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Form **990-EZ**

OMB No 1545-1150

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 fruist 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(c)(13) must life Form 990. All other organizations with gross receipts less than \$200,000 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 Department of the Treasury Internal Revenue Service

Open to Public Inspection

		ne 2011 calendar year, or tax year beginning SEP 1, 20	<u>11 an</u>	d ending AUG		2012		
В	Check if applicat	C Name of organization		D E	mployer i	identification number		
Ļ	Addr	ess change						
Ļ	Name	e change BROOKLYN PTO		· ·		325280		
Ļ	Initial	Number and street (or P.O box, if mail is not delivered to street add	ress)		E Telephone number			
	Term	inated 119 GORMAN ROAD			<u>860-</u>	774-7771		
L	Amer	City or town, state or country, and ZIP + 4		F	iroup Exe	emption		
	Applic	ation pending BROOKLYN, CT 06234			lumber 🕨			
G	Accour	nting Method [.] X Cash		НС	heck 🕨	\cdot $f X$ if the organization is not		
		te ▶ <u>N/A</u>			equired to	o attach Schedule B		
J	Tax-ex	tempt status (check only one) — X 501(c)(3) 501(c) () ◀(inse	ert no.) 4947(a	ı)(1) or 527 (Form 990), 990-EZ, or 990-PF).		
K	Check	▶ ☐ If the organization is not a section 509(a)(3) supporting organization	or a section 527 org	anization and its gross	receipts	are normally not more than		
	\$50,00	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po	ostcard) may be requ	ired (see instructions).	But if the	e organization chooses to file		
	a returi	n, be sure to file a complete return						
L	Add lin	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more, or 1	f total assets (Part II,				
_	line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-			▶ \$	47,156.		
Р	art I	Revenue, Expenses, and Changes in Net Assets o	r Fund Baland	es (see the instructio	ns for Pai	rt I.)		
		Check if the organization used Schedule O to respond to any question in this	s Part I			X		
	1	Contributions, gifts, grants, and similar amounts received			1	50.		
	2	Program service revenue including government fees and contracts			2			
	3	Membership dues and assessments			3			
	4	Investment income			4			
	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 l	line 5a)		5c			
	6	Gaming and fundraising events						
a	a	Gross income from gaming (attach Schedule G if greater than						
'n		\$15,000)	6a					
Revenue	b	Gross income from fundraising events (not including \$	of contribi	utions				
ш		from fundraising events reported on line 1) (attach Schedule G if the sum of s	uch					
		gross income and contributions exceeds \$15,000)	6b	47,106	_			
	C	Less: direct expenses from gaming and fundraising events	6c	30,610				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6t	b and subtract line 6	c)	6d	16,496.		
	7a	Gross sales of inventory, less returns and allowances	7 7a					
	b	Less cost of goods sold	7b		_[
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	الإ		7c			
	8		ဂို ဖွဲ့		8			
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 3c and EC 1 7 2012			. 9	16,546.		
	10	Grants and Similar amounts daig flist in Schedule Of	黑		10			
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits GDEN, UT Professional fees and other payments to independent contractors	1		11			
<u>@</u>	12	Salaries, other compensation, and employee benefits			12			
1E8pep89	13	Professional fees and other payments to independent contractors			13	300.		
ĝ,	14	Occupancy, rent, utilities, and maintenance			14			
무	15	Printing, publications, postage, and shipping			15			
Z	16	Other expenses (describe in Schedule 0)	SEE SCH	EDULE O	16	18,469.		
JAN	17	Total expenses Add lines 10 through 16		>	17	18,769.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-2,223.		
igi	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	27,895.		
CNethAssets	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	0.		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	25,672.		
(A	A For	Paperwork Reduction Act Notice, see the separate instructions				Form 990-EZ (2011)		

