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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2012****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 2012 calendar year, or tax year beginning **July 1**, 2012, and ending **June 30**, 2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☒ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Monroe Middle School Parent Teacher Organization**

**D** Employer identification number  
**06-1079195**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**365 Fan Hill Road**

**E** Telephone number  
**203-452-2905**

City or town, state or country, and ZIP + 4  
**Monroe, CT 06468**

**F** Group Exemption Number **▶**

**G** Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) **▶**

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **▶ http://jockeyhollowpto.webs.com/**

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 **▶ \$**

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>941</b>
	<b>2</b>	Program service revenue including government fees and contracts	<b>0</b>
	<b>3</b>	Membership dues and assessments	<b>4895</b>
	<b>4</b>	Investment income	<b>1</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>0</b>
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>0</b>
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>0</b>
	<b>6</b>	Gaming and fundraising events	
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>0</b>
	<b>b</b>	Gross income from fundraising events (not including \$406 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>12928</b>
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>382</b>	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>12546</b>	
Expenses	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>0</b>
	<b>7b</b>	Less: cost of goods sold	<b>0</b>
	<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>0</b>
	<b>8</b>	Other revenue (describe in Schedule O)	<b>1500</b>
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>19884</b>
	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>11631</b>
	<b>11</b>	Benefits paid to or for members	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>0</b>
Net Assets	<b>13</b>	Professional fees and other payments to independent contractors	<b>1090</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>0</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>750</b>
	<b>16</b>	Other expenses (describe in Schedule O)	<b>5515</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>18986</b>
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>898</b>
	<b>19</b>	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)	<b>17679</b>
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>2907</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21484</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

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**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 . . . . .	20881	21484
23	Land and buildings . . . . .	0	0
24	Other assets (describe in Schedule O) . . . . .	0	0
25	<b>Total assets</b> . . . . .	20881	21484
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	20881	21484

**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 . . ☒

What is the organization's primary exempt purpose?	Provide support to community, students, parents & staff
--	---

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Mini Grants - monies provided to the school /faculty to enhance the curriculum		
	(Grants \$ 3935) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	3935
29	Cultural Event - These are either in school or onsite performances that are cultural enriching that pertain to the age, grade levels and or current curriculum under study.		
	(Grants \$ 3046) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	3046
30	School/Campus improvements - enriching the school for key items that did not make the budget. etc.Metal picnic tables to replace old wooden ones		
	(Grants \$ 4650) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	4650
31	Other program services (describe in Schedule O)		
	(Grants \$ 5515) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	5515
32	Total program service expenses (add lines 28a through 31a)	32	17146

**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 . . . . . ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> 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 requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ <b>0</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <b>0</b>		
<b>e</b> 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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>Connecticut</b>		
<b>42a</b> The organization's books are in care of ▶ <b>Kimberly O'Leary</b> Telephone no. ▶ <b>2034452854</b> Located at ▶ <b>25 Deerfield Lane, Monroe, CT</b> ZIP + 4 ▶ <b>06468</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b> 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 (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

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 . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . . ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		<input checked="" type="checkbox"/>

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . 0

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."

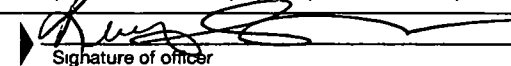
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 January 13, 2014  
 Kimberly O'Leary, President  
 Type or print name and title January 13, 2014

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no. ▶

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Monroe Middle School Parent Teacher Organization

06-1079195

**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—Non-functionally integrated
- 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? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33⅓% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33⅓% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					7337	7337
<b>2</b> 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 . . . .					12546	12546
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .					0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .					0	0
<b>6 Total.</b> Add lines 1 through 5 . . . .					19883	19883
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .					0	0
<b>b</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	0
<b>c</b> Add lines 7a and 7b . . . .					0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						19883

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . .					19883	19883
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .					1	1
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .					0	0
<b>c</b> Add lines 10a and 10b . . . .					19884	19884
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .					0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .					2907	2907
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33⅓% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶ ☐

**b 33⅓% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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.** 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).

