Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

OMB No 1545-1150

Open to Public Inspection

	-		e 2007 calendar year, or tax year beginning JUL 1, 2007		and end	ling JUI	<u>3</u> 0	,	2008
	B c	heck if pplicab	le Please V Name of Organization				D Emplo	oyer	identification number
		Address change	s use IRS label or						
		Name change	print or SANDY HOOK PTA						185553
		Initial retum		ress)		Room/suite			number
		Term:	Instruc- IZ DICKENDON DRIVE				(2	03)426-8012
		– retuπ	ded tions City or town, state or country, and ZIP + 4				F Grou	р Ехе	mption
		Applica pendin	SANDY HOOK, CT 06482-1218			, <u>_</u>	Num		
		• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must at	tach a com	pleted				X Cash Accrual
			Schedule A (Form 990 or 990-EZ) B N/A			Other (s			
									the organization is not
				(a)(1) or					Tule B (Form 990, 990-EZ, or 990-PF)
		heck l		its gross re	eceipts are	normally not	more th	an \$2	25,000 A return is not
			d, but if the organization chooses to file a return, be sure to file a complete return	000		000 F7		<u> </u>	78,616.
1		rt 1	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Fo Revenue, Expenses, and Changes in Net Assets or Fu				_		
ı	FC	1		and bar	arroes (see page 33 t	n the m		200.
		2	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts				H	2	200•
		3	Membership dues and assessments				F	3	3,068.
		4	Investment income				<u> </u>	4	56.
		5a	Gross amount from sale of assets other than inventory	5a	1		-	-	30.
		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 5		chedule)			5c	
	e e	6	Special events and activities (attach schedule) If any amount is from gaming, chec	•			<u> </u>		
	Revenue	а	Gross revenue (not including \$ of contributions						
1	Rev		reported on line 1)	6a	1	75,29	92.		
		b	Less direct expenses other than fundraising expenses	6b		48,73	38.		
		C	Net income or (loss) from special events and activities. Subtract line 6b from line 6	a SEE	STATE	MENT 2	2	6c	26,554.
		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 -				_) L	8	
		9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				▶	9	29,878.
		10	Grants and similar amounts pard ED	STM	T 3		<u> </u>	10	2,348.
		11	Benefits paid to or for members				L	11	
	es	12	Salaries other compensation, and employee penefits				-	12	
	penses	13	Profess and other nay or the second and the second				_	13_	375.
	Ä	14	Occupancy, ent, utilities, and maintenance					14	777
5007		15	Printing publications postage and simpping	CEE	CONT	antanto 1		15	773.
		16 17	Other expenses (describe	DEE	STATE	MENT .		16	30,670.
. E		17	Total expenses. Add lines 10 through 16					17	34,166. <4,288.
JAIN &	ş	18 19	Excess or (deficit) for the year Subtract line 17 from line 9 Net assets or fund balances at beginning of year (from line 27, column (A))				H	18	\4,200 .
ŧ	Assets	19	(must agree with end-of-year figure reported on prior year's return)					40	19,763.
<u>-</u>	¥ ¥	20	Other changes in net assets or fund balances (attach explanation)					<u>19</u> 20	19,703.
) :	ž	21	Net assets or fund balances at end of year Combine lines 18 through 20					<u>20</u> 21	15,475.
	Pε	rt II		r more file	Form 990	instead of Fo			13/1/3.
SCANNED !		-	(See page 60 of the instructions)	, 1110	_	Beginning of		<u></u>	(B) End of year
3	22	Cas	h, savings, and investments		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19,7		22	15,475.
Ď	23		d and buildings					23	
	24		er assets (describe		,			24	
	25		al assets			19,7	763.		15,475.
	26	Tota	al liabilities (describe)	•	0.		0.
	27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			19,7			15,475.