Pá	art II	Balance Sheets. (see the instructions for Part II					
		Check if the organization used Schedule O to re	spond to any questic	on in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash	, savings, and investments		27,895.	22		25,672.
23		and buildings			23		
24		assets (describe in Schedule 0)			24		
		•		27,895.	+		25,672.
25		assets		0,		1	0.
26		liabilities (describe in Schedule 0)		27,895			25,672.
27		ssets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishme	nte (see the instruct	uone for Part III \	. 21		
P	art III	_	· ·				kpenses for section
	 	Check if the organization used Schedule O to re			<u></u>	∱ 501(c)(3)	and 501(c)(4)
Wha	at is the i	organization's primary exempt purpose? SUPPORT OF EDU	JCATIONAL ACT	IVITIES			ons and section
		rganization's program service accomplishments for each of its three largest program		es In a clear and concise		for others) trusts; optional
manı	ner, descr	be the services provided, the number of persons benefited, and other relevant infor	mation for each program title			101 0111010	·,
28			······································				
	VAR:	IOUS FUNDRAISING EVENTS TO HELP	SUPPORT STUD	ENT			
	ACT	IVITIES AT BROOKLYN SCHOOL					
	(Grants	s \$) If this amount includes foreign	grants, check here			28a	49,377.
29							
					_		
	(Grants	s \$) If this amount includes foreign	grants, check here	•		29a	
30	Jarania) ii tiilo diiiodiit ii lolddoo foroigii	granto, oncon noro		<u>'</u>		
30				· · · · · · · · · · · · · · · · · · ·			
							
	(0 11	A Made and a second of the form			$\overline{}$	00-	
	(Grants		grants, cneck nere			30a	
31		program services (describe in Schedule O)		_ 1			
	(Grants	· · · · · · · · · · · · · · · · · · ·	grants, check here		<u></u>	31a	40 000
32	Total	program service expenses (add lines 28a through 31a)	F		<u> </u>	32	49,377
Pa	art IV	List of Officers, Directors, Trustees, and Key			ee the	instructions f	for Part IV)
		Check if the organization used Schedule O to re	spond to any questi	on in this Part IV			
			(b) Title and average hours			ealth benefits, ributions to	(e) Estimated
		(a) Name and address	per week devoted to	compensation (Forms W-2/1099-MISC)	empl	oyee benefit	amount of other
			position	(if not paid, enter -0-)		and deferred npensation	compensation
SH	IANN	ON BILODEAU, 10 FAIRGROUNDS	PRESIDENT				
RC	AD,	BROOKLYN, CT 06234	15.00	0.		0.	0.
		URSE, 179 TRIPP HOLLOW ROAD,	VICE PRESIDE				
		LYN, CT 06234	5.00	0.		0.	0.
		PAGE	VICE PRESIDE	 		<u></u>	
$\frac{11}{71}$		RMAN ROAD, BROOKLYN, CT 06234	5.00	0.		0.	0.
		E SMITH, 80 LAUREL HILL ROAD,	VICE PRESIDE			<u> </u>	
		LYN, CT 06234	5.00	0.		0.	0.
_				0.		<u> </u>	
		E BEAN	TREASURER			^	
		RTIN DRIVE, BROOKLYN, CT 06234	5.00	0.		0.	0.
_		KLAWITTER, 55 ALLEN HILL ROAD,	SECRETARY			_	
$\underline{\mathbf{BR}}$	looki	LYN, CT 06234	5.00	0.		0.	0.
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			I				990-EZ (2011
1321 02-0	/2						