**Part III Section B #12**

**This is a carry over from the cultural events funds from 2011-2012 that was not fully utilized.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

2012

**Open to Public Inspection**

Name of the organization

**Monroe Middle School Parent Teacher Organization**

Employer Identification number

**06-1079195**

**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.

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

[illegible]

- [illegible]

**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	(b) Event #2	(c) Other events	(d) Total events
		<u>Entertainment Book</u> (event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	5094.00			5094
	<b>2</b> Less: Contributions . . . . .	2913.00			2913
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	2181.00			2181
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	0			0
	<b>8</b> Entertainment . . . . .	0			0
	<b>9</b> Other direct expenses . . . . .	0			0
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 0 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				2181	

**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))
<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**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: \_\_\_\_\_  
\_\_\_\_\_

- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:   |                              |                             |
| <b>a</b>  | The organization's facility   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility   | <b>13b</b>                   | %                           |
| <b>14</b> | 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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

**Gaming manager compensation ▶ \$**

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:**
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ 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 ► \$

**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).

NA

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**Monroe Middle School Parent Teacher Organization**

Employer identification number

**06-1079195**

**Part 1, Line 8**

**This was a carry over of funds not spent in 2011/2012 to improve the school /campus**

**Part 1, Line 10**

**Campus Improvements, Cultural programs, Mini grants**

**Part 1, Line 16**

**This covered charity donations, specific school function donations (CMT treats and 8th grade dance), Hospitality & back to school breakfast  
for faculty; Newcomers gifts, cd and packets, Teacher appreciation lunch and Team gift allocation (electric pencil sharpeners for each team)**

**Part 1, Line 20**

**This is a carry over of unused Cultural Events funds that were not used in the 2011-2013 school year.**

**Part 3, Line 28, 29, 30 are all covered under Part 1, Line 10 description**

**Part 3, Line 31 are all covered under Part 1, Line 16 description**

## Jockey Hollow Main Campus and STEM Academy:

## AUGUST 2013 BUDGET

Category	12/13 Actual	13/14 Budget	13/14 Actuals	Sales	Costs	Net Profit
STARTING CHECKING BALANCE	14534.45	19474.18	19474.18			
STARTING SAVINGS BALANCE	6053.8	2054.73	2054.73			
<b>INCOME</b>						
Advertising Income	\$375.00	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00
Summer project carry over	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Membership Dues	\$4,895.00	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00
8th Grade Reflection DVD's	\$0.00	\$300.00	\$352.00	\$380.00	\$28.00	\$352.00
Apparel Surplus Sale	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00
Transfer from Savings	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bank Interest	\$0.50	\$0.50	\$0.93	\$0.00	\$0.00	\$0.00
Donations Received	\$160.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$10,930.50</b>	<b>\$4,850.50</b>	<b>\$352.00</b>	<b>\$380.00</b>	<b>\$28.00</b>	<b>\$352.00</b>

FUNDRAISERS	12/13 Actual	13/14 Budget	13/14 Actuals	Sales	Costs	Net Profit
Apparel Sales	\$850.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00
Locker Ladders + Apparel (12) / Locker Ladders only(13)	\$1,999.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Buy Out Option	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Book Fair - FALL - JH/STEM	\$1,424.54	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Book Fair - SPRING - JH/STEM	\$899.00	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00
Box Top Income	\$869.00	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00
Yankee Candle Fundraiser	\$1,405.91	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Meadow Farms (fall 2012) / Jeannines (fall 2013)	\$3,068.61	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
Entertainment Book	\$2,181.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Fit-aThon	\$399.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cookie Dough(112/13); Bulbs and Chocolate(13/14)	\$230.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00
PC Specialists	\$7.49	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Fundraisers</b>	<b>\$13,333.88</b>	<b>\$15,205.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Income</b>	<b>\$24,264.38</b>	<b>\$20,055.50</b>	<b>\$352.00</b>			<b>\$352.00</b>

