

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 black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning Jul 1, 2008, **and ending** Jun 30, 2009

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.	C Name of organization Pinkerton Elementary Parent Teacher Organization Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 260 Southwestern Blvd City or town, state or country, and ZIP + 4 Coppell TX 75019	D Employer identification number 75-2254547 E Telephone number (214) 496-6800 F Group Exemption Number
--	---	--	---

• 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

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

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **83,104.**

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

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	42,830.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,880.
	4 Investment income	4	224.
	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ 23,223. of contributions reported on line 1)	6a	35,176.
	b Less: direct expenses other than fundraising expenses	6b	30,304.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,872.	
7a Gross sales of inventory, less returns and allowances	7a	2,994.	
b Less: cost of goods sold	7b	2,149.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	845.	
8 Other revenue (describe ▶)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	50,651.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	23,540.
	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	684.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	14,003.
	17 Total expenses (add lines 10 through 16)	17	38,227.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,424.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,794.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,218.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16,794.	29,638.
23	Land and buildings	0.	0.
24	Other assets (describe ▶)	0.	0.
25	Total assets	16,794.	29,638.
26	Total liabilities (describe ▶)	0.	420.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,794.	29,218.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

Part III	Statement of Program Service Accomplishments (See the instructions.)	Expenses	
What is the organization's primary exempt purpose? <u>Educational enrichment of Pinkerton Elementary students.</u> 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.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	<u>Extracurricular Programs: Provide funds to support school activities such as Field Day and Teacher Appreciation for 375 students and 40 faculty.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,460.
29	<u>Elementary Education: Purchase classroom supplies and technology equipment, including SmartBoards, CPS units, athletic equipment, stability balls, and library needs.</u> (Grants \$ 23,540.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	23,540.
30	<u>Educational enrichment programs: Fund in-school instructional programs, such as High Touch High Tech science programs and drug awareness.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,368.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	35,368.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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>Ann Lason</u> 501 Rolling Hills Coppell, TX 75019	President 1.00	0.	0.	
<u>Janice Singer</u> 733 Armstrong Coppell, TX 75019	Treasurer 8.00	0.	0.	
<u>Nicole Bentley</u> 260 Southwestern Blvd Coppell, TX 75019	Secretary 1.00	0.	0.	
<u>Kristi Jones</u> 342 Brock St. Coppell, TX 75019	School Supplies 1.00	0.	0.	
<u>Melanie Brown</u> 506 Country Ln Coppell, TX 75019	School Supplies 1.00	0.	0.	
<u>Karen Mullins</u> 766 Armstrong Blvd Coppell, TX 75019	Fundraising 1.00	0.	0.	
<u>Andrea Hulcy</u> 9047 guava Ct. Irving TX 75063	Asst. Treasurer 1.00	0.	0.	
<u>Mary Marshall</u> 500 Wales Ct. Coppell, TX 75019	Internal Programs 1.00	0.	0.	
<u>Kristen Jett</u> 160 Glendale Coppell, TX 75019	Hospitality 1.00	0.	0.	
<u>Heather McGrady</u> 305 Hearthstone Coppell, TX 75019	Hospitality 1.00	0.	0.	
<u>Jennifer Marvel</u> 512 Rolling Hills Coppell, TX 75019	Auction Chair 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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,' complete Schedule L, Part I	40b	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? If 'Yes,' complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed		

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

		Yes	No
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:	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
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:	42c	X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the 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 address of each employee paid more than \$100,000	(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 \$100,000				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	<u>Janice Singer</u> Type or print name and title.	<u>11/08/09</u> Treasurer		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			
	<u>Janice K. Singer</u> <u>733 Armstrong Blvd</u> <u>COPPELL TX 75019</u>	EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA Form **990-EZ** (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Pinkerton Elementary Parent Teacher Organization	Employer identification number 75-2254547
---	---

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: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III— Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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?		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	6,420.	27,100.	24,284.	24,272.	44,710.	126,786.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			44,108.	27,735.	38,170.	110,013.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	6,420.	27,100.	68,392.	52,007.	82,880.	236,799.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						236,799.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6,420.	27,100.	68,392.	52,007.	82,880.	236,799.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46.	54.	7.	35.	224.	366.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46.	54.	7.	35.	224.	366.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						237,165.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	99.85%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.77%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.15%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.23%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	<u>Auction</u> (event type)	<u>School Supply Sale</u> (event type)	<u>BOOK FAIR</u> (total number)	(Add col. (a) through col. (c))		
1	Gross receipts	47,665.	14,065.	12,704.	74,434.	
2	Less: Charitable contributions	23,223.			23,223.	
3	Gross revenue (line 1 minus line 2)	24,442.	14,065.	12,704.	51,211.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes	22,923.		22,923.	
	6	Rent/facility costs	2,038.		2,038.	
	7	Other direct expenses	2,709.	12,401.	8,587.	23,697.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				48,658.
9	Net income summary. Combine lines 3 and 8 in column (d)				2,553.	