	m ⁹ 990-EZ (2007) SANDY HOOK PTA			06-	6185	553		Page 2
P	art Statement of Program Service Accomplishme	nts (See page 60 of the instr	uctions)	-		Expen		
Wha	at is the organization's primary exempt purpose? SEE STATEMEN	NT 4			(Requir			
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(a			
	vided, the number of persons benefited, or other relevant information for each p	rogram title			for othe	rs)		
28	SEÈ STATEMENT 7		<u> </u>					
				_		_		
	(Grants \$) If this amount includes foreign	grants, check here		Щ	28a	1	1,9	60.
29	SEE STATEMENT 8							
				_	_		2 0	10
	(Grants \$) If this amount includes foreign SEE STATEMENT 9	grants, check here			29a		2,0	12.
30	SEE STATEMENT 9							
								
	/Create C				20-		<i>A</i> 1	42.
21	(Grants \$) If this amount includes foreign	grants, check here		لـــــا	30a		4,1	42.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign	aranta abank bara	_	\Box	24.0			
32	(Grants \$) If this amount includes foreign Total program service expenses Add lines 28a through 31a	grants, check here			31a 32		Ω 1	14.
	art IV List of Officers, Directors, Trustees, and Key I	mployees (List each one or	van if not companyated	San na			0,1	14.
··········	are two	(List each one e	ven ir not compensated		ontributio		uons)	
	(A) Norman and add are	(B) Title and average hours	(C) Compensation	` to e	mployee	[(E) Expe	
	(A) Name and address	per week devoted to	(If not paid, enter		fit plans	~ '	ccount	
		position	-0)		eferred pensatioi	- 1	er allov	vances
			·- ·-				-	
	SEE STATEMENT 5					1		
P	art V Other Information (Note the statement requirement in	General Instruction V.)	<u> </u>				Yes	No
33	Did the organization make a change in its activities or methods of conducting					33		X
34	Were any changes made to the organizing or governing documents but not re					34		X
35	If the organization had income from business activities, such as those			but n	ot			
	reported on Form 990-T, attach a statement explaining your reason for	or not reporting the income	on Form 990-T.					
	Did the organization have unrelated business gross income of \$1,000 or more	or 6033(e) notice, reporting, a	and proxy tax require	ments	?	35a	L.,	<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?					35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction du				_	36		X
	Enter amount of political expenditures, direct or indirect, as described in the in	structions	37a	_	0.	1		
	Did the organization file Form 1120-POL for this year?					37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, t	trustee, or key employee or w e	re any such loans ma	ide in a	prior			
	year and still unpaid at the start of the period covered by this return?		l	/-		38a		X
	If "Yes," attach the schedule specified in the line 38 instructions and enter the	amount involved	38b N	<u>/</u> A		-		
39	501(c)(7) organizations. Enter			/ T				ĺ
	Initiation fees and capital contributions included on line 9			$\frac{/A}{\sqrt{2}}$				
D	Gross receipts, included on line 9, for public use of club facilities		39b N	/A		f	İ	<u> </u>

Form 990-EZ (2007)

Paid Preparer's

Use Only

Type or print name and title.

Preparer's signature

Firm's name (or yours

if self-employed), address, and ZIP + 4 KORDISH & COMPANY, LLC

TRUMBULL, CT 06611-6340

115 TECHNOLOGY DRIVE,

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

2007

	SANDY HOOK PTA			00 0182	<u> </u>
Part I	Compensation of the Five Highest Paid Em (See page 1 of the instructions List each one If there are none, e	nter "None ")	Officers, Dire	-	
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE					
		-			
Total number o	of other employees paid	0		I	
Part II-A	Compensation of the Five Highest Paid Inde (See page 2 of the instructions List each one (whether individuals	ependent Contracto		onal Servic	es
	(a) Name and address of each independent contractor paid more th		(b) Type of s	service	(c) Compensation
NONE -					
	of others receiving over ofessional services	0		L	
Part II-B		onal services, whether individi		ervices	
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
					 - "
			 :	-	. <u>-</u>
Total number of	of other contractors receiving over	0			
	<u></u>	 			

	Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b	-	X
	c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	B Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments)	3a	Х	
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	·			