EXPENSES	12/13 Actual	13/14 Budget	13/14 Actuals	Expense
Administrative / Miscellaneous	\$750.00	\$600.00	\$168.03	\$168.03
Campus Improvements - JH/STEM	\$4,650.00	\$5,000.00	\$0.00	\$0.00
Charity / Donations Given	\$500.00	\$400.00	\$0.00	\$0.00
CMT / Dance treats	\$450.00	\$250.00	\$0.00	\$0.00
Cultural Programs - JH/STEM	\$3,045.83	\$5,000.00	\$0.00	\$0.00
Directory Expense	\$382.00	\$450.00	\$0.00	\$0.00
Hospitality/Back to Sch Breakfast	\$700.00	\$400.00	\$0.00	\$0.00
Insurance	\$225.00	\$225.00	\$0.00	\$0.00
Mini-Grants	\$3,935.00	\$4,000.00	\$0.00	\$0.00
Newcomers	\$500.00	\$200.00	\$0.00	\$0.00
Parents' Council Dues	\$75.00	\$75.00	\$0.00	\$0.00
Tax /Accountant	\$790.00	\$450.00	\$0.00	\$0.00
Teacher Appreciation Lunch	\$365.00	\$300.00	\$0.00	\$0.00
Team/Campus Allocation	\$3,000.00	\$5,000.00	\$139.56	\$139.56
<b>Total Expenses</b>	<b>\$19,367.83</b>	<b>\$17,350.00</b>	<b>\$307.59</b>	<b>\$307.59</b>
<b>2013-14 Checking: Surplus/&lt;Deficit&gt;</b>	<b>\$4,896.55</b>	<b>\$2,705.00</b>	<b>\$43.48</b>	
<b>2013-13 Savings: Surplus/&lt;Deficit&gt;</b>	<b>\$4,000.00</b>	<b>\$0.50</b>	<b>\$0.93</b>	
<b>YTD CHECKING ACCOUNT: Surplus / &lt;Deficit&gt;</b>	<b>\$19,431.00</b>	<b>\$22,179.68</b>	<b>\$19,518.59</b>	
<b>YTD SAVINGS ACCOUNT: Surplus/ &lt;Deficit&gt;</b>	<b>\$2,053.80</b>	<b>\$2,054.23</b>	<b>\$2,053.80</b>	

Combined in the Campus Allocation

2012-2013 Fundraiser Breakdown.

Fundraisers:	12/13 Actual
Apparel Sales	\$852.00
Locker Ladders	\$1,999.00
Book Fair - FALL - JH/STEM	\$1,424.54
Book Fair - SPRING - JH/STEM	\$899.00
Box Top Income	\$869.00
Yankee Candle Fundraiser	\$1,405.91
Meadow Farms (fall)	\$3,068.61
Entertainment Book	\$2,181.00
Fit-aThon	\$399.33
Cookie Dough	\$230.00
PC Specialists	\$7.49
<b>Subtotal Fundraisers</b>	<b>\$13,335.88</b>

Fundraisers:	Sales	Costs	Actual
Apparel Sales	\$2,569.50	\$1,717.50	\$852.00
Locker Ladders	\$3,859.00	\$1,860.00	\$1,999.00
Book Fair - FALL - JH/STEM	\$5,698.16	\$4,273.62	\$1,424.54
Book Fair - SPRING - JH/STEM	\$3,601.52	\$2,702.52	\$899.00
Box Top Income	\$869.00	\$0.00	\$869.00
Yankee Candle Fundraiser	\$3,787.87	\$2,381.96	\$1,405.91
Meadow Farms (fall)	\$4,963.32	\$1,894.71	\$3,068.61
Entertainment Book	\$5,094.00	\$2,913.00	\$2,181.00
Fit-aThon	\$720.00	\$320.67	\$399.33
Cookie Dough	\$990.00	\$760.00	\$230.00
PC Specialists			\$7.49
			\$13,335.88

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

# CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	7/02/12 thru 7/31/12
Number Of Days In Cycle	30
Page	1

Customer Service 800.461.0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



## CHECKING/MONEY MARKET ACCOUNTS

### Free Business Checking

Starting Balance		11,626.17
+ Deposits		.00
- Checks/Debits	3	1,091.72
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		10,534.45
Average Balance		10,716.90

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EQUAL HOUSING LENDER

## ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description		Amount	Balance
	<b>Starting Balance</b>			<b>11,626.17</b>
7/06	Check	1067	900.00-	10,726.17
7/10	Check	1066	78.44-	10,647.73
7/13	Check	1065	113.28-	10,534.45

## CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
7/13	1065	113.28	7/10	1066	78.44	7/06	1067	900.00

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*



# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	8/01/12 thru 9/03/12
Number Of Days In Cycle	34
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		10,534.45
+ Deposits	4	9,373.00
- Checks/Debits	5	5,553.51
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		14,353.94
Average Balance		12,242.55

### Mobile Banking Services

You don't need an app to bank with us but we built two anyway - find out more at NSBonline.com.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>10,534.45</b>
8/14	Withdrawal	225.00-	10,309.45
8/14	Check 1073	300.00-	10,009.45
8/17	Deposit	1,500.00	11,509.45
8/23	Check 1063	2,500.00-	9,009.45
8/24	Deposit - (BL)	1,141.00	10,150.45
8/24	Deposit - (BL)	2,732.00	12,882.45
8/24	Trsf from Stm Sav 0001 Confirmation number 824120119	4,000.00	16,882.45
8/29	Check 1074	1,860.00-	15,022.45
8/30	Check 1075	668.51-	14,353.94

