

Preparer Electronic Filing Instructions  
Exempt Org

Pinkerton Elementary Parent Teacher Organization	75-2254547
260 Southwestern Blvd	Client Phone
Coppell, TX 75019	(214) 496-6800
Declaration Control Number .....	
Accepted Date .....	11/02/2010

This return is **NOT FINISHED** until you complete the following instructions

**Prior to transmission of the return****Form 990EZ**

The taxpayer should review Form 990EZ along with any accompanying schedules and statements.

**Form 8879-EO**

The taxpayer should review, sign and date Form 8879-EO and return to you prior to transmitting the tax return.

**No balance due nor a refund due**

**After transmission of the return**

This return was accepted on 11/02/2010.

**Form 8879-EO**

You entered the Federal Self-Select PIN number, you must retain a signed copy of Form 8879-EO for your records.

## Client Status

**2009**

Name <b>Pinkerton Elementary Parent Teacher Organization</b>	Employer ID number <b>75-2254547</b>
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Check the appropriate box below to update this client's status.

**Client Status** ..... ▶ **EF Accepted**                      **Status Date** ..... ▶ **11/02/10**  
**Client Number** ..... ▶ \_\_\_\_\_

The last box checked will be the current status.

		Date
<input checked="" type="checkbox"/>	Client information transferred to current year .....	03/20/10
<input type="checkbox"/>	Appointment scheduled for (time and date) ..... ▶ _____	_____
<input type="checkbox"/>	Received client's tax data .....	_____
<input type="checkbox"/>	Interview completed .....	_____
<input type="checkbox"/>	Client's tax return is in process .....	_____
<input type="checkbox"/>	Need more information from client (specify below) .....	_____
	_____	
	_____	

<input type="checkbox"/>	Data input completed .....	_____
<input type="checkbox"/>	Draft copy of tax return printed .....	_____
<input type="checkbox"/>	Extension filed .....	_____
<input type="checkbox"/>	If filing electronically, extension filed .....	_____
<input type="checkbox"/>	If filing electronically, extension accepted by IRS .....	_____
<input type="checkbox"/>	Second extension filed .....	_____
<input type="checkbox"/>	Sent to reviewer .....	_____
<input type="checkbox"/>	Review completed .....	_____
<input type="checkbox"/>	Final tax return printed .....	_____
<input type="checkbox"/>	Informed client of return completion .....	_____
<input type="checkbox"/>	Tax return signed .....	_____
<input type="checkbox"/>	Electronic filing signatures needed (Form 8879, 8453, etc) .....	_____
<input type="checkbox"/>	Ready to Efile tax return .....	_____
<input checked="" type="checkbox"/>	If filing electronically, return EFiled .....	11/02/10
<input checked="" type="checkbox"/>	If filing electronically, return accepted by IRS .....	11/02/10
<input type="checkbox"/>	Tax return delivered to client .....	_____
<input type="checkbox"/>	Billed client for tax return. Enter amount billed .. ▶ _____	_____
<input type="checkbox"/>	Received payment from client .....	_____
<input type="checkbox"/>	Specify other status ..... ▶ _____	_____

<b>Billing Amounts for Prior Years</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Enter the billing amount for each year .....	_____	_____	_____

**Current Year Comments** (See Help):

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**Permanent Comments** (See Help):

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**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)

**2009**

**Open to Public Inspection**

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 \$500,000 and total assets less than \$1,250,000 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.

**A For the 2009 calendar year, or tax year beginning** Jul 1, 2009, **and ending** Jun 30, 2010

<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</b> 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	<b>D</b> Employer identification number 75-2254547 <b>E</b> Telephone number (214) 496-6800 <b>F</b> Group Exemption Number
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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