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 ti	rough 8 of the instructio	ns)		
5 6 7 8	y that t	he organization is not a private foundation because it is (I A church, convention of churches, or association of ch A school Section 170(b)(1)(A)(ii) (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental in A medical research organization operated in conjunction and state	urches Section 170(b)(1 V) n Section 170(b)(1)(A)(i init Section 170(b)(1)(A)(A)(I) II) ((V)	he hospital's	aname, city,	
10 11a 11b 12		An organization operated for the benefit of a college or (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial passection 170(b)(1)(A)(vi) (Also complete the Support A community trust Section 170(b)(1)(A)(vi) (Also complete the Support An organization that normally receives (1) more than 3 receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5	art of its support from a g Schedule in Part IV-A) inplete the Support Schel 33 1/3% of its support fro inctions - subject to certail and business taxable incor	overnmental unit or from dule in Part IV-A) om contributions, membe n exceptions, and (2) no ne (less section 511 tax)	the general (ership fees, a m ore than 3 3 from busines	oublic nd gross 11/3% of	v)
13		An organization that is not controlled by any disqualifie 509(a)(3) Check the box that describes the type of sup Type I Type II	oporting organization Type III-Fu	nctionally Integrated		Type III	
		Provide the following information at (a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the su organization the sup organization		(e) Amount of support
					Yes	No	
Total						_ [
ı uta <u>ı</u>			<u> </u>			▶	

	Note: You may use the	e works <u>heet in the instr</u>	uctions for converting	from the accrual to the	e cash method c	f acco	y. unting.
	ndar year (or fiscal year ining in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	200.	417.	921.	6	06.	2.144.
16	Membership fees received	2,762.	2,698.	2,643.	3,7		2,144. 11,830.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	81,405.	92,040.	77,200.	90,6		341,312.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	65.	102.	134.	·	41.	442.
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			_			
23	Total of lines 15 through 22	84,432.	95,257.	80,898.	95,1	41.	355,728.
24	Line 23 minus line 17	3,027.	3,217.	3,698.	4,4		14,416.
25	Enter 1% of line 23	844.	953.	809.	9	51.	
26	Organizations described on lines 1	0 or 11 a Enter 2% of	amount in column (e), lin	e 24	>	26a	N/A
þ	Prepare a list for your records to she	ow the name of and amou	nt contributed by each pe	rson (other than a govern	nmental		
	unit or publicly supported organizati	ion) whose total gifts for 2	003 through 2006 exceed	ded the amount shown in	line 26a		
	Do not file this list with your return	. Enter the total of all thes	e excess amounts		>	26b	N/A
C	Total support for section 509(a)(1) t	test Enter line 24, column	(e)		>	26c	N/A
d	Add Amounts from column (e) for I	ines 18	19		<u></u>		1-
		22	26b			26d	N/A
9	Public support (line 26c minus line 2	26d total)			>	26e	N/A
	Public support percentage (line 26					261	N/A %
27	Organizations described on line 12 records to show the name of, and to such amounts for each year						•
	•	• (2005)	0. (2)	004)	0 . (200	3)	0.
b		•	•	•	•	•	
_	and amount received for each year,				' -		
	described in lines 5 through 11b, as						-
	the larger amount described in (1) of	· ·	•	•			
	· · · · · · · · · · · · · · · · · · ·	(2005)	0 . (2		0 . (200	3)	0.
C	Add Amounts from column (e) for I	ines 15	2,144.	16 11,	830.	•	
		341,312. 20		21		27c	355,286.
d	Add Line 27a total	O. an	d line 27b total		0. ▶	27d	0.
е	Public support (line 27c total minus	line 27d total)				27e	355,286.
f	Total support for section 509(a)(2)	test Enter amount on line	23, column (e)	271	355,728.		
g	Public support percentage (line 27				>	27g	99.8757%
h		•		(denominator))	<u> </u>	27h	.1243%
	Unusual Grants: For an organization d show, for each year, the name of the c	lescribed in line 10, 11, or contributor, the date and a	12 that received any unu	sual grants during 2003 t	hrough 2006, pre ature of the grant	pare a li Do not	st for your records to file this list with your
	return. Do not include these grants in	N 12	ONE			Schedu	le A (Form 990 or 990-EZ) 2007

