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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

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

C Name of organization
PTSA CT Inc./North Stratfield School PTA
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
190 Putting Green Road
 City or town, state or province, country, and ZIP or foreign postal code
Fairfield CT 06825

D Employer identification number
06-0980153

E Telephone number
(203) 255-8322

F Group Exemption Number 1319

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

I Website: WWW.NSSPTA.ORG

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 84,588.

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

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	600.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,166.
	4	Investment income	4	28.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	82,794.
6c	Less direct expenses from gaming and fundraising events	6c	37,209.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,585.	
EXPENSES	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,379.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
EXPENSES	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	410.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	51,941.
	17	Total expenses. Add lines 10 through 16	17	52,351.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,972.
ASSETS	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	66,040.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	61,068.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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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	66,040.	61,068.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	66,040.	61,068.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,040.	61,068.

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 students parents & faculty
 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	<u>The PTA provides enrichment, support & educatio activities to students, parents & staff of the school. Approximately 500 members are served. Activities are open to all families and staff regardless of membership.</u> (Grants \$ <u>50,812.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	50,812.
29	----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	50,812.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Pamela Fink</u> ----- President	0.00	0.	0.	0.
<u>Susan Buck</u> ----- VP Communications	0.00	0.	0.	0.
<u>Noel Zanvettor</u> ----- Treasurer	0.00	0.	0.	0.
<u>Stephanie Rothberg</u> ----- Treasurer - Elect	0.00	0.	0.	0.
<u>Christine Diaz</u> ----- Recording Secretary	0.00	0.	0.	0.
<u>Leann Ratner</u> ----- 1st Vice President	0.00	0.	0.	0.
<u>Maria Kozeracki</u> ----- 2nd Vice President	0.00	0.	0.	0.
<u>Tracy Broderick</u> ----- 2nd Vice President	0.00	0.	0.	0.
<u>Nicole Farrell</u> ----- 3rd Vice President	0.00	0.	0.	0.
<u>Howie Greenspan</u> ----- 3rd Vice President	0.00	0.	0.	0.
<u>Rafael Sachakov</u> ----- PTA Council Delegate	0.00	0.	0.	0.
<u>Kelly Takacs</u> ----- PTA Council Delegate	0.00	0.	0.	0.
<u>Jennifer Vilenski</u> ----- Corresponding Secretary	0.00	0.	0.	0.
<u>Kelly McWhinni</u> ----- Budget Revfiew Delegate	0.00	0.	0.	0.

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
33 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		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a 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)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c 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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter.		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
40b 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		X
40c 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. ▶		
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e 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.		X
41 List the states with which a copy of this return is filed ▶		

	Yes	No
42a The organization's books are in care of ▶ <u>Stephanie Johnson</u> Telephone no ▶ <u>(203) 345-4284</u> Located at ▶ <u>Fairfield</u> <u>Fairfield</u> CT ZIP + 4 ▶ <u>06825</u>		
42b 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 ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c 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 ▶		X

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b 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)		X

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		X

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		X
48		X
49 a		X
49 b		

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

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

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

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	(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
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 <u>Christine Voytek</u>	Date <u>6/16/15</u>			
	Type or print name and title <u>Christine Voytek, Treasurer</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>Timothy J. O'Meara</u>	Date <u>6/16/15</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00633763</u>
	Firm's name	Timothy J. O'Meara, P.C.			
	Firm's address	787 Main Street Monroe CT 06468			
	Firm's EIN	06-1468200			
		Phone no (203) 459-2503			

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

PTSA CT Inc./North Stratfield School PTA

Employer identification number

06-0980153

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 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 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? **11 g (i)**
- (ii) A family member of a person described in (i) above? **11 g (ii)**
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? **11 g (iii)**

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,587.	4,277.	4,827.			11,691.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	2,587.	4,277.	4,827.			11,691.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,691.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,587.	4,277.	4,827.			11,691.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	383.	74.	25.			482.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,376.	20,664.	46,538.			108,578.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						120,751.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	9.68 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	10.43 %
16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support. (Add lns 9, 10c, 11 and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19 a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Pt II Line 17a: Public support is generated from Fundraising events.-----

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.**
- ▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

PTSA CT Inc./North Stratfield School PTA

Employer identification number

06-0980153

Part I

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

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

- a ☐ 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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2).				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
DIRECT EXPENSES	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ Nob If 'No,' explain. _____

_____10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ Nob If 'Yes,' explain. _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	
------------------------------------------------	------------	-------------------------------------------------------------------------------------

b An outside facility.	13b	$\frac{0}{0}$
---------------------------------------	------------	---------------

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

Name ▶ _____

Address ▶

15a Does the organization have a contact 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.** 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 provide any additional information (see instructions).