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

**J Tax-exempt status** (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 51,943.

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

	1 Contributions, gifts, grants, and similar amounts received	1	17,704.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3	1,855.	
	4 Investment income	4	222.	
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 line 5b from line 5a)	5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	30,751.	
b Less: direct expenses other than fundraising expenses	6b	21,753.		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,998.		
	7a Gross sales of inventory, less returns and allowances	7a	1,411.	
	b Less: cost of goods sold	7b	1,032.	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	379.	
	8 Other revenue (describe ► _____)	8		
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,158.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	17,892.	
	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	549.	
	16 Other expenses (describe ► See Other Expenses Statement)	16	11,911.	
	17 <b>Total expenses.</b> Add lines 10 through 16	17	30,352.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,194.	
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	29,218.	
	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	28,024.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	29,638.	28,511.
23	Land and buildings	0.	0.
24	Other assets (describe ► _____)	0.	0.
25	<b>Total assets</b>	29,638.	28,511.
26	<b>Total liabilities</b> (describe ► _____)	420.	487.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	29,218.	28,024.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Educational enrichment of Pinkerton Elementary students.</u>		(Required for section 501(c)(3) and (4) organizations and section 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>Extracurricular Activities: Provide funds for non-curriculum activities such as Field Day, Teacher Appreciation, Homecoming, etc. for 375 students and 40 faculty.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	6,019.
<b>29</b>	<u>Classroom Enhancements: Purchase classroom supplies and technology equipment, including 11 SmartBoards, MacBook, athletic equipment, musical instruments, and library needs.</u> (Grants \$ 17,892.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	17,892.
<b>30</b>	<u>Educational programs: Fund field trip instructional programs to museum and opera, and in-school drug awareness program</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	3,598.
<b>31</b>	Other program services (attach schedule) <input type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	27,509.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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>Tammy Hollingsworth</u> <u>216 Salem Ct.</u> <u>Coppell, TX 75019</u>	President 10.00	0.	0.	
<u>Jenny Reynolds</u> <u>525 Lynn Court</u> <u>Coppell TX 75019</u>	Vice President 1.00	0.	0.	
<u>Andrea Hulcy</u> <u>9047 Guaya Ct.</u> <u>Irving TX 75063</u>	Treasurer 8.00	0.	0.	
<u>Jennifer Hornick</u> <u>130 Meadowcreek</u> <u>Coppell, TX 75019</u>	Secretary 1.00	0.	0.	
<u>Kristi Jones</u> <u>342 Brock St.</u> <u>Coppell, TX 75019</u>	School Supplies 1.00	0.	0.	
<u>Kathy MacDonald</u> <u>517 Rocky Branch</u> <u>Coppell TX 75019</u>	Programs 1.00	0.	0.	
<u>Janice Singer</u> <u>733 Armstrong Blvd</u> <u>Coppell, TX 75019</u>	Fundraising 1.00	0.	0.	
<u>Kendra Carter</u> <u>300 Brooks Ln</u> <u>Coppell, TX 75019</u>	School Events 1.00	0.	0.	
<u>Nichole Bentley</u> <u>260 Southwestern Blvd</u> <u>Coppell, TX 75019</u>	Hospitality 1.00	0.	0.	
<u>Becky Carver</u> <u>548 Rocky Branch Ln</u> <u>Coppell, TX 75019</u>	Hospitality 1.00	0.	0.	
<u>Katie Jobe</u> <u>564 Rocky Branch Ln.</u> <u>Irving TX 75063</u>	Newsletter 1.00	0.	0.	
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b>   0.		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____; section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b>	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 <b>40e</b>		X
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b> _____		

**42a** The organization's books are in care of **▶ Andrea Hulcy** Telephone no. **▶ (469) 693-7878**  
 Located at **▶ 9047 Guava Ct.** **Irving TX** ZIP + 4 **▶ 75063**

		Yes	No
<b>b</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)? <b>42b</b>		X
If 'Yes,' enter the name of the foreign country: <b>▶</b> _____			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>		X
If 'Yes,' enter the name of the foreign country: <b>▶</b> _____			

**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
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b>	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 <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 .....	<b>46</b>	<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	<b>47</b>	<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	<b>48</b>	<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	<b>X</b>
<b>b</b> If 'Yes,' was the related organization a section 527 organization? .....	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and 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				
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-----				
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f Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each 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: Andrea Hulcy Date: 09/18/10  
 Type or print name and title: Treasurer

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Janice K. Singer CPA  
733 Armstrong Blvd  
COPPELL TX 75019 EIN: \_\_\_\_\_ Phone no.: (972) 965-3021

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>Pinkerton Elementary Parent Teacher Organization</b>	Employer identification number <b>75-2254547</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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? .....		