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount
8/23	1063	2,500.00	8/29	1074	1,860.00
8/14	1073*	300.00	8/30	1075	668.51

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	9/04/12 thru 9/30/12
Number Of Days In Cycle	27
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		14,353.94
+ Deposits	5	9,028.67
- Checks/Debits	10	1,966.56
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		21,416.05
Average Balance		17,861.75

#### Mobile Banking

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### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>14,353.94</b>
9/04	Deposit	200.00	14,553.94
9/05	CHK ORDERS HARLAND CLARKE	94.98-	14,458.96
9/06	Deposit - (BL)	1,920.00	16,378.96
9/07	Check 1064	234.77-	16,144.19
9/07	Check 1077	289.48-	15,854.71
9/07	Check 1078	105.15-	15,749.56
9/07	Check 1079	810.23-	14,939.33
9/10	Withdrawal	150.00-	14,789.33
9/11	Deposit - (BL)	949.00	15,738.33
9/12	Check 1076	106.08-	15,632.25
9/19	CHK ORDERS HARLAND CLARKE	40.07-	15,592.18
9/20	Deposit - (BL)	965.00	16,557.18
9/20	Deposit - (BL)	4,994.67	21,551.85
9/26	Redeposit Fee	15.25-	21,536.60
9/27	Check 1080	120.55-	21,416.05

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
9/07	1064	234.77	9/07	1077	289.48	9/07	1079	810.23
9/12	1076*	106.08	9/07	1078	105.15	9/27	1080	120.55

\* Indicates Break in Check Number Sequence

\*\*\* END OF STATEMENT \*\*\*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	10/01/12 thru 10/31/12
Number Of Days In Cycle	31
Page	1

Customer Service 800.461.0672 or 203.426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		21,416.05
+ Deposits	5	11,037.50
- Checks/Debits	3	3,858.63
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		28,594.92
Average Balance		24,196.79

#### Make Your Life Easier

Pay bills online 24 hours  
a day, to any address in  
the U.S.A, with Bill Pay.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>21,416.05</b>
10/01	Deposit	225.00	21,641.05
10/10	Deposit - (BL)	1,307.00	22,948.05
10/16	Check 1081	298.00-	22,650.05
10/24	Deposit - (BL)	4,077.00	26,727.05
10/24	Deposit - (BL)	4,528.50	31,255.55
10/24	Deposit	900.00	32,155.55
10/26	Check 1082	3,420.13-	28,735.42
10/30	Check 1083	140.50-	28,594.92

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
10/16	1081	298.00	10/26	1082	3,420.13	10/30	1083	140.50

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	11/01/12 thru 12/02/12
Number Of Days In Cycle	32
Page	1

Customer Service 800 461 0672 or 203 426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		28,594.92
+ Deposits	4	1,420.57
- Checks/Debits	5	5,405.59
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		24,609.90
Average Balance		25,847.72

With appreciation for your business,  
and with warmest wishes for a Happy  
Holiday Season.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>28,594.92</b>
11/07	Deposit	40.25	28,635.17
11/13	Check 1084	2,796.00-	25,839.17
11/13	Check 1087	2,218.31-	23,620.86
11/14	Check 1085	9.28-	23,611.58
11/15	Deposit	348.50	23,960.08
11/16	Check 1086	372.00-	23,588.08
11/20	Deposit	838.82	24,426.90
11/21	Check 1088	10.00-	24,416.90
11/29	Deposit	193.00	24,609.90

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
11/13	1084	2,796.00	11/16	1086	372.00	11/21	1088	10.00
11/14	1085	9.28	11/13	1087	2,218.31			

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

# **NEWTOWN SAVINGS BANK**

39 Main Street  
Newtown, CT 06470

## **CHECKING/MONEY MARKET STATEMENT**

Account Number	200042571
Statement Dates	12/03/12 thru 12/31/12
Number Of Days In Cycle	29
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

### **CHECKING/MONEY MARKET ACCOUNTS**

#### **Free Business Checking**

Starting Balance		24,609.90
+ Deposits	2	3,843.50
- Checks/Debits	5	2,913.43
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		25,539.97
Average Balance		27,044.04

**NOTICE:** By federal law, as of 1/1/2013, funds in a noninterest-bearing transaction account (including an IOLTA/IOLA) will no longer receive unlimited deposit insurance coverage, but will be FDIC-insured to the legal maximum of \$250,000 for each ownership category. For more information, visit [www.fdic.gov/deposit/deposits/](http://www.fdic.gov/deposit/deposits/)