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			X
			Yes	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			v
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	,,		v
٥.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05.0		х
	on lines 2, 6a, and 7a, among others)?	35a 35b	N/	
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	111/	<u> </u>
C	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		1
30	complete applicable parts of Schedule N	36		х
27.2	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization life form 1720-7 OE for this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	370		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304		<u> </u>
	Section 501(c)(7) organizations. Enter:	┦ !		
39				
		-		İ
		-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0 .			
D	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		X
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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •		1	
е	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 List the states with which a copy of this return is filed. _ NONE		1	
	LIST THE STATES WITH WHICH A CONVINT THIS FETUTE IS THEN NILTINIE:	40e		X
41				
	The organization's books are in care of ► RUSHIE BEAN Telephone no. ► 860-7	74-7		
42 a	The organization's books are in care of \blacktriangleright RUSHIE BEAN Telephone no. \blacktriangleright 860-7' Located at \blacktriangleright 63 FORTIN DRIVE, BROOKLYN, CT			
42 a	The organization's books are in care of \blacktriangleright RUSHIE BEAN Telephone no. \blacktriangleright 860-7 Located at \blacktriangleright 63 FORTIN DRIVE, BROOKLYN, CT ZIP + 4 \blacktriangleright 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority	74-7	4	
42 a	The organization's books are in care of NUSHIE BEAN Located at Source of So	74-7 0623	4	No
42 a	The organization's books are in care of ► RUSHIE BEAN Located at ► 63 FORTIN DRIVE, BROOKLYN, CT 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)?	74-7	4	
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42 a b	The organization's books are in care of NUSHIE BEAN Located at Solution of Solution DRIVE, BROOKLYN, CT 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 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:	74-7 0623	4	No X
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42 a b c	Telephone no. RUSHIE BEAN Located at 63 FORTIN DRIVE, BROOKLYN, CT 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 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: 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 At any time during the calendar year, did the organization maintain an office outside of the U S.?	74-7 0623 42b 42c N/A	4	No X
42 a b c	Telephone no. ► 860-7 Located at ► 63 FORTIN DRIVE, BROOKLYN, CT 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	74-7 0623 42b 42c N/A	Yes	No X
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42 a b c 43	Telephone no. RUSHIE BEAN Telephone no. 860-7 Located at 63 FORTIN DRIVE, BROOKLYN, CT 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	74-7 0623 42b 42c N/A	Yes	No X
42 a b c 43	The organization's books are in care of NUSHIE BEAN Located at 63 FORTIN DRIVE, BROOKLYN, CT 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	74-7 0623 42b 42c N/A	Yes	No X
42 a b c 43 44 a b	Telephone no. RUSHIE BEAN Telephone no. Second to be a second to be a second to the organization of 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	74-7 0623 42b 42c N/A	Yes	No X
42 a b c 43 44 a b	The organization's books are in care of NUSHIE BEAN Located at 63 FORTIN DRIVE, BROOKLYN, CT 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	74-7 0623 42b 42c N/A	Yes	No X
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42 a b c 43 44 a b c d	Telephone no. RUSHIE BEAN Telephone no. RUSHIE BEAN Telephone no. RUSHIE BEAN Telephone no. RUSHIE BEAN 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 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: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation	74-7 0623 42b 42c N/A 44a 44b 44c	Yes	X X
42 a b c 43 44 a b c d 45 a	Telephone no. RUSHIE BEAN Telephone no. RUSHIE BEAN Telepho	74-7 0623 42b 42c N/A 44a 44b 44c 44d	Yes	No X

Bod the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes Yes Complete Scheduler C, Part 2	orm 9 9 0-EZ (2	2011) BROOKLYN PTO			06-13252	80 Pag
Section 601 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 601(c) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47.49b and 52, and complete the tables for innes 50 and 51.0 feet if the organization used Schedule 0 to respond to any question in this Part VI Yes 17.5 to the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Sch. C, Part II 47.			ities on behalf of or in opposition	to candidates for p	ublic office?	
organizations and section 4947(a)(1) nonexempt characteristic 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 7. Did the organization engage in loobying activities or have a section 591(h) election in effect during the laxyee? If Yes, complete Sch. C, Part II 42 4 48 4 48 4 49 4 49 4 49 4 49 4 49 4			1047(a)(1) papayampt	charitable tru	ete only Alla	
for lanes 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Ves 1 7. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes," complete Sch. C, Part II 47 83. Did the organization make any transfers to an exempt non-inchinable related organization? 84. Bit was the related organization as section 570 organization? 85. If Yes," was the related organization in section 570 organization or section organization in the programization or the programization of the programization or paid with the programization or the programization in the programization of the programization in the programization in the programization of the organization in the programization in the programization of the organization of t						
7 Did the organization engage in lobbying activities or have a section \$01(th) election in effect during the tax year? If "Yes," complete Sch. C, Part II		• • • • • • • • • • • • • • • • • • • •	·		and complete tr	ne tables
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8 is the organization a school as described in section 17(b)(1)(A)(P) if Yes, "complete Schedule E 48 149 49b				. 0.14 1134	. 0.1. 0 0. 411 [
9.8 Did the organization make any franchistor to an exempt non-chantable related organization? 1				ary if "Yes," complet	e Sch. C, Part II	
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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 Index penalties of perjury, 1 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 reclaration of preparer (other this officer) is based on all information of which preparer has any knowledge Signature of officer) Signature Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check						
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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 noter penalties of perjury, 1 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 eclaration of preparer (other this officer) is based on all information of which preparer has any knowledge Print/Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print's self- employed Pol 209978 Firm's address ▶ P.O. BOX 296 DANIELSON, CT 06239-0296 Phone no. 860-774-4009 May the IRS discuss this return with the preparer shown above? See instructions ▼ X Yes						
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 Index penalties of perjury, 1 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 reclaration of preparer (other this officer) is based on all information of which preparer has any knowledge Signature of officer) Signature Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check						
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 Index penalties of perjury, 1 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 reclaration of preparer (other this officer) is based on all information of which preparer has any knowledge Signature of officer) Signature Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check						
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 Index penalties of perjury, 1 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 reclaration of preparer (other this officer) is based on all information of which preparer has any knowledge Signature of officer) Signature Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check	d Total nun	nber of other independent contractors each receiving over \$100.00		>		
charitable trusts must attach a completed Schedule A Index 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 eclaration of preparer (other map officer), based on all information of which preparer has any knowledge Sign				mpt		
Sign Here Signatule of office Date D					► X	Yes 🗀
Sign Here Signatule of office Date D	Inder penalties o	of perjury, I declare that I have examined this return, including accompanying so	hedules and statements, and to the be	est of my knowledge and	belief, it is true, corr	ect, and complete
Print/Type or print name and little Print/Type preparer's name Preparer's signatur Preparer's signatur Preparer's signatur Preparer's signatur Preparer's signatur Preparer's signatur Print/Type preparer's name Preparer's signatur Print/Type preparer's name Preparer's signatur Print/Type preparer's name Preparer's signatur Poll 209978 Firm's name PELOQUIN AND COMPANY, LLC Firm's EIN > 20-5102955 Firm's address P.O. BOX 296 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions		MIN A - FOM IN		 	12-6	-12
Print/Type preparer's name Print/Type preparer's name Preparer's signature Poll 209978 Firm's name PELOQUIN AND COMPANY, LLC Firm's EIN 20-5102955 Firm's address Phone no. 860-774-4009 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions X Yes		Signature of office D/V			Date	!. <i>@</i>
Print/Type preparer's name Preparer's signatur Preparer's signatur Print/Type preparer's name Preparer's signatur Polte	nere		asurer			
Preparer Use Only Firm's name ▶ PELOQUIN AND COMPANY, LLC Firm's address ▶ P.O. BOX 296 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions P01209978 P1/20/12 P01209978 Firm's EIN ▶ 20-5102955 Phone no. 860-774-4009			Date		-	
Firm's name ▶ PELOQUIN AND COMPANY, LLC Firm's address ▶ P.O. BOX 296 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions Firm's EIN ▶ 20-5102955 Phone no. 860-774-4009	Paid		Un -CDA	self- emplo	oyed	
Firm's name \blacktriangleright PELOQUIN AND COMPANY, LLC Firm's EIN \blacktriangleright 20-5102955 Firm's address \blacktriangleright P.O. BOX 296 Phone no. 860-774-4009 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions	Preparer	GARY W. PELOQUIN	Edward 11/20	/12	P012	09978
Firm's address \blacktriangleright P.O. BOX 296 Phone no. 860-774-4009 DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions	Jse Only		LLC	·		
DANIELSON, CT 06239-0296 May the IRS discuss this return with the preparer shown above? See instructions X Yes	•					
May the IRS discuss this return with the preparer shown above? See instructions			0296	i none no	. 555 //	- -
	May the IRS du				► Y	Yes 🔲
	nay tile ii 10 Uli	couse this return with the proparer shown above. See that delichs				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

		BROOKLY							06	-1325	280	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See inst	tructions				
he organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 📋		•	s, or association of chur).				
2	· ·		′0(ь)(1)(А)(іі). (Attach Sc									
3			tal service organization	•	ın section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ie hospital	's name	e.
-	city, and stat				January 2000			(-7/-7/-7/-				•
5	•		benefit of a college or ui	niversity ov	wned or or	perated by	a governi	mental uni	t describe	d in		
J	_	(b)(1)(A)(iv). (Comple	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- g					
6			ent or governmental unr	t describer	d in sactio	n 170/h)/	11/ / 1/ / /					
7	,		eives a substantial part					or from the	n leranan	ublic desc	ribed ir	,
,		b)(1)(A)(vi). (Comple		or its supp	or nom a	governine	iniai aini c	7 110111 1110	gonorarp	ubilo dece	11000 11	•
8 🔲	· · · · · · · · · · · · · · · · · · ·		section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X			eives (1) more than 33			rom oontr	butions m	aambarahi	n food and	d arose re	cointe f	from
عما و												
			nctions - subject to certa									
		509(a)(2). (Complete	axable income (less sect	liononia	x) Iroin bu	311163565	acquired b	y the orga	inization a	iter June 3	0, 197	5
10 🔲		• • • •	perated exclusively to te	et for publ	ic safety 9	See contro	n 500(a)(41				
11 🗔	=	-	perated exclusively to te perated exclusively for th	-	-			-	y out the r	ourocee (of ana c	nr.
	-	•	ations described in secti		•				•	-		<i>7</i> 1
		• • • •	organization and compl		•		-/ Oee set	Jeoc nons	ajjoj. One	JK THE DOX	liial	
	a Type		7.		e III Fund		tegrated		d□	Type III - (Other	
е 🗔			at the organization is not			•	•	r more die				n
e	-		han one or more publich									
f		ū	tten determination from		_				J(4)(1) 01 3	0011011 000	-(ω)(Δ)	
•	_	rganization, check tl				pc 1, 1 ypc	. II, OI 19P	-				
0		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing per	sons?			
g	_		lirectly controls, either al			•					Yes	No
		•	upported organization?			p=.000 t		() (,, 20.011,	11g(i)	1.00	
	-	· ·	n described in (i) above?)						11g(ii)		
	` '	·	person described in (i)		e?					11g(iii)		
h	` '	•	about the supported or	• • •							1	
••			about the cappoints of	941.1124.101.11	(0)							
(:) Nomo	of augo orted	() EIN	(ıii) Type of	(IV) is the c	organization	(v) Did vo	u notify the	(vi) Is	the	(wii) An	oount of	
	of supported anization	(n) EIN	organization		sted in your		tion in col.	organızatı (i) organız	on in col.		nount of port	
0, 9	ameanon		(described on lines 1-9 above or IRC section		document?		r support?	US	5.7	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
· · · · · ·				† · · · · · · · · · · · · · · · · · · ·			1					
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otal				<u> </u>		L	1	1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Page 2 Schedule A (Form 990 or 990-EZ) 2011 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 (a) 2007 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (b) 2008 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

•		1	ı	1			Į.		
	furnished by a governmental unit to								
	the organization without charge		ļ	<u> </u>					
4	Total. Add lines 1 through 3					ļ			
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					1			
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4								
Se	ction B. Total Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(е	2011	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	:							
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on					ļ			
10	Other income Do not include gain								
	or loss from the sale of capital	1							
	assets (Explain in Part IV)					ļ			
11	Total support. Add lines 7 through 10	L				ļ			
12	Gross receipts from related activities,	, etc (see instruct	ions)			12			
13	First five years. If the Form 990 is for	r the organization	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(d	c)(3)		
_	organization, check this box and stor		_						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
14	Public support percentage for 2011 (line 6, column (f) o	divided by line 11,	column (f))		14			%
15	Public support percentage from 2010) Schedule A, Par	t II, line 14			15			%
16	a 33 1/3% support test - 2011. If the o	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, cl	neck this bo	x and	
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n				>	<u> </u>
ı	o 33 1/3% support test - 2010. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or mo	re, check th	us box	
	and stop here. The organization qual	ifies as a publicly	supported organia	zation				>	<u> - </u>
17	a 10% -facts-and-circumstances tes	t - 2011. If the or	ganization did not	check a box on line	e 13, 16a, or 16b,	and line	14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	rt IV ho	w the organ	ization	
	meets the "facts-and circumstances"	test The organize	ation qualifies as a	publicly supported	d organization			•	-
ŀ	o 10% -facts-and-circumstances tes	t - 2010. If the or	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, an	d line 15 is	10% or	
	more, and if the organization meets the	ne "facts and-circ	umstances" test, d	heck this box and	stop here. Explai	n in Par	t IV how the	r	_
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	icly supported org	anızatıo	ก	•	۱
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see	instructions	s 🕨	• []

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)