Private School Questionnaire (See page 9 of the instructions) N/A

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	ļ	ļ
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		<u>-</u>		
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to	_		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		ļ
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		ļ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u> </u>

Schedule A (Form 990 or 990-EZ) 2007

	edule A (Form 990 or 990-EZ) 2007 SA				6-6185553 Page
Pa		tures by Electing Public Charities (Se an eligible organization that filed Form 5768)	ee page 11 of	the instructions)	N/A
Che	ck a inf the organization belong		If you chec	ked "a" and "limited contr	ol" provisions apply
	` Limits on	Lobbying Expenditures		(a) Affiliated group	(b) To be completed for all
	(The term "expendit	ures" means amounts paid or incurred)		totals	electing organizations
				N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36	6 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add	lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the a	amount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25	% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if	line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if	line 41 is more than line 38	44		
	Caution: If there is an amount on eit.	her line 43 or line 44, you must file Form 4720.			

below See the instructions for lines 45 through 50 on page 13 of the instructions)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					C
46 Lobbying ceiling amount (150% of line 45(e))					C
17 Total lobbying expenditures					(
18 Grassroots nontaxable amount	-				C
9 Grassroots ceiling amount (150% of line 48(e))					C
60 Grassroots lobbying expenditures					(

Part VI-B Lobbying Activity by Nonelecting Public Charities

During the year, did the organization attempt to influence national	I, state or local legislation,	including any attempt to
, , ,	,	managemy and me

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lo	: lobbying acti	ivities
---	-----------------	---------

Yes	No	Amount
		0.

Part				d Relationships With Noncha	ritable	
51 I		zations (See page 14 of the ins		r organization described in section		
		section 501(c)(3) organizations) or	= =	•		
	• • •	janization to a noncharitable exem	= :	militari organizations	Ye	s No
	(i) Cash	'	,		51a(i)	Х
	(ii) Other assets				a(ii)	X
ь (Other transactions					
	(i) Sales or exchanges of asset	ts with a noncharitable exempt org	ganization		_b(i)	X
	(ii) Purchases of assets from a	noncharitable exempt organization	n		b(ii)	X
((iii) Rental of facilities, equipment, or other assets					
(iv) Reimbursement arrangeme	nts			b(iv)	X
	(v) Loans or loan guarantees				b(v)	X
(vi) Performance of services or	membership or fundraising solicit	ations		b(vi)	X
		mailing lists, other assets, or paid	· ·		C	<u> </u>
				always show the fair market value of the		
				l less than fair market value in any		
		ent, show in column (d) the value	of the goods, other assets, o		N/	<u>A</u>
(a) Line no	(b) Amount involved	(C)	Nomet organization	(d)		
Lille III	Amount involved	Name of noncharitable e	exempt organization	Description of transfers, transactions, ar	io snaring arrang	ements
	+					
						
	- -					
	 					
	 			1111		
						
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		·	· · ·			
					<u>.</u>	
						
		·				
						
(Code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527? schedule N/A	·	ianizations described in section 501(c) of the		X No
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	nship	
						
