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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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

► 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](http://www.irs.gov/form990)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

TASHUA SCHOOL PTA  
TASHUA ELE SCHOOL

D Employer identification number

06-0994114

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

401 STONEHOUSE ROAD

City or town, state or province, country, and ZIP or foreign postal code

TRUMBULL, CT 06611

E Telephone number

(203) 452-4433

F Group Exemption

Number ► 1319

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ► NA

J Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) ◀(insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other SCHOOL PARENT TEACHER ORGANIZ

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 ► \$ 114,581.

## 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 

1	Contributions, gifts, grants, and similar amounts received	1	18,561.
2	Program service revenue including government fees and contracts	2	47,032.
3	Membership dues and assessments	3	2,669.
4	Investment income	4	14.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6a	2,680.
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	43,625.
b	Gross income from fundraising events (not including \$ 18,561. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	32,170.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,135.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82,411.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	2,669.
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	71,374.
17	Total expenses Add lines 10 through 16	17	74,043.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,368.
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	47,898.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,266.

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

Form 990-EZ (2013)

TASHUA SCHOOL PTA  
TASHUA ELE SCHOOL

Form 990-EZ (2013)

06-0994114

Page 2

**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	47,898.22	56,266.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	47,898.25	56,266.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,898.27	56,266.

**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? See Schedule O

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 TEACHER/CLASSROOM SUPPORT: PURCHASE ITEMS TO ENHANCE EDUCATIONAL BENEFITS AND CREATE A POSITIVE LEARNING ENVIRONMENT FOR ALL STUDENTS IN EVERY GRADE**

(Grants \$  ) If this amount includes foreign grants, check here ►  28a 15,058.

**29 STUDENT ENRICHMENT PROGRAMS: AFTERSCHOOL PROGRAMS, FIELDTRIPS, STUDENT EVENTS, REFLECTIONS, YEARBOOK - PROGRAMS FOR ACADEMIC ENRICHMENT OF THE STUDENT BODY.**

(Grants \$  ) If this amount includes foreign grants, check here ►  29a 58,985.

30

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

**31 Other program services (describe in Schedule O) See Schedule O**

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

**32 Total program service expenses (add lines 28a through 31a)** ► 32 74,043.

**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
MICHELLE BRUNONE	15.00	0.	0.	0.
CO-PRESIDNET	15.00	0.	0.	0.
JEN KEGAN	2.00	0.	0.	0.
CO-PRESIDNET	2.00	0.	0.	0.
IRENE MCGEACHY	2.00	0.	0.	0.
1st VICE PRESIDENT	2.00	0.	0.	0.
MICHELE NEVINS	2.00	0.	0.	0.
1ST VICE PRESIDENT	2.00	0.	0.	0.
KRISTEN MESSERSCHMITT	2.00	0.	0.	0.
2nd VICE PRESIDENT	2.00	0.	0.	0.
SANDRA PLATT	2.00	0.	0.	0.
2nd VICE PRESIDENT	2.00	0.	0.	0.
JENNIFER NEUMEYER	2.00	0.	0.	0.
3rd VICE PRESIDENT	2.00	0.	0.	0.
SARA SCROFANI	5.00	0.	0.	0.
SECRETARY	10.00	0.	0.	0.
HOLLY FLORES	5.00	0.	0.	0.
TREASURER				
VOLUNTEER COORDINATOR				
JENNIFER MEZA				



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 Sch. C, Part II

Yes	No
47	X
48	X
49a	X
49b	

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

49a 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  NONE	(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 ► \_\_\_\_\_

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." ► **NONE**

(a) Name and business address of each independent contractor	(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

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

►  Yes  No

*Holly Flores*  
Signature of officer

Date: *12/11/15*

Sign Here

*Holly Flores, Treasurer*  
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Form 990-EZ (2013)

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

## Public Charity Status and Public Support

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No 1545-0047

2013

**Open to Public  
Inspection**

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

Name of the organization	TASHUA SCHOOL PTA TASHUA ELE SCHOOL	Employer identification number 06-0994114
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**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)		

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

Schedule A (Form 990 or 990-EZ) 2013

## TASHUA SCHOOL PTA

Schedule A (Form 990 or 990-EZ) 2013 TASHUA ELE SCHOOL

06-0994114 Page 2

**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) ►

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge

4 **Total.** Add lines 1 through 3

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

**6 Public support.** Subtract line 5 from line 4

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

7 Amounts from line 4

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

9 Net income from unrelated business activities, whether or not the business is regularly carried on

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

11 **Total support.** Add lines 7 through 10

**12 Gross receipts from related activities, etc (see instructions)**

12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here► **Section C. Computation of Public Support Percentage****14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))**