### **ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>24,609.90</b>
12/06	Check 1089	118.03-	24,491.87
12/10	Deposit - (BL)	3,588.00	28,079.87
12/11	Check 1090	92.77-	27,987.10
12/13	POS DEB 1055 12/13/12 16605951 SUPER STOP&SHOP #685 MONROE CT	200.00-	27,787.10
12/18	Deposit	255.50	28,042.60
12/26	Check 1092	120.67-	27,921.93
12/31	Check 1093	2,381.96-	25,539.97

### **CHECKS CLEARED AT A GLANCE**

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
12/06	1089	118.03	12/26	1092*	120.67			
12/11	1090	92.77	12/31	1093	2,381.96			

\* Indicates Break in Check Number Sequence

**\* \* \* END OF STATEMENT \* \* \***

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

**CHECKING/MONEY MARKET STATEMENT**

Account Number	200042571
Statement Dates	1/01/13 thru 1/31/13
Number Of Days In Cycle	31
Page	1

Customer Service 800 461 0672 or 203.426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

**CHECKING/MONEY MARKET ACCOUNTS**

**Free Business Checking**

Starting Balance		25,539.97
+ Deposits	2	912.50
- Checks/Debits	2	600.00
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		25,852.47
Average Balance		25,921.37

Revised Fee Schedule and  
Annual Privacy Notice enclosed.

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>25,539.97</b>
1/07	Deposit	540.90	26,080.87
1/24	Check 1095	500.00-	25,580.87
1/25	Deposit	371.60	25,952.47
1/29	Check 1096	100.00-	25,852.47

**CHECKS CLEARED AT A GLANCE**

Date	Check #	Amount	Date	Check #	Amount
1/24	1095	500.00	1/29	1096	100.00

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	2/01/13 thru 2/28/13
Number Of Days In Cycle	28
Page	1

Customer Service 800.461.0672 or 203.426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

### Personalize your Visa Debit Card



Learn more at [NSBOnline.com/MyCard](http://NSBOnline.com/MyCard)

### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		25,852.47
+ Deposits	1	1,598.00
- Checks/Debits	6	2,083.75
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		25,366.72
Average Balance		25,738.34

Our Debit Cards are more personal than ever. Now you can make your Debit Card as unique as you are.

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### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>25,852.47</b>
2/06	Deposit - (BL)	1,598.00	27,450.47
2/08	DBT CRD 2106 02/07/13 29980002 SUPER TEES SCREEN PRINT 203-627-7158 CT	1,330.72-	26,119.75
2/08	Check 1097	200.00-	25,919.75
2/11	Check 1099	135.34-	25,784.41
2/14	Check 1098	350.00-	25,434.41
2/27	Check 1100	50.56-	25,383.85
2/28	Check 1094	17.13-	25,366.72

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
2/28	1094	17.13	2/14	1098	350.00	2/27	1100	50.56
2/08	1097*	200.00	2/11	1099	135.34			

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

**CHECKING/MONEY MARKET STATEMENT**

Account Number	200042571
Statement Dates	3/01/13 thru 3/31/13
Number Of Days In Cycle	31
Page	1

Customer Service 800.461.0672 or 203.426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

**Personalize your Visa Debit Card**



**CHECKING/MONEY MARKET ACCOUNTS**

**Free Business Checking**

Starting Balance		25,366.72
+ Deposits	2	1,534.49
- Checks/Debits	6	3,291.25
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		23,609.96
Average Balance		25,017.84

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**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description		Amount	Balance
	<b>Starting Balance</b>			<b>25,366.72</b>
3/01	Check	1101	250.00-	25,116.72
3/05	Deposit - (BL)		737.50	25,854.22
3/05	Deposit - (BL)		796.99	26,651.21
3/07	Check	1102	242.30-	26,408.91
3/12	Check	1106	151.80-	26,257.11
3/18	Check	1107	1,890.00-	24,367.11
3/19	Check	1108	607.15-	23,759.96
3/25	Check	1109	150.00-	23,609.96

**CHECKS CLEARED AT A GLANCE**

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
3/01	1101	250.00	3/12	1106*	151.80	3/19	1108	607.15
3/07	1102	242.30	3/18	1107	1,890.00	3/25	1109	150.00

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*



# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	4/01/13 thru 4/30/13
Number Of Days In Cycle	30
Page	1

Customer Service 800.461.0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		23,609.96
+ Deposits	2	3,495.96
- Checks/Debits	5	3,707.32
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		23,398.60
Average Balance		24,060.30

