

## Short Form Return of Organization Exempt From Income Tax

# 2007

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, 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.

**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning** Jul 1, 2007, and ending Jun 30, 2008

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <u>Pinkerton Elementary Parent Teacher Organization</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>260 Southwestern Blvd</u> City or town, state or country, and ZIP + 4 <u>Coppell TX 75019</u>	<b>D Employer identification number</b> <u>75-2254547</u>  <b>E Telephone number</b> <u>(214) 496-6800</u>  <b>F Group Exemption Number</b> ..... ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.PINKERTONPTO.COM

**J Organization type** (check only one) —  501(c) ( 3 ) (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 Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ** ..... ▶ \$ 52,042.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

	1 Contributions, gifts, grants, and similar amounts received	1	22,669.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,603.
	4 Investment income	4	35.
REVENUE	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 ln 5b from ln 5a (attach schd)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1)	6a	25,903.
	b Less: direct expenses other than fundraising expenses	6b	16,798.
	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	9,105.
	7a Gross sales of inventory, less returns and allowances	7a	1,832.
	b Less: cost of goods sold	7b	1,208.
	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	624.
	8 Other revenue (describe ▶ _____)	8	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	34,036.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	28,507.
	11 Benefits paid to or for members	11	
	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	436.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	12,692.
	<b>17 Total expenses</b> (add lines 10 through 16)	17	41,635.
ASSETS	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	-7,599.
	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	24,393.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	16,794.

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22	24,393.	22	16,794.
23 Land and buildings	23	0.	23	0.
24 Other assets (describe ▶ _____)	24	0.	24	0.
<b>25 Total assets</b>	25	24,393.	25	16,794.
26 Total liabilities (describe ▶ _____)	26	0.	26	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27	24,393.	27	16,794.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Promote welfare of children in home, school, and community.</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>Field Day event provided physical, mental, and social education to 309 Students</u>		
	(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<u>2,656.</u>
<b>29</b>	<u>Teacher appreciation events honored 40 faculty members</u>		
	(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<u>3,701.</u>
<b>30</b>	<u>Twelve school programs/events promoted the health, welfare community awareness, and knowledge of 309 Pinkerton students.</u>		
	(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<u>3,769.</u>
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses.</b> Add lines 28a through 31a	<b>32</b>	<u>10,126.</u>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>See List of Officers, Etc. Statement</u>				

<b>Part V Other Information</b> (Note the statement requirement in the instructions.)			Yes	No
<b>33</b>	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	<b>33</b>		<b>X</b>
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>34</b>		<b>X</b>
<b>35</b>	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		<b>X</b>
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	<b>N/A</b>	
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>36</b>		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	<u>0.</u>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		<b>X</b>
<b>b</b>	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	<b>N/A</b>	
<b>39</b>	<b>501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	<b>N/A</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	<b>N/A</b>	

**Part V Other Information** (Note the statement requirement in the instructions.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_; section 4912 ▶ \_\_\_\_\_; section 4955 ▶ \_\_\_\_\_

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
<b>40b</b>		X
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		X

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

**d** Enter amount of tax on line 40c reimbursed by the organization

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed ▶ \_\_\_\_\_

**42 a** The books are in care of ▶ Janice Singer Telephone no. ▶ (972) 304-9835  
 Located at ▶ 733 Armstrong Blvd Coppell TX ZIP + 4 ▶ 75019

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** 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: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | \_\_\_\_\_ N/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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: 11/07/08  
 ▶ Janice Singer Treasurer  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See General Instruction X)
_____	<u>02/04/09</u>	<input checked="" type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
<u>Janice K. Singer</u> <u>733 Armstrong Blvd</u> <u>COPPELL TX 75019</u>		<u>(972) 965-3021</u>	

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

Department of the Treasury  
Internal Revenue Service

**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

**2007**

Name of the organization <b>Pinkerton Elementary Parent Teacher Organization</b>	Employer identification number <b>75-2254547</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	None	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	None	

<b>Part III</b> Statements About Activities (See instructions.)	Yes	No
<b>1</b> 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	X
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.		
<b>2</b> 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	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
<b>3a</b> 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	X
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 . . . . .	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d	X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .	4a	X
b Did the organization make any taxable distributions under section 4966? . . . . .	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c	
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax 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 held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(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 supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	22,515.	24,114.	4,060.	4,373.	55,062.
<b>16</b> Membership fees received . . . . .	1,769.	2,986.	2,360.	1,407.	8,522.
<b>17</b> 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 . . . . .					
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	7.	54.	46.	38.	145.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	24,291.	27,154.	6,466.	5,818.	63,729.
<b>24</b> Line 23 minus line 17 . . . . .	24,291.	27,154.	6,466.	5,818.	63,729.
<b>25</b> Enter 1% of line 23 . . . . .	243.	272.	65.	58.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 55,062. 16 _____ 8,522. 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b> 63,584.
d Add: Line 27a total _____ 0. and line 27b total _____ 0. . . . . ▶					<b>27d</b> 0.
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 63,584.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b> 63,729.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> 99.77 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> 0.23 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	
		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b>	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? .....		
<b>31</b>	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? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....		
<b>b</b>	Admissions policies? .....		
<b>c</b>	Employment of faculty or administrative staff? .....		
<b>d</b>	Scholarships or other financial assistance? .....		
<b>e</b>	Educational policies? .....		
<b>f</b>	Use of facilities? .....		
<b>g</b>	Athletic programs? .....		
<b>h</b>	Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
<b>35</b>	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. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	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 .....	<b>41</b>
	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 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