	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	
<b>Total</b>									

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total.</b> Add lines 1-through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3 support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
16b <b>33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	27,100.	24,284.	24,272.	44,710.	19,559.	139,925.
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		44,108.	27,735.	38,170.	32,162.	142,175.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	27,100.	68,392.	52,007.	82,880.	51,721.	282,100.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						282,100.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	27,100.	68,392.	52,007.	82,880.	51,721.	282,100.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54.	7.	35.	224.	222.	542.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	54.	7.	35.	224.	222.	542.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						282,642.

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.81%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.85%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.19%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.15%

**19a 33-1/3 support tests – 2009.** 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 – 2008.** 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>School Supply Sale</u> (event type)	<u>Book Fair</u> (event type)	<u>NONE</u> (total number)	(Add col. (a) through col. (c))
1	Gross receipts	11,865.	10,189.	22,054.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	11,865.	10,189.	22,054.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	10,483.	5,362.
10	Direct expense summary. Add lines 4- through 9 in column (d)			15,845.
11	Net income summary. Combine lines 3, column (d) and line 10			6,209.

**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			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	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	

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b>	%	
<b>b</b> An outside facility .....	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ -----			
Address: ▶ -----			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....		<b>15a</b>	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
<b>c</b> If 'Yes,' enter name and address of the third party:			
Name: ▶ -----			
Address: ▶ -----			
<b>16</b> Gaming manager information			
Name: ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

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

For calendar year 2009, or fiscal year beginning Jul 1, 2009, and ending Jun 30, 2010.

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

**2009**

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

Andrea Hulcy 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, if any, from the return. 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.

<b>1 a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> _____
<b>2 a Form 990-EZ</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> <u>29,158.</u>
<b>3 a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</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 2009 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 2009 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 2009 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 ▶ 09/18/2010

**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 2009 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	34.
External Programs	3,380.
Field Day	2,562.
Fundraising	899.
Health & Welfare	218.
Hospitality Teacher Appreciation	2,715.
Insurance	560.
Special Events	742.
Website	160.
Office Supplies	14.
Miscellaneous	27.
Donation	600.
<b>Total</b>	<b>11,911.</b>

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"/> Lori Njo 2812 Waterford Dr. 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"/> Jennifer Fordham 301 Meadowcreek Rd 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"/> Amy Gardner 2903 Waterford Dr. Coppell, TX 75019 Foreign city ... _____ Foreign country ..... _____	Title Community Contact 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"/> <u>Tanya VonZurmuehlen</u> <u>301 Forestcrest Ln</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Field Day</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Helen Brennan</u> <u>540 Rocky Branch Ln</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Library Volunteer</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Lorrie Penton</u> <u>407 Brooks Ln</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Workroom Volunteer</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Sheila Bedichek</u> <u>185 Asher Ct.</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Historian</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Julie Bartolacci</u> <u>545 Arbor Brook Ln.</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Health &amp; Welfare</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Amy Guerrero</u> <u>312 Forestcrest Ln.</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Health &amp; Welfare</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Bev Moore</u> <u>524 Rocky Branch</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Yearbook</u> Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Laurie Rigdon</u> <u>736 Lexington</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Membership</u> 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"/> <u>Vicki Meyer</u> <u>535 Cooper Ln.</u> <u>Coppell, TX 75019</u> Foreign city ... _____ Foreign country ..... _____	Title <u>Publicity</u>  Hours/Week 1.00	0.	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
<u>Educational</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>PINKERTON ELEMENTARY ACTIVITY FUND</u> <u>260 SOUTHWESTERN BLVD</u> <u>COPPELL TX 75019</u>	<u>AFFILIATED SCHOOL</u>	<u>17,892.</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