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
				(Add col. (a) through col. (c))	
1	Gross revenue		777.	777.	
DIRECT EXPENSES	2	Cash prizes	0.	0.	
	3	Non-cash prizes	350.	350.	
	4	Rent/facility costs	0.	0.	
	5	Other direct expenses	0.	0.	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				350.
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				427.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

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:

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? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning Jul 1, 2008, and ending Jun 30, 2009.

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

2008

Department of the Treasury
Internal Revenue Service

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.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	50,651.
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

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 2008 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 Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 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 2008 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 ▶ 11/08/2009

Part III Certification and Authentication

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

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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 for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**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	101.
External Programs	3,897.
Field Day	3,128.
Fundraising	582.
Health & Welfare	749.
Hospitality Teacher Appreciation	3,332.
Insurance	560.
Historian	95.
Homeroom Coordinators	211.
Sales Taxes	506.
Special Events	722.
Website	120.
Total	14,003.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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"/> Becky Carver 548 Rocky Branch Ln Coppell, TX 75019 Foreign city ... Foreign country	Title Hospitality Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Wendy Webb 308 Briarcove Ln. Coppell, TX 75019 Foreign city ... Foreign country	Title Hospitality Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Lori Njo 2812 Waterford Dr Irving TX 75063 Foreign city ... Foreign country	Title Newsletter Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Rhonda Edwards 280 Benson Ln Coppell, TX 75019 Foreign city ... Foreign country	Title Homeroom Coordina Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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"/> Liz Kimball 236 E. Bethel Coppell, TX 75019 Foreign city ... Foreign country	Title Homeroom Coordina Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Jenny Reynolds 525 Lynn Ct. Coppell, TX 75019 Foreign city ... Foreign country	Title Book Fair Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Kimberly Smith 216 E. Bethel Coppell, TX 75019 Foreign city ... Foreign country	Title Book Fair Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Ann Murray 209 Glendale Coppell, TX 75019 Foreign city ... Foreign country	Title Community Contact Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Amy Gardner 2903 Waterford Dr. Coppell, TX 75019 Foreign city ... Foreign country	Title Community Contact Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Devonna Hunter 325 Meadowcreek Coppell, TX 75019 Foreign city ... Foreign country	Title Field Day Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Kelly Scott 250 Penuel Dr. Coppell, TX 75019 Foreign city ... Foreign country	Title Field Day Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Tanya VonZurmuehlen 301 Forestcrest Ln Coppell, TX 75019 Foreign city ... Foreign country	Title Field Day Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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"/> Camille Ward 358 Hearthstone Coppell, TX 75019 Foreign city ... Foreign country	Title Field Day Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Lori Harrison 168 Glendale Coppell, TX 75019 Foreign city ... Foreign country	Title Library Volunteer Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Pam Lopez 121 Meadowcreek Coppell, TX 75019 Foreign city ... Foreign country	Title Workroom Volunteer Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Sheila Bedichek 185 Asher Ct. Coppell, TX 75019 Foreign city ... Foreign country	Title Historian Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Julie Bartolacci 545 Arbor Brook Ln. Coppell, TX 75019 Foreign city ... Foreign country	Title Health & Welfare Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Amy Guerrero 312 Forestcrest Ln. Coppell, TX 75019 Foreign city ... Foreign country	Title Health & Welfare Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Bev Moore 524 Rocky Branch Coppell, TX 75019 Foreign city ... Foreign country	Title Yearbook Hours/Week 1.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Laurie Rigdon 736 Lexington Coppell, TX 75019 Foreign city ... Foreign country	Title Membership Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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"/> Melissa Watrous 406 Cooper Lane Coppell, TX 75019 Foreign city ... Foreign country	Title Membership Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Amy Jordan 513 Rolling Hills Coppell, TX 75019 Foreign city ... Foreign country	Title Publicity Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Diane Dunn PO Box 1309 Coppell, TX 75019 Foreign city ... Foreign country	Title Special Projects Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kyoung Lawton 212 Salem Ct. Coppell, TX 75019 Foreign city ... Foreign country	Title Special Projects Hours/Week 1.00	0.	0.	

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment purchase technology, classroom supplies

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Educational	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Pinkerton Elementary Activity Fund 260 Southwestern Blvd Coppell TX 75019	Affiliated School	23,540.

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

Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
spirit wear	2,632.
pencils	362.
Total	<u>2,994.</u>