#### Changes to Business Checking

Effective July 1st, there will be important changes to our Business Checking accounts. Please review the information included with this statement.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>23,609.96</b>
4/02	Check 1103	11.00-	23,598.96
4/24	Deposit - (BL)	3,345.96	26,944.92
4/24	Deposit	150.00	27,094.92
4/25	Check 1113	500.00-	26,594.92
4/26	Check 1110	499.90-	26,095.02
4/29	Check 1114	2,446.42-	23,648.60
4/30	Check 1112	250.00-	23,398.60

### CHECKS CLEARED AT A GLANCE

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
4/02	1103	11.00	4/30	1112*	250.00	4/29	1114	2,446.42
4/26	1110*	499.90	4/25	1113	500.00			

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

**CHECKING/MONEY MARKET STATEMENT**

Account Number	200042571
Statement Dates	5/01/13 thru 6/02/13
Number of Days in Cycle	33
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

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**CHECKING/MONEY MARKET ACCOUNTS**

**Free Business Checking**

Starting Balance		23,398.60
+ Deposits	2	421.84
- Checks/Debits	8	1,279.36
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		22,541.08
Average Balance		22,936.86

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**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>23,398.60</b>
5/01	Deposit	52.84	23,451.44
5/02	Check 1111	182.31-	23,269.13
5/08	Deposit	369.00	23,638.13
5/08	Check 1116	51.24-	23,586.89
5/08	Check 1117	39.10-	23,547.79
5/10	Check 1105	500.00-	23,047.79
5/10	Check 1115	100.00-	22,947.79
5/16	Check 1119	25.20-	22,922.59
5/20	Check 1120	201.26-	22,721.33
5/30	Check 1118	180.25-	22,541.08

**CHECKS CLEARED AT A GLANCE**

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
5/10	1105	500.00	5/08	1116	51.24	5/16	1119	25.20
5/02	1111*	182.31	5/08	1117	39.10	5/20	1120	201.26
5/10	1115*	100.00	5/30	1118	180.25			

\* Indicates Break in Check Number Sequence

**\* \* \* END OF STATEMENT \* \* \***



# Newtown Savings Bank

39 Main Street, Newtown, CT 06470

## CHECKING/MONEY MARKET STATEMENT

Account Number	200042571
Statement Dates	6/03/13 thru 6/30/13
Number of Days in Cycle	28
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### CHECKING/MONEY MARKET ACCOUNTS

#### Free Business Checking

Starting Balance		22,541.08
+ Deposits	2	217.00
- Checks/Debits	16	1,973.34
- Service Charge		.00
- Interest Pd this int cycle		.00
Ending Balance		20,784.74
Average Balance		21,655.82

#### Cash Management...

#### Tools to Manage Your Business.

With Cash Management Services you can combine the services you need to manage your funds, speed up your transactions, and streamline your financial operations. Let us build a package that works just for you.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>22,541.08</b>
6/07	DBT CRD 0247 06/07/13 26000612 SHOPRITE SHELTON S1 SHELTON CT	2.91-	22,538.17
6/07	DBT CRD 0247 06/07/13 22000612 SHOPRITE SHELTON S1 SHELTON CT	3.88-	22,534.29
6/07	DBT CRD 0246 06/07/13 24000612 SHOPRITE SHELTON S1 SHELTON CT	5.82-	22,528.47
6/07	DBT CRD 0246 06/07/13 28000612 SHOPRITE SHELTON S1 SHELTON CT	7.76-	22,520.71
6/07	DBT CRD 0246 06/07/13 26000612 SHOPRITE SHELTON S1 SHELTON CT	7.76-	22,512.95
6/07	DBT CRD 0246 06/07/13 21000612 SHOPRITE SHELTON S1 SHELTON CT	8.73-	22,504.22
6/07	DBT CRD 0247 06/07/13 23000612 SHOPRITE SHELTON S1 SHELTON CT	11.64-	22,492.58
6/10	Check 1121	75.00-	22,417.58
6/11	Check 1124	130.00-	22,287.58
6/11	Check 1126	20.00-	22,267.58



Account Number 200042571  
Date 6/03/13 thru 6/30/13  
Page 2

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

**Free Business Checking (Continued)**

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
6/13	Check 1127	51.86-	22,215.72
6/13	Check 1128	62.99-	22,152.73
6/13	Check 1125	655.00-	21,497.73
6/14	Deposit	47.00	21,544.73
6/14	Deposit	170.00	21,714.73
6/21	Check 1123	790.00-	20,924.73
6/24	DBT CRD 1435 06/21/13 27000860 WWW.NEWEgg.COM 800-390-1119 CA	59.99-	20,864.74
6/24	Check 1129	80.00-	20,784.74