14

%

**15 Public support percentage from 2012 Schedule A, Part II, line 14**

15

%

**16a 33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization► **b 33 1/3% support test - 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► **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► **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► **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► 

Schedule A (Form 990 or 990-EZ) 2013

## TASHUA SCHOOL PTA

Schedule A (Form 990 or 990-EZ) 2013 TASHUA ELE SCHOOL

06-0994114 Page 3

**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) 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")	11,648.	11,850.	4,835.	17,413.	21,230.	66,976.
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	101,156.	82,973.	76,293.	97,138.	93,337.	450,897.
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 <b>Total.</b> Add lines 1 through 5	112,804.	94,823.	81,128.	114,551.	114,567.	517,873.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 <b>Public support</b> (Subtract line 7c from line 6)						517,873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	112,804.	94,823.	81,128.	114,551.	114,567.	517,873.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	230.	83.	14.	15.	14.	356.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	230.	83.	14.	15.	14.	356.
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	113,034.	94,906.	81,142.	114,566.	114,581.	518,229.

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	99.93	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.87	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.07	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.13	%

19a **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 ►

## TASHUA SCHOOL PTA

Schedule A (Form 990 or 990-EZ) 2013 TASHUA ELE SCHOOL

06-0994114 Page 4

## Part IV

**Supplemental Information:** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2013

**Open To Public  
Inspection**

Name of the organization **TASHUA SCHOOL PTA** Employer identification number **06-0994114**

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

**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

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.

## TASHUA SCHOOL PTA

Schedule G (Form 990 or 990-EZ) 2013 TASHUA ELE SCHOOL

06-0994114 Page 2

**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>BOOK FAIR</b> (event type)	(b) Event #2 <b>HOLIDAY BOUTIQUE</b> (event type)	(c) Other events <b>14</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts		9,479.	5,456.	28,690.
2 Less Contributions				
3 Gross income (line 1 minus line 2)		9,479.	5,456.	28,690.
				43,625.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses		8,064.	4,221.	19,885.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 32,170.
11 Net income summary Subtract line 10 from line 3, column (d)				► 11,455.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue		2,680.		2,680.
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses		1,030.		1,030.
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► 1,030.
8 Net gaming income summary Subtract line 7 from line 1, column (d)				► 1,650.

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

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 \_\_\_\_\_

## TASHUA SCHOOL PTA

Schedule G (Form 990 or 990-EZ) 2013 TASHUA ELE SCHOOL

06-0994114 Page 3

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	%
b An outside facility	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ 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 complete this part to provide any additional information (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

TASHUA SCHOOL PTA  
TASHUA ELE SCHOOL

Employer identification number  
06-0994114

Form 990-EZ, Item K, Other Form of Organization:

SCHOOL PARENT TEACHER ORGANIZATION

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
<u>INTEREST</u>	<u>14.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>ENRICHMENT PROGRAMS &amp; CLASSROOM SUPPORT</u>	<u>69,908.</u>
<u>ADMIN SUPPLIES &amp; COSTS</u>	<u>480.</u>
<u>INSURANCE</u>	<u>385.</u>
<u>BANK CHARGES</u>	<u>197.</u>
<u>TECHNOLOGY</u>	<u>54.</u>
<u>BEAUTIFICATION</u>	<u>350.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>71,374.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - ENHANCE EDUCATIONAL  
BENEFITS AND CREATE A POSITIVE LEARNING ENVIRONMENT FOR ALL STUDENTS.

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

SUPPORT SCHOOL SPONSORED ACTIVITIES/PROGRAMS OF THE CT PTSA.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

**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.

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Name of the organization **TASHUA SCHOOL PTA** **TASHUA ELE SCHOOL** Employer identification number **06-0994114**

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*



## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only



*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Enter filer's identifying number**

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  TASHUA SCHOOL PTA TASHUA ELE SCHOOL	Employer identification number (EIN) or  06-0994114
	Number, street, and room or suite no. If a P O box, see instructions  401 STONEHOUSE ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  TRUMBULL, CT 06611	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HOLLY FLORES

• The books are in the care of ► 42 KENT LANE - TRUMBULL, CT 06611

Telephone No ► 203 268-7708

Fax No ►



• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

February 15, 2015, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

►  calendar year \_\_\_\_\_ or

►  tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

3a \$ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

3c \$ 0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions