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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

2015

Open to Public Inspection

Department 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 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 20 16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: STAR Academy PTA
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 121 East 3rd Street 209
 City or town, state or province, country, and ZIP or foreign postal code: New York, NY 10009

D Employer identification number: 47-5531354

E Telephone number: 2212-674-3180

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://www.staracademyps63.com/

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

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. ▶ \$

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received															525.53													
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																90												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	b	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)																												
c	Less: direct expenses from gaming and fundraising events																													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)																14499.92													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																15115.45													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)																14287.20												
17	Total expenses. Add lines 10 through 16																14353.15													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															762.30													
	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)															8215.68													
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															8977.98													

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2015)

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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	8215.68	22 8977.98
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8215.68	27 8977.98

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? parent teacher organization for public school

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, optional for others)

28 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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>Simona Jansons</u> President	10	0	0	0
<u>Natanya Curry</u> Vice-President	1	0	0	0
<u>Rita LaRosa</u> Co-Secretary	5	0	0	0
<u>Andrea Jordan-Douglas</u> Co-Secretary	5	0	0	0
<u>Kevin Kelliher</u> Treasurer	5	0	0	0
<u>Esther Melo</u> Fundraising Chairperson	5	0	0	0
<u>Katherine Ortiz</u> Events Chairperson	5	0	0	0
<u>Nanette Rodriguez</u> Title 1 Representative	5	0	0	0
<u>Tricia Levy</u> Title 1 Alternate Representative	5	0	0	00

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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 **46**

	Yes	No
		✓

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 **47**

	Yes	No
		✓

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

	Yes	No
		✓

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

	Yes	No
		✓

b If "Yes," was the related organization a section 527 organization? **49b**

	Yes	No
		✓

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

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."

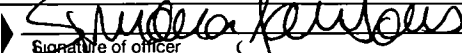
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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

	Date <u>9/15/16</u>
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Signature of officer

Simona Jansons President (2015-2016)
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
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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 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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

STAR Academy PTA

Employer identification number

47-5531354

Income for fiscal year Jul 1, 2015 to June 30, 2016:

Uniform Patches: \$ 1295

SchoolKidz 2015 Supply Kits \$ 189.76

Bake Sales \$ 745.25

Family Game Night \$ 290.50

Scholastic Book Fair \$ 5017.34

Movie Nights \$ 471.00

Gamewright Family Game Night \$ 771.00

Thank Our Lucky Stars Pot Luck \$ 790

Yankee Candle Fundraiser \$ 569.33

Music and Arts Festival \$ 569.57

SchoolKidz Supply order 2016 \$ 952.57

Luna Park Fundraiser \$ 1560.57

Total: \$ 14,499.92

Name of the organization

Employer identification number

STAR Academy PTA

47-5531354

List of expenses fiscal year July 1, 2015 to June 30, 2016

BioBus \$ 416.00

Ideal Patches \$ 2508.00

Lasker Ice Skating rink \$ 700

Graduation Source (caps & tassels) \$ 218.06

Scholastic Book Fair \$ 4000.97

Interior Systems (Cafeteria Tables) \$ 1147.50

St. Judes (Thank our lucky star pay it forward) \$ 790

Gamewright Games \$ 391.50

Thank Our Lucky Stars supplies \$ 65.52

Animal Assembly \$ 390.00

Yankee Candle \$ 893.75

Scento Pens \$ 165.00

Music & Art Festival supplies to art & music teachers \$ 870.00

SupplyKidz \$ 808.00

Field Trip Stipend per student (from Scholastic Book Fair) \$ 730

Change for Scholastic Book Fair cash registers \$ 36.00

PTA Tables \$ 156.90

Total expenses: \$ 14287.20