	***	· · · · · · · · · · · · · · · · · · ·				
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FORM 990-EZ	ОТНЕ	R EXPENSES		ST	ATEMENT	1
DESCRIPTION					AMOUNT	
CULTURAL ARTS					11,9	60.
CT PTA MEMBERSHIP DUES					2,2	
SPECIAL REQUEST / CLASSROO	NΛ				1,6	
COMPUTER / TECHNOLOGY)I1				1,0	
TEACHER APPRECIATION - BAC	יצ דים פכעוססד					82.
TEACHER APPRECIATION - BAC TEACHER APPRECIATION - SPI						
	KING LUNCHEO	'IN				72.
ASSIGNMENT BOOKS						58.
SUPPLIES						77.
BEAUTIFICATION / GARDEN CI	LUB					97.
BUS DRIVER APPRECIATION						75.
GIFTS - COMMUNITY AND IND	IVIDUAL				5	00.
LIBRARY					1	04.
PTA COUNCIL / INSURANCE					4	99.
VETERAN'S BREAKFAST					3	70.
ONE SCHOOL - ONE READ					3	92.
PHONE CHAIN						33.
STATES PROGRAM						17.
SUNSHINE FUND						64.
MISCELLANEOUS						97.
PTA ADVOCACY COMMITTEE SUI	PPT.TES					58.
GIFTS - SMART BOARD AND AC					5,0	
KINDERGARTEN ORIENTATION I						43.
					30,6	==
FORM 990-EZ SPECIAL	FUNDRAISING	EVENTS AND	ACTIVITIES	ST	ATEMENT	
DESCRIPTION OF FUNDRAISING EVENTS	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INC	
ALL OTHER EVENTS NOT	10 746		10 516			
LISTED BELOW	10,746.		10,746.	7,368.	3,3	
GIFT WRAP SALES	20,076.		20,076.	8,874.	11,2	
BOOK FAIRS	15,419.		15,419.	9,913.	5,5	
SOCIALS	3,899.		3,899.	2,012.	1,8	87.
SALE OF PRE-PACKED SCHOOL						
SUPPLIES	3,842.		3,842.	4,511.	<6	69.>
HOLIDAY BOUTIQUE	4,505.		4,505.	3,834.	6	71.
4TH GRADE YEARBOOK	2,705.		2,705.	2,687.		18.
JOLLY GREEN GIANT HARVEST	-		•	•		
FEST	7,665.		7,665.	3,850.	3,8	15.
LIBRARY - BIRTHDAY BOOK	,		.,	2,000	5,0	
CLUB	3,887.		3,887.	4,038.	∠ 1	51.>
NOTECARDS	2,548.		2,548.			97.
						<i></i>
TO FORM 990-EZ, LINE 6	75,292.		75,292.	48,738.	26,5	54.

FORM 990-EZ CASH GRANTS AND ALLOCATION CONTROL	CASH GRANTS AND ALLOCATIONS		
. CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
SCHOLARSHIP FOR GRADUATING H.S. SENIORS JANINE DUBOIS 44 GELDING HILL ROAD SANDY HOOK, CT 06482	NONE	1,000.	
SCHOLARSHIP FOR GRADUATING H.S. SENIORS RACHEL ROCKWELL 2 LINCOLN ROAD NEWTOWN, CT 06470	NONE	1,000.	
GRANT / MINI TEACHER EDUCATION CONNECTION 355 GOSHEN ROAD, P.O. BOX 909 LITCHFIELD, CT 06759	NONE	348.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		2,348.	
FORM 990-EZ PART III - STATEMENT OF ORGANIZ. PRIMARY EXEMPT PURPOSE	ATION'S	STATEMENT 4	

EXPLANATION

TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH AT HOME, IN SCHOOL, AND IN THE COMMUNITY.

	F OFFICERS, DIF D KEY EMPLOYEES	STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
STACIE DOYLE 16 CLAPBOARD RIDGE ROAD - SANDY HOOK, CT 06482	PRESIDENT 15.00	0.	0.	0.
TARA KORTZE 52 COBBLERS MILL ROAD - SANDY HOOK, CT 06482	1ST VICE PRESI	DENT 0.	0.	0.
CHERYL STENZ 5 GRACE MOORE ROAD - SANDY HOOK, CT 06482	2ND VICE PRESI	IDENT	0.	0.
LEA ANN CLIFFORD 35 MOUNTAIN MANOR ROAD - SANDY HOOK, CT 06482	SECRETARY 3.00	0.	0.	0.
KAREN M. MEISENHEIMER 21A COBBLERS MILL ROAD - SANDY HOOK, CT 06482	TREASURER	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PAR	T IV	0.	0.	0.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT	6
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[] YES	[X]	NO
В)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES	[X]	NO

SANDY HOOK PTA EMPLOYER IDENTIFICATION NUMBER: 06-6185553 YEAR ENDED JUNE 30, 2008

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990-EZ, PART III, LINE 28

STATEMENT 7

CULTURAL ARTS: THIS PROGRAM BENEFITS ALL STUDENTS IN ALL GRADE LEVELS, APPROXIMATELY 652 STUDENTS IN THE CURRENT YEAR. VARIOUS ACTIVITIES ARE SPONSORED THROUGHOUT THE YEAR INCLUDING: NATURE CENTER VISITS TO THE SCHOOL, MUSICAL PRODUCTIONS, VISITS FROM MOTIVATIONAL SPEAKERS, AUTHORS AND ARTISTS. THESE AUGMENT AND ENHANCE THE IDEAS AND CURRICULUM THAT THE CHILDREN ARE LEARNING IN THE CLASSROOMS.

FORM 990-EZ, PART III, LINE 29

STATEMENT 8

SOCIALS: THIS PROGRAM BENEFITS THE ENTIRE SCHOOL POPULATION AND ITS FAMILIES. APPROXIMATELY 300 FAMILIES CHOOSE TO PARTICIPATE EACH YEAR. THERE ARE THREE SOCIALS SPONSORED THROUGHOUT THE SCHOOL YEAR. THESE ARE PROVIDED FOR THE SOLE PURPOSE OF ENCOURAGING PARENTS, STUDENTS, FACULTY AND STAFF TO COME TOGETHER IN A SOCIAL SETTING AND FACILITATE THE HOME-SCHOOL CONNECTION.

FORM 990-EZ, PART III, LINE 30

STATEMENT 9

LIBRARY: THIS PROGRAM BENEFITS ALL STUDENTS IN ALL GRADE LEVELS, APPROXIMATELY 652 STUDENTS IN THE CURRENT YEAR. THE BASIC SERVICE PROVIDED IS ACQUIRING READING AND RESEARCH MATERIALS FOR THE STUDENTS TO USE IN CLASS AND FOR PROJECTS. BY PROVIDING EASY ACCESS TO MATERIALS, THE STUDENTS ARE GIVEN A CHANCE TO ENHANCE THEIR LITERARY RESEARCH SKILLS.

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	7 The dissipation of destriction				
If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box				► X
If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).			
Do not co	implete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Fo	rm 88	68.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Time tax returns	exter	sion	of time	
noted bel not autor rou must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroninatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) ya ated l	ou want the form 990-T.	additional
Type or	Name of Exempt Organization	Emp	loyer	identificati	ion number
orint	SANDY HOOK PTA	۸	6 6	18555	2
ile by the			0-0	10333	<u> </u>
lue date for iling your eturn See	Number, street, and room or suite no. If a P.O. box, see instructions. 12 DICKENSON DRIVE				
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions SANDY HOOK, CT $06482-1218$				
Check ty	pe of return to be filed (file a separate application for each return):				
☐ For	m 990 Form 990-T (corporation) Form 47	20			
	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52				
	m 990-EZ Form 990-T (trust other than above) Form 60				
	m 990-PF Form 1041-A Form 88				
ron	11 990-PF	.,,			
	ooks are in the care of KAREN M. MEISENHEIMER				
Teleph	one No. ► (203) 364 – 0063 FAX No. ►				
If the c	organization does not have an office or place of business in the United States, check this box				ightharpoons
If this i	s for a Group Retum, enter the organization's four digit Group Exemption Number (GEN) If the	s is fo	r the	whole group	o, check this
oox ▶ [. If it is for part of the group, check this box and attach a list with the names and EINs of all	memt	ers th	ne extension	n will cover.
1 re-	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $FEBRUARY\ 15$, 2009 , to file the exempt organization return for the organization named a		The e	extension	
ıs fo	or the organization's return for:				
▶ļ	calendar year or				
►l	X tax year beginning JUL 1, 2007 , and ending JUN 30, 2008		<u> </u>		
2 If th	is tax year is for less than 12 months, check reason: Initial return Final return		Chan	ge in accou	inting period
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
· · · · · · · · · · · · · · · · · · ·	refundable credits. See instructions.	3a	\$		
	as application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
	payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<u>. </u>	
	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		1		
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	ļ			/-
See	e instructions.	3c	\$		N/A
Saution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879	EO fo	r payment ı	nstructions.