**CHECKS CLEARED AT A GLANCE**

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
6/10	1121	75.00	6/13	1125	655.00	6/13	1128	62.99
6/21	1123*	790.00	6/11	1126	20.00	6/24	1129	80.00
6/11	1124	130.00	6/13	1127	51.86			

\* Indicates Break in Check Number Sequence

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

**SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	7/03/12 thru 8/01/12
Number Of Days In Cycle	30
Page	1

Customer Service 800.461.0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



**SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date. Interest Earned reflects interest accrued this period.

**Statement Savings Account**

Starting Balance	6,053.33
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.25
Ending Balance	6,053.58
Average Balance	6,053.33
Interest Earned	.25
Annual Percentage Yield Earned	0.05%
2012 Interest Paid	2.02

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EQUAL HOUSING LENDER

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>6,053.33</b>
8/01	Interest Deposit	.25	6,053.58

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

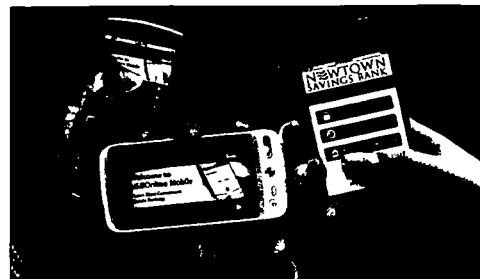
39 Main Street  
Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	8/02/12 thru 9/04/12
Number Of Days In Cycle	34
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

#### Statement Savings Account

Starting Balance		6,053.58
+ Deposits		.00
- Checks/Debits	1	4,000.00
- Service Charge		.00
- Interest Pd this int cycle		.22
Ending Balance		2,053.80
Average Balance		4,641.81
Interest Earned		.22
Annual Percentage Yield Earned		0.05%
2012 Interest Paid		2.24

### Mobile Banking Services

You don't need an app to bank with us but we built two anyway - find out more at NSBOnline.com.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>6,053.58</b>
8/24	Transf to F Bus Ck 0001 Confirmation number 824120119	4,000.00-	2,053.58
9/04	Interest Deposit	.22	2,053.80

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN  
SAVINGS BANK**  
39 Main Street  
Newtown, CT 06470

# **SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	9/05/12 thru 10/01/12
Number Of Days In Cycle	27
Page	1

Customer Service 800 461 0672 or 203.426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



## **SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

### **Statement Savings Account**

Starting Balance	2,053.80
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.07
Ending Balance	2,053.87
Average Balance	2,053.80
Interest Earned	.07
Annual Percentage Yield Earned	0.05%
2012 Interest Paid	2.31

## **Mobile Banking**

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## **ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,053.80</b>
10/01	Interest Deposit	.07	2,053.87

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

**SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	10/02/12 thru 11/01/12
Number Of Days In Cycle	31
Page	1

Customer Service 800 461 0672 or 203.426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



**SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

**Statement Savings Account**

Starting Balance	2,053.87
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.09
Ending Balance	2,053.96
Average Balance	2,053.87
Interest Earned	.09
Annual Percentage Yield Earned	0.05%
2012 Interest Paid	2.40

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a day, to any address in  
the U.S.A, with Bill Pay.

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,053.87</b>
11/01	Interest Deposit	.09	2,053.96

\* \* \* END OF STATEMENT \* \* \*



# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	11/02/12 thru 12/03/12
Number Of Days In Cycle	32
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468



### SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

#### Statement Savings Account

Starting Balance	2,053.96
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.09
Ending Balance	2,054.05
Average Balance	2,053.96
Interest Earned	.09
Annual Percentage Yield Earned	0.05%
2012 Interest Paid	2.49

With appreciation for your business,  
and with warmest wishes for a Happy  
Holiday Season.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,053.96</b>
12/03	Interest Deposit	.09	2,054.05

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN**  
SAVINGS BANK  
39 Main Street  
Newtown, CT 06470

**SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	12/04/12 thru 1/02/13
Number Of Days In Cycle	30
Page	1

Customer Service 800 461.0672 or 203 426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

**SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

**Statement Savings Account**

Starting Balance	2,054.05
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.08
Ending Balance	2,054.13
Average Balance	2,054.05
Interest Earned	.08
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.08

**NOTICE:** By federal law, as of 1/1/2013, funds in a noninterest-bearing transaction account (including an IOLTA/IOLA) will no longer receive unlimited deposit insurance coverage, but will be FDIC-insured to the legal maximum of \$250,000 for each ownership category. For more information, visit [www.fdic.gov/deposit/deposits/](http://www.fdic.gov/deposit/deposits/)

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.05</b>
1/02	Interest Deposit	.08	2,054.13

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	1/03/13 thru 2/03/13
Number Of Days In Cycle	32
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

### SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

#### Statement Savings Account

Starting Balance	2,054.13
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.09
Ending Balance	2,054.22
Average Balance	2,054.13
Interest Earned	.09
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.17

Revised Fee Schedule and  
Annual Privacy Notice enclosed.

### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.13</b>
2/03	Interest Deposit	.09	2,054.22

\* \* \* END OF STATEMENT \* \* \*

# NEWTOWN SAVINGS BANK

39 Main Street  
Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	2/04/13 thru 3/03/13
Number Of Days In Cycle	28
Page	1

Customer Service 800.461.0672 or 203.426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

### Personalize your Visa Debit Card



Learn more at [NSBOnline.com/MyCard](http://NSBOnline.com/MyCard)

### SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

#### Statement Savings Account

Starting Balance	2,054.22
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.08
Ending Balance	2,054.30
Average Balance	2,054.22
Interest Earned	.08
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.25

Our Debit Cards are more personal than ever. Now you can make your Debit Card as unique as you are.

It's fast, simple and only \$10!  
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### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	Starting Balance		2,054.22
3/03	Interest Deposit	.08	2,054.30

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN  
SAVINGS BANK**  
39 Main Street  
Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	3/04/13 thru 4/01/13
Number Of Days In Cycle	29
Page	1

Customer Service 800.461 0672 or 203.426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

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### SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

#### Statement Savings Account

Starting Balance	2,054.30
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.08
Ending Balance	2,054.38
Average Balance	2,054.30
Interest Earned	.08
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.33

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### ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.30</b>
4/01	Interest Deposit	.08	2,054.38

\* \* \* END OF STATEMENT \* \* \*

**NEWTOWN  
SAVINGS BANK**  
39 Main Street  
Newtown, CT 06470

**SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	4/02/13 thru 5/01/13
Number Of Days In Cycle	30
Page	1

Customer Service 800 461 0672 or 203 426.2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

**SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

**Statement Savings Account**

Starting Balance	2,054.38
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.09
Ending Balance	2,054.47
Average Balance	2,054.38
Interest Earned	.09
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.42

**Changes to Business Checking**

Effective July 1st, there will be important changes to our Business Checking accounts. Please review the information included with this statement.

**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.38</b>
5/01	Interest Deposit	.09	2,054.47

\* \* \* END OF STATEMENT \* \* \*

**SAVINGS STATEMENT**

Account Number	1500001247
Statement Dates	5/02/13 thru 6/03/13
Number of Days in Cycle	33
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

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**SAVINGS ACCOUNTS**

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

**Statement Savings Account**

Starting Balance	2,054.47
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.09
Ending Balance	2,054.56
Average Balance	2,054.47
Interest Earned	.09
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.51

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**ACCOUNT ACTIVITY IN DATE ORDER**

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.47</b>
6/03	Interest Deposit	.09	2,054.56



# Newtown Savings Bank

39 Main Street, Newtown, CT 06470

## SAVINGS STATEMENT

Account Number	1500001247
Statement Dates	6/04/13 thru 7/01/13
Number of Days in Cycle	28
Page	1

Customer Service 800 461 0672 or 203 426 2563

Monroe Middle School PTO Inc  
375 Fan Hill Rd  
Monroe CT 06468

## Personalize your Visa Debit Card



Learn more at [NSBOnline.com/MyCard](http://NSBOnline.com/MyCard)

## SAVINGS ACCOUNTS

Interest Paid reflects that which has been paid to your account from the last pay date to the current pay date.  
Interest Earned reflects interest accrued this period.

### Statement Savings Account

Starting Balance	2,054.56
+ Deposits	.00
- Checks/Debits	.00
- Service Charge	.00
- Interest Pd this int cycle	.08
Ending Balance	2,054.64
Average Balance	2,054.56
Interest Earned	.08
Annual Percentage Yield Earned	0.05%
2013 Interest Paid	.59

## Personalize Your Debit Card

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Service at 800.461.0672 to get

your Debit Card today.

## ACCOUNT ACTIVITY IN DATE ORDER

Date	Transaction Description	Amount	Balance
	<b>Starting Balance</b>		<b>2,054.56</b>
7/01	Interest Deposit	.08	2,054.64

\* \* \* END OF STATEMENT \* \* \*