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Program Services</u>	<u>50,812.</u>
<u>Insurance</u>	<u>385.</u>
<u>Administrative</u>	<u>398.</u>
<u>Council Dues</u>	<u>150.</u>
<u>Membership Expenses</u>	<u>0.</u>
<u>Office Supplies</u>	<u>196.</u>
 Total	 <u><u>51,941.</u></u>

Supporting Statement of:

Form 990-EZ/Line 6b

Description	Amount
Auction Event	26,408.
Book Fair	9,105.
Free Money Train	905.
Family Photo	545.
Plant Sales	7,955.
Fall Fundraiser	9,625.
Year End Luch	3,424.
Pancake Breakfast	2,170.
Bingo	3,960.
Halloween Party	1,756.
Family Fun Events	626.
Parent Dance	1,495.
Drama Program	8,107.
Spirit Wear	1,099.
Kid Art	1,344.
Adventure Park	4,270.
Total	82,794.

Supporting Statement of:

Form 990-EZ/Line 6c

Description	Amount
Auction Event	6,705.
Book Fair	6,582.
Plant Sale	3,875.
Fall Fundraiser	4,771.
Year End Lunch	1,565.
Pancake Breakfast	825.
Bingo	2,547.
Halloween Party	639.
Parent Dance	1,407.
Drama Program	5,261.
Adventure Park	3,032.
Total	37,209.

The North Stratfield Parent Teacher Association
Putting Green Road, Fairfield, CT. 06825

PTA Meeting Minutes 3/18/15

Call to Order at 7 45 p m

President's Remarks (Susanna Clavelli, Kelly Foster, Erin Lopez):

- Tonight's meeting's main focus is for getting us set up for next year
- Reminder of spring fling coming up

Approval of Minutes (Jennifer Vilenski, Ingrid Prueher - excused absence):

- Minutes from 2/19/15 presented and approved as amended.
- Amendment to 2/19/15 minutes changed to read that Treasurer's Report was presented by Christine Voytek, not Stephanie Rothberg

Principal's Remarks (Debbie Jackson):

- Third graders already started SBAC, then fourth grade starting next week, followed by 5th grade
- New anonymous reporting system, TIPS. Part of safe climate endeavor For parents and students to use as anonymous reporting of any school concerns of what they see, hear, etc Staff will be taking with fourth and fifth graders about it. NSS has a "heads up" box that students can use to share something of concern. Students are using it for some concerns, nothing serious as of yet
- Kindergarten registration online is low as of now, but most likely because many people haven't registered yet, due to new registration requirements of having to make appointment to register in person at central office
- Kick off for Readers are Leaders went very well
- Very successful lock down and relocation drill on Dr Seuss day

Faculty Update (Franklyn MacLean):

- SBAC going smoothly so far
- Great Family Math night
- Dr Seuss Day went very well, Peggy Gagner had suggestion of table cloths and centerpieces Great response by students
- Kindness buckets in cafeteria Students get a special reward once their grade level bucket is full

REPORTS:

Corresponding Secretary (Jennifer Vilenski)

- Nothing to report

Treasurer's Report (Christine Voytek)

- Stephanie Rothberg stepping down, Christine to take over
- To date, overall we are under budget of what we expected to earn at this point But more fundraiser money is coming in, so we should be ok with budget

1st VP, Board of Ed (Lea Hertzbac)

- Life threatening policy revised Plan to establish a district-wide team. District-wide ban of peanuts and tree nuts for snacks and foods brought in to school No food for any class parties
- Questions asked of Jackson-
 - Pamela Fink- Will that affect the grade 5 pizza lunch? Jackson - no, it should be ok.
 - Jennifer Vilenski - Does this mean no peanut butter products for lunches brought from home? Jackson - it is unclear at this time, will be determined soon
- TIPS presentation was done at recent board of Ed meeting
- On February 28th there was an open forum for anyone to speak to Board of Ed on any issues Some concerns brought up at the meeting consistency between elementary schools in math curriculum, too many bus stops, and complaints of some students attending Fairfield schools not being Fairfield residents.

2nd VP, Programs & Volunteers (Maria Kozeracki, Alene Sabados)

- Readers are Leaders program launched Trying to address all questions coming in via PTA facebook page May send a reminder of details for responsibility of parents and students to report reading tallies
- Family photo day being brought back in spring Fatima Borroso will be photographer, May 2nd and May 3rd

3rd VP, Ways & Means (Howard Greenspan, Nicole Farrell, Jen Whelpley)

- Spring fling coming up
- Variety show coming up in end of April, will be in FWMS auditorium
- NSS Adventure Park Activity Day is the day after the last day of school Same fundraiser deal as last year, discounted price, money savings goes to PTA. Family event, can invite siblings, friends, family.
- Square One Art- all children should have completed their artwork for this in art class with Miss C. Order forms coming home soon, artwork products should arrive in time for Mother's Day.
- Daniella Kohler- Golf outing, Monday May 11th Great discount price. Also looking for sponsors of golf holes, and event sponsors Money raised for PTA via golfers and sponsors. Flyer coming out via backpack mail and online coming out soon

PTA Council (Rafael Sachakov, Chrissy Sforza)