	<b>Lobbying Expenditures During 4 -Year Averaging Period</b>				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning Jul 1, 2007, and ending Jun 30, 2008.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

# 2007

Department of the Treasury  
Internal Revenue Service

### Return ID (20-digit number) ▶

Name of exempt organization

Employer identification number

Pinkerton Elementary Parent Teacher Organization

75-2254547

Name and title of officer

Janice Singer

Treasurer

### Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1 b	
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	<u>34,036.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 11/07/2008

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 75943036331  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 02/04/2009

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
Bank Service Charges	47.
External Programs	2,216.
Field Day	2,656.
Fundraising	401.
Health & Welfare	636.
Hospitality Teacher Appreciation	3,340.
Insurance	740.
Internal Programs	783.
Misc	402.
Sales Taxes	797.
Special Events	495.
Workroom	179.
<b>Total</b>	<b>12,692.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Beth Hohfeler 542 Melinda St. Coppell, TX 75019	President 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Janice Singer 733 Armstrong Coppell, TX 75019	Treasurer 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Marnie Crawford 142 Maywood Circle Coppell, TX 75019	Secretary 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Dani Ross 117 Meadowcreek Coppell, TX 75019	School Supplies 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Melanie Brown 506 Country Ln Coppell, TX 75019	School Supplies 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Karen Mullins 766 Armstrong Blvd Coppell, TX 75019	Fundraising 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Lisa Cunov 413 E. Bethel School Rd Coppell, TX 75019	Fundraising 0.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV  
**List of Officers, Etc. Statement**

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Tammy Hollingsworth 216 Salem Ct. Coppell, TX 75019	Internal Programs 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Kimberly Smith 216 E. Bethel Rd Coppell, TX 75019	Hospitality 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Heather McGrady 305 Hearthstone Coppell, TX 75019	Hospitality 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Jennifer Marvel 512 Rolling Hills Coppell, TX 75019	Hospitality 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Dee Dee Whitt 720 Lexington Coppell, TX 75019	Hospitality 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Wendy Webb 308 Briarcove Ln. Coppell, TX 75019	Hospitality 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Lori Njo 2812 Waterford Dr Irving TX 75063	Newsletter 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Melissa Watrous 406 Cooper Ln. Coppell, TX 75019	Homeroom Coordina 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Laurie Rigdon 736 Lexington Coppell, TX 75019	Homeroom Coordina 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Jenny Reynolds 525 Lynn Ct. Coppell, TX 75019	Book Fair 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Elizabeth Howell 130 Sandy Oak Ln. Coppell, TX 75019	Book Fair 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Penny Guice 127 Sandy Oak Ln. Coppell, TX 75019	Community Contact 0.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV  
**List of Officers, Etc. Statement**

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Tanya Harp 131 Sandy Oak Ln. Coppell, TX 75019	Community Contact	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Devonna Hunter 325 Meadowcreek Coppell, TX 75019	Field Day	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Kathy MacDonald 517 Rocky Branch Coppell, TX 75019	Field Day	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Amy Foley 505 Wales Ct. Coppell, TX 75019	Field Day	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Kyoung Lawton 212 Salem Ct. Coppell, TX 75019	Field Day	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Lori Harrison 168 Glendale Coppell, TX 75019	Library Volunteer	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Pam Lopez 121 Meadowcreek Coppell, TX 75019	Workroom Volunteer	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Katie Alarcon 313 Hearthstone Lane Coppell, TX 75019	Historian	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Brigitte Hook 770 Armstrong Blvd Coppell, TX 75019	Health & Welfare	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Tanya VonZurmuehlen 301 Forest Crest Coppell, TX 75019	Health & Welfare	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Helen Brennan 540 Rocky Branch Coppell, TX 75019	Yearbook	0.00	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Monica Bartlett 754 Armstrong Blvd Coppell, TX 75019	Membership	0.00	0.	0.

Form 990-EZ, Page 2, Part IV  
**List of Officers, Etc. Statement**

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Hope Sapp 516 Leavalley Circle Coppell, TX 75019	Membership 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Amy Jordan 513 Rolling Hills Coppell, TX 75019	Publicity 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Kristen Jett 160 Glendale Coppell, TX 75019	Special Projects 0.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Mary Marshall 500 Wales Ct. Coppell, TX 75019	Special Projects 0.00	0.	0.	0.

Form 990-EZ, Part I, Line 6

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Book Fair	4,687.	0.	4,687.	340.	4,347.
Field Day t-shirts	3,440.	0.	3,440.	1,569.	1,871.
Art Auction	1,186.	0.	1,186.	0.	1,186.
Yearbook sales	2,961.	0.	2,961.	2,188.	773.
Other product sales (6)	13,629.	0.	13,629.	12,701.	928.
Total	<u>25,903.</u>	<u>0.</u>	<u>25,903.</u>	<u>16,798.</u>	<u>9,105.</u>

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment to Affiliate ... to purchase technology, classroom supplies, & staff development

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
Educational	Business ..... <input checked="" type="checkbox"/> Person ..... <input type="checkbox"/>		
	<u>Pinkerton Elementary Activity Fund</u>	<u>Affiliated School</u>	
	<u>260 Southwestern Blvd</u>		
	<u>Coppell TX 75019</u>		<u>28,507.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift ..... \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined