contributions)	Line 3 Gross income (line 1 minus line 2)	Line 4 Cash prizes	Line 5 Noncash prizes	Line 6 Rent/facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses	Line 9 46,630
1 see attached schedule	91,498			91,498						
2				0						
3				0						
4				0						
5				0						
6				0						
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17				0						
18				0						
19				0						
20				0						

BURR ELEMENTARY SCHOOL PTA INC. #26-0077181, FISCAL YEAR ENDED 6/30/11
990 EZ Schedules to Part I

Part I LINE #	REVENUE	INCOME	EXPENSE	NET INCOME
1	Donations	11,170		11,170
3	Membership (net)	660		660
4	Interest	63		63
6	Special Events & activities			
	After the Bell	3,030	2,040	990
	Auction	43,955	11,652	32,303
	Bake Sale	606	39	567
	Bingo			-
	Book Fair	18,565	15,210	3,355
	Chess Club	1,440	1,437	3
	Ice Cream Social	1,160	349	811
	Note Cards	4,648	3,147	1,501
	Yearbook	6,422	5,942	480
	Halloween Party	5,708	2,395	3,313
	School Spirit/supplies sales	5,341	4,419	922
	Miscellaneous	623		623
	Totals, line 6a,6b,6c	91,498	46,630	44,868
		6b	6c	6d
6	Total Revenue	103,391	46,630	56,761

Statement of Expenses

10 Grants and allocations paid:

Art in the Classroom	1,000
Authors Visits	3,979
Beautification	505
Birthday/Reading/Celebration books	236
Classroom enrichment	5,222
Contingency funds	1,166
CT Audubon	150
Diversity Day	150
Dora Wheeler Scholarship	200
Fairfield Arts for Youths	2,460
Fairfield HS Scholarship Fund	1,000
Field Day/Field Trips	4,016
Fifth Grade Activities/ gifts	2,332
Gifts to school/playground supplies	501
Library Funding	5,500
Literary Magazine	441
Mill River	500
Post Prom	150
Principal's Fund	1,000
Reflections	194
Staff Appreciation	1,025
Student Council	100
Talent Show	236
Teacher Grants	4,931
Time for Kids Scholastic	1,400
Miscellaneous programs/grants	580
Total Line 10	38,974

other expenses

13 Accounting fee	450
15 Publishing	7
16 Administrative supplies	252
16 Bank charges	45
16 Hospitality/sunshine	200
16 Insurance	415
16 PTA Council Dues	100
	1469

Total Expenses **(40,443)**

Fund Decrease **16,318**

Burr Elementary School PTA
2010-2011 Executive Board

Burr Elementary School
 1960 Burr Street, Fairfield, CT 06824
 Principal: Gary Kass

Board Position	Name	Email
President	Christyn Whitney	1234567890@msn.com
President - Elect	Ann Marie O'Keefe	annmarie@msn.com
Past President	Mary Nardone	marynardone2000@gmail.com
Executive Vice President	Gary Kass	gkass@burr.k12.ct.us
Teacher Representatives	Susan Cinquegrana	SUSAN.CINQUEGRANA@E.S.C.K12.CT.US
	Lisa Henkel	lisahenkel@burr.k12.ct.us
VP - Administration	Aarti McMahon	aartimcmahon@burr.k12.ct.us
VP - Enrichment	Kim Risley	kimrisley@burr.k12.ct.us
VP - Fundraising	Chris Nightingale	christine.nightingale.msn.com
VP - Spirit	Lisa Previti	LISAPREVITI@msn.com
Treasurer	Krista Dougherty	KRISTADOUGHERTY@burr.k12.ct.us
Assistant Treasurer	Ruth Merchant	RUTH.MERCHANT@burr.k12.ct.us
Past Treasurer	Monica Anderson	MONICA.ANDERSON@burr.k12.ct.us
Corresponding Secretary	Nancy Prentice	NANCY.PRENTICE@burr.k12.ct.us
Recording Secretary	Lisa Maute	LISAMAUTE@burr.k12.ct.us
Volunteer Coordinators	Paola Murphy	PAOLA.MURPHY@burr.k12.ct.us
	Bernie Verghese	BERNIE.VERGHESE@burr.k12.ct.us
	Maria Walsh	MARIA.WALSH@burr.k12.ct.us
Membership	Vicki Swanson	VICKI.SWANSON@burr.k12.ct.us
BOE Representative	Jenn Colucci	JENN.COLUCCI@burr.k12.ct.us
	Jamie Kagan	JAMIE.KAGAN@burr.k12.ct.us
Budget Representative	Julie Pressman	JULIE.PRESSMAN@burr.k12.ct.us
	Daniela Rhoades	DANIELA.RHOADES@burr.k12.ct.us
PTA Council Delegates	Yolanda Karpel	YOLANDA.KARPEL@burr.k12.ct.us
	Michelle Stearns	MICHELLE.STEARNS@burr.k12.ct.us
Liaison Positions		
Fuel for Learning	Molly Johnson	MOLLY.JOHNSON@burr.k12.ct.us
	Diane Sell	DIANE.SELL@burr.k12.ct.us
Gifted and Talented	Shelly Walker	SHELLY.WALKER@burr.k12.ct.us
	Heather Petrecca	HEATHER.PETRECCA@burr.k12.ct.us
	Laurie Renzulli	LARUERENZULLI@burr.k12.ct.us
FWMS	Krista Dougherty	KRISTADOUGHERTY@burr.k12.ct.us
Tools for Schools	Rep needed	
Green Team	Maureen Abrahamson	MAUREEN.Abrahamson@burr.k12.ct.us
	Kim Driscoll	KIM.DRISCOLL@burr.k12.ct.us