- Some parents want to work on schools' recess policy so there is a district-wide policy. Currently more of a practice, judgement call by each school principal
- Walking school bus may be coming to town of Fairfield, NSS is not signed up

AGENDA ITEMS:

Nominating Committee – Presentation of slate of officers for 2015 - 2016 (Pamela Fink)

- Thanks to nominating committee for their hard work on slate
- Slate will go up on website soon, will vote on it in April
- All descriptions of positions are on PTA website
- New positions and changes to budget items
 - ice cream social
 - school supply fundraiser added, Jennings has been using them. Everything comes prepackaged If ordered by the end of the year, should be ready in time for beginning of next school year
 - direct appeal instead of fall fundraiser- asking if anyone would like to donate instead of selling anything (no candles, wrapping paper). Will raise money via direct appeal, and events. Decision based on PTA survey results.
 - Not doing auction next year To replace auction, will do walkathon, will be in spring. Discussion ensued on whether it will be family event of just for students.

NSS 50th Anniversary Update

- Sunday June 7th, 4-7 p m , rain or shine
- Taco Laco will be catering, will have DJ
- Open to faculty, alumni, families
- Ticket price will include food, will sell vintage-style NSS t-shirts This year it is a non-fundraiser If it is successful, it may be a fundraiser for future years
- In school on the Friday before everyone will dress in 1960s style

Recommended Motion: "to add budget item 4222 – Family Picnic and 4223 - Sound Tigers Family Day to the 2014 – 2015 budget." Do not have enough people to vote on motion, so will postpone vote until next PTA meeting

Howard Greenspan- NSS has an official Scrabble club, they will compete in May at national school Scrabble competition.

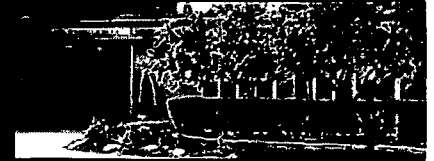
Motion to adjourn at 8 45 p m by Chrissy Sforza, seconded by Howard Greenspan.

JUNE 16, 2015

POSTS COMMENTS

North Stratfield School PTA

Fairfield, Connecticut



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PTA

School

Calendar

Feel Good Climate

About

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You are here [Home](#) / [PTA](#) / Executive Board Members

Executive Board Members

President and President-Elect

NSS Presidents serve a two-year term. They develop PTA goals and plans, develop PTA Budget with assistance of Treasurer, run all PTA meetings, are responsible for all PTA communications, attend monthly PTA Presidents' meeting, and represent the PTA in town matters and advocate for education.

This year's Presidents are **Kelly Foster & Erin Lopez** and the President Elect is **Alene Sabados**.

1st Vice President (Board of Education Rep)

Attends Board of Education meetings and presents meeting summary at PTA meetings.

This year's Board of Ed Reps are **Monique Sudikoff**.

2nd Vice President (Programs and Volunteers)

Coordinates initial volunteer sign up for programs and organizes volunteers needed throughout the year and a variety of onsite enrichment programs.

This year's VP's are **Jen Guidice, Sonya Talbot & Kelly Imschweiler**.

3rd Vice President (Communication, Fun & Fundraising)

Coordinates PTA fundraising and social events throughout the school year.

This year's chairs are **Amy Vanderbes, Howie Greenspan and Lori Miller**.

4th Vice President (Principal)

Our principal is **Mrs. Jackson**.

Recording Secretary

Records minutes of PTA meetings and provides at subsequent meeting.

This year's Secretary is **Amy Carroll**.

Corresponding Secretary

Presents correspondence received at PTA meetings and is also responsible for outgoing correspondence as necessary.

This year's Secretary is **Lea Hertzbach**.

Treasurer/Treasurer-elect

School Directory



MySchoolAnywhere

Infinite Campus Info

- Follow this link to Infinite Campus
- If you are having difficulty signing into the Infinite Campus, send an email to reghelp@fairfieldschools.org. They normally respond within two business days.



COMMON CORE
STATE STANDARDS

Parent Resources

- Infinite Campus
- River-Lab
- District Food and Nutrition Services
- Fairfield Public Schools
- Fairfield PTA Council
- Connecticut PTA
- National PTA
- CT Department of Education

✓ Prepare the annual PTA Budget with guidance of PTA Presidents, responsible for accounting for PTA revenues and expenditures, presents financial information at PTA meetings

• This year's Treasurer is **Christine Voytek** and Treasurer Elect is **Lee Siegel**.

Past President Advisor

Provides advice to PTA Board as requested, chairs PTA Search Committee, responsible for filling the open PTA positions

This year's Advisor is **Susanna Clavelli**.

PTA Council Reps

Attends PTA Council meetings and reports back to PTA

This year's PTA Council reps are **(Open)** and **(Open)**

Education Budget Reps

Attends Education Budget meetings and reports back to PTA, advocates for education budget issues

This year's Education Budget rep is **Kelly McWhinnie**.

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