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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 09-01-2010, and ending 08-31-2011

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

C Name of organization: EAST HAMPTON PARENT TEACHER ORGANIZATION INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: C/O EHHS 15 N MAPLE STREET
City or town, state or country, and ZIP + 4: EAST HAMPTON, CT 06424

D Employer identification number: 06-1467742
E Telephone number: (860) 365-4030
F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

H Check [X] 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 \$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. \$ 95,767

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 45,672 and total expenses is 60,009, resulting in a deficit of 14,337.

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,793	22 13,456
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	27,793	25 13,456
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,793	27 13,456

Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?

Supports parents, teachers & students in the East Hampton School system

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 See Additional Data Table

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

28a

29

(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

58,046

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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.

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

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) 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: Signature of officer (*****), Date (2012-02-07), Type or print name and title (DENA BOTSACOS ELEMENTARY CO-TREASURER)

Paid Preparer's Use Only: Preparer's signature (RAYMOND J SERRA), Date (2012-03-02), Check if self-employed, Preparer's taxpayer identification number, Firm's name (SERRA & ASSOCIATES LLC), address (11 WEST HIGH STREET, EAST HAMPTON, CT 06424), EIN, Phone no ((860) 267-1040)

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
EAST HAMPTON PARENT TEACHER ORGANIZATION INC

Employer identification number
06-1467742

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 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	
Total									

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						

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 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 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

- 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 ▶
- b 33 1/3% support test—2009.** If the organization did not check the 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 ▶
- 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 ▶
- 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 ▶
- 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 ▶

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.")	7,169	7,734	3,382	3,040	3,381	24,706
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	100,327	104,487	95,715	82,318	92,379	475,226
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	107,496	112,221	99,097	85,358	95,760	499,932
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						499,932

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	107,496	112,221	99,097	85,358	95,760	499,932
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29	28	24	12	7	100
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	29	28	24	12	7	100
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						500,032
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	99.980 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.980 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.020 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.020 %

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

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

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

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Additional Data

Software ID:

Software Version:

EIN: 06-1467742

Name: EAST HAMPTON PARENT TEACHER ORGANIZATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 MINI GRANTS/ END OF YEAR GIFTS SEE SCHEDULE O FOR DETAIL (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	37,680
29 CULTURAL PROGRAMS SEE SCHEDULE O FOR DETAIL (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	8,869
30 Friday Afternoon Club (for about 200 Elementary students) enriches the lives of students by teaching them new skills they would not learn in the classroom,games,crafts,cooking,& physical activities (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	6,064
See Schedule O (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		5,433

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KELLY CARUSO 44 CONE ROAD EAST HAMPTON, CT 06424	Elementary Co-Pres 3 00	0		
ANN WHITE 2 CRESCENT STREET EAST HAMPTON, CT 06424	Elementary Co-Pres 3 00	0		
STEPHANIE STARR 5 TIMBER TRAIL EAST HAMPTON, CT 06424	Elementary VP 4 00	0		
DENA BOTSACOS 231 CLARK HILL ROAD EAST HAMPTON, CT 06424	Elementary Co- Treas 3 00	0		
KERI LEE 145 COMSTOCK TRAIL EAST HAMPTON, CT 06424	Elementary Co-Treas 3 00	0		
DONNA ZUBER 23 BROOKHILL DRIVE EAST HAMPTON, CT 06424	Elementary Secretary 1 00	0		
DAVID BALLETO 90 CHARLES MARY DRIVE EAST HAMPTON, CT 06424	Middle Treas 1 50	0		
MONIQUE SHERER 14 BERKSHIRE DRIVE EAST HAMPTON, CT 06424	Middle Pres 4 00	0		
KELLY GUSTINE 57 MOTT HILL ROAD EAST HAMPTON, CT 06424	Middle Vice Pres 1 00	0		
JANET SANTOS 150 EAST HIGH STREET EAST HAMPTON, CT 06424	High Div- Pres 1 00	0		
DARLENE KAPPOCK 129 CLARK HILL ROAD EAST HAMPTON, CT 06424	High Div-Treas 0 35	0		
KATHY GODWIN 26 BROOKHILL DRIVE EAST HAMPTON, CT 06424	High Div- Secr 0 50	0		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization EAST HAMPTON PARENT TEACHER ORGANIZATION INC

Employer identification number 06-1467742

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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. Includes a Total row at the bottom.

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.