Se	ction A. Public Support	3.0 11, p.10 d.0 0 0 0 11 p.					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	2,065.	27,220.	370.	132.	50.	29,837.
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	74,527.	22,990.	61,008.	43,833.	47,106.	249,464.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	76,592.	50,210.	61,378.	43,965.	47,156.	279,301.
7 8	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
	Public support (Subtract line 7c from line 6)						279,301.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 6	76,592.	50,210.	61,378.	43,965.	47,156.	279,301.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	362.	103.	10.			475.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					;	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	362.	103.	10.			475.
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)	76,954.	50,313.	61,388.	43,965.	47,156.	279,776.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation,
	check this box and stop here				· · · · · · · · · · · · · · · · · · ·	··	
	ction C. Computation of Publi	· · · · · · · · · · · · · · · · · · ·			 	 	
	Public support percentage for 2011 (li		,	olumn (f))	j-	15	99.83 %
	Public support percentage from 2010			· · ·		16]	99.82 %
	ction D. Computation of Inves			40 (0)		1	17 %
	Investment income percentage for 20	•	• • •	e 13, column (t))		17	.17 %
	Investment income percentage from 2			n line 14 and line	_	18	.18 %
	a 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box ar a 33 1/3% support tests - 2010. If the	nd stop here. The	organızatıon qualı	fies as a publicly s	upported organiza	tion	$\triangleright \mathbf{X}$
•	line 18 is not more than 33 1/3%, che	_				•	▶
20	Private foundation If the organization			•		•	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

| 201

Schedule G (Form 990 or 990-EZ) 2011

2011

Department of the Treasury Internal Revenue Service 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.

Open To Public Inspection

ame of the organization BROOKLYN	PTO					Employer ide 06-1325	ntification number 280		
Part I Fundraising Activities. Correquired to complete this part		ered "Y	es" to	Form 990, Part IV, I	ine 17	7 Form 990-EZ	filers are not		
Indicate whether the organization raised	e Solicitat f Solicitat g X Special ral agreement with any individual VII) or entity in connection with p uals or entities (fundraisers) purs	tion of tion of fundra (includ	non-ge govern Ising e Iing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		have custody or control of from a		(iv) Gross receipts from activity	(v) Amount pa to (or retained to fundraiser listed in col (i	fundraiser	(vi) Amount paid to (or retained by) organization
		Yes	No						
	 -								
			 -						
otal 3 List all states in which the organization is or licensing	registered or licensed to solicit	contrib	▶ utions	s or has been notified	d it is	exempt from re	egistration		
							· · · · · · · · · · · · · · · · · · ·		
				·					

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G	(Form 990 o	r 990-F7)	2011	BROO	KLYN	PTO
Scriedule G (COILL SEC O	1 33U-LZ	2011	DIVOO	T/T7 T-T4	

		of fundraising Events. Complete if the				
	•		(a) Event #1 VARIOUS HOLIDAY AND	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
ø			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	47,106.			47,106.
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	47,106.		·	47,106.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment	20.610			20 610
	9	Other direct expenses	30,610.			30,610.
	10 11	Direct expense summary Add lines 4 through Net income summary Combine line 3, column				30,610, 16,496.
Pa	irt l	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	10,4000
	-	\$15,000 on Form 990-EZ, line 6a				
ue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				billigo/progressive billigo		cor (a) through cor (c)
_	1	Gross revenue	 			
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	()
	8	Net gaming income summary Combine line	I, column d, and line 7		>	
_		A - A - A - A - A - A - A - A - A - A -	A			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain		-	/ear?	Yes No
3208	32 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Sch	nedule G (Form 990 or 990-EZ) 2011 BROOKLYN PTO	06-1	325280	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	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	ļ		
	a The organization's facility		13a	%
	o An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds '	• •	
• •				
	Name			
	Address ►		,	<u></u>
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
•	c If "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, coll lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf			
				
_			···-	
				
				, -

SCHÈDULE O

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Employer identification number Name of the organization 06-1325280 BROOKLYN PTO FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 15,596. DONATIONS TO BROOKLYN SCHOOL 10. SERVICE CHARGES 1,272. INSURANCE 597. OFFICE SUPPLIES 994. MISCELLANEOUS 18,469. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. OR INDIRECTLY. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.