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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Genevieve</u> (event type)	<u>Pie Income</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	28,670	9,130	19,340	57,140
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	28,670	9,130	19,340	57,140
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,355	5,282	13,081	33,718
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				33,718
11 Net income summary Combine lines 3 and 10 in column (d) ▶				23,422	

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				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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) ▶				
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

a The organization's facility	13a
b An outside facility	13b

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

EAST HAMPTON PARENT TEACHER ORGANIZATION INC

Employer identification number

06-1467742

Identifier	Return Reference	Explanation
		Part III, line 28

Identifier	Return Reference	Explanation
		The PTO provides mini-grants to the schools' staff and students to

Identifier	Return Reference	Explanation
		provide additional educational materials or equipment These included

Identifier	Return Reference	Explanation
		smart boards, installing Epsos, Student Activity Funds,

Identifier	Return Reference	Explanation
		kindergarten supplies, music and art related, among others

Identifier	Return Reference	Explanation
		Normally, about 15 mini grants are provided serving roughly

Identifier	Return Reference	Explanation
		2,000 students and 300 staff members in four schools

Identifier	Return Reference	Explanation
		Part III, line 29

Identifier	Return Reference	Explanation
		The PTO sponsors a wide variety of cultural events (for its Elementary

Identifier	Return Reference	Explanation
		and Middle School students) including programs such as Encore

Identifier	Return Reference	Explanation
		Performng Arts, Wind over Wings, Happy Notes, High Touch-

Identifier	Return Reference	Explanation
		High tech, among others About, 10 different programs

Identifier	Return Reference	Explanation
		were provided to 1,500 students

Identifier	Return Reference	Explanation
Part III		Other Program Services

Identifier	Return Reference	Explanation
Line 31a		The East Hampton PTO sponsored three scholarships Three

Identifier	Return Reference	Explanation
		\$500 scholarships were awarded to three senior students

Identifier	Return Reference	Explanation
		The students must complete an application form An

Identifier	Return Reference	Explanation
		evaluation committee consisting of PTO members review

Identifier	Return Reference	Explanation
		and score the applications and choose a recipient

Identifier	Return Reference	Explanation
		The applications are reviewed on an anonymous and

Identifier	Return Reference	Explanation
		non-discriminatory basis The committee looks at

Identifier	Return Reference	Explanation
		financial need, service to the community and school,

Identifier	Return Reference	Explanation
		and a written essay

Identifier	Return Reference	Explanation
		Scholarships \$1,500

Identifier	Return Reference	Explanation
		Ice Cream Social 591

Identifier	Return Reference	Explanation
		Teacher Luncheon (Middle) 223

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 10		MINI GRANTS AND END OF THE YEAR GIFTS PROGRAM EXPENSE EAST HAMPTON SCHOOLS STUDENTS, 43113

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		MISCELLANEOUS EXPENSE 288 AFTERNOON CLUB-EXPENSES 6064 CULTURAL EVENT -MS 8869 FILING FEES 50 SUPPLIES 867 CONFERENCES & MEETINGS 205 BANK FEE 53

Identifier

Return Reference

Explanation

Form 990, Part III, Line 4d

SEE SCHEDULE O

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 9		ANN WHITE 2 CRESCENT STREET EAST HAMPTON CT 06424 DENISE RUSSO 22 CHAPMAN ROAD EAST HAMPTON CT 06424 STEPHANIE STARR PO BOX 136 COBALT CT 06424 KELLY CAHILL 59 TARRAGON DRIVE EAST HAMPTON CT 06424 KELLY CARUSO 44 CONE ROAD EAST HAMPTON CT 06424 DENA BOSTACOS 231 CLARK HILL ROAD EAST HAMPTON CT 06424 MONIQUE SHERER 14 BERKSHIRE DRIVE EAST HAMPTON CT 06424 DAVE BALLETTTO 90 CHARLES MARY DRIVE EAST HAMPTON CT 06424 JANET SANTOS 150 EAST HIGH STREET EAST HAMPTON CT 06424 KATHY GODWIN 26 BROOKHILL DRI

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
		Teacher Luncheon (High) 448

Identifier	Return Reference	Explanation
		Teacher Breakfast(Elementary)104

Identifier	Return Reference	Explanation
		Honor Pens 914

Identifier	Return Reference	Explanation
		Positive Behavior Rewards 250

Identifier	Return Reference	Explanation
		Welcome Back Pencils 175

Identifier	Return Reference	Explanation
		Gifts- support staff 552

Identifier	Return Reference	Explanation
		Book Fair Vouchers 676

Identifier	Return Reference	Explanation
		Totals \$5,433 expenses

Identifier	Return Reference	Explanation
		The above provide social events and/or help foster a

Identifier	Return Reference	Explanation
		positive environment for students, teachers, and parents