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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
InspectionDepartment 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 of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200 000 and total assets less than \$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

<b>A</b> For the 2010 calendar year, or tax year beginning <b>7/01</b> , 2010, and ending <b>6/30</b> , 2011		<b>C</b> MCCLURE ELEMENTARY PTO 1753. N. RIDGE ROAD MCKINNEY, TX 75071-5087							
<b>B</b> Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 15%;"><input type="checkbox"/> Name change</td> <td style="width: 15%;"><input type="checkbox"/> Initial return</td> <td style="width: 15%;"><input type="checkbox"/> Terminated</td> <td style="width: 15%;"><input type="checkbox"/> Amended return</td> <td style="width: 15%;"><input type="checkbox"/> Application pending</td> </tr> </table>		<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	<b>D</b> Employer identification number <b>27-2709979</b> <b>E</b> Telephone number <b>972-742-4820</b> <b>F</b> Group Exemption Number ►	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending				
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)							
<b>I</b> Website: ► <b>N/A</b>									
<b>J</b> Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>K</b> Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return									
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>46,110.</b>									
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
<b>REVENUE</b>									
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7e, and 8	1 <b>18,321.</b> 2 <b>5,787.</b> 3 4 <b>31.</b> 5a 5b 5c 6a 6b 6c 6d 7a <b>20,926.</b> 7b <b>13,091.</b> 7c <b>7,835.</b> 8 <b>1,045.</b> 9 <b>33,019.</b> 10 <b>10,874.</b> 11 12 13 <b>220.</b> 14 15 16 <b>6,388.</b> 17 <b>17,482.</b> 18 <b>15,537.</b> 19 <b>0.</b> 20 21 <b>15,537.</b>								
<b>EXPENSES</b>									
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 <b>Total expenses.</b> Add lines 10 through 16	See Schedule O  10 11 12 13 14 15 16 17 18 19 20 21								
<b>ASSETS</b>									
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20	19 20 21								

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

Form 990-EZ (2010)

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.) See Schedule O  
 Check if the organization used Schedule O to respond to any question in this Part V

**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O  Yes  No

**34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  33  34

**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, explain in Schedule O why the organization did not report the income on Form 990-T  35a  35b

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  36  37a  0.

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?  37b  38a

**36** 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  38b  N/A

**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?  38b  N/A

**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 outstanding at the end of the tax year covered by this return?  39a  N/A

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved  39b  N/A

**39** Section 501(c)(7) organizations Enter  39a  N/A

**a** Initiation fees and capital contributions included on line 9  39b  N/A

**b** Gross receipts, included on line 9, for public use of club facilities  40a  N/A

**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **40a**  0., section 4912 ► **40a**  0., section 4955 ► **40a**  0.

**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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  40b  40e

**c** 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 ► **40b**  0.

**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40b**  0.

**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  40b  40e

**41** List the states with which a copy of this return is filed ► **None**  40b  40e

**42a** The organization's books are in care of ► **VERONICA MCGEE** Telephone no. ► **972-742-4820**  
 Located at ► **6913 RADIO FLYER DRIVE MCKINNEY TX** ZIP + 4 ► **75071**  42b  42c

**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)?  42b  42c

If 'Yes,' enter the name of the foreign country: ►  42b  42c

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.?  42b  42c

If 'Yes,' enter the name of the foreign country: ►  42b  42c

**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  N/A

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44a  44b  44c  44d

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44a  44b  44c  44d

**c** Did the organization receive any payments for indoor tanning services during the year?  44a  44b  44c  44d

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  44a  44b  44c  44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	✓ 45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48	Is the organization 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 a section 527 organization?	49b	

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				
-----				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ►

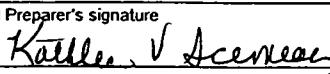
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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... ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  No

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

Sign Here	►  Signature of officer	Date <u>2/22/12</u>		
	► <b>VERONICA MCGEE</b> Type or print name and title.	Treasurer		
Paid Preparer Use Only	Print/Type preparer's name <b>Kathleen V. Scioneaux, CPA</b>	Preparer's signature 	Date <u>1/23/12</u>	Check <input type="checkbox"/> if self-employed N/A
	Firm's name ► <b>ACS Partners, LLP</b>	PTIN N/A		
	Firm's address ► <b>1216 N. Central Expwy, Ste 101 McKinney, TX 75070-3314</b>	Firm's EIN ► <b>N/A</b>	Phone no. <b>972-562-2222</b>	

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

**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.

OMB No 1545 0047

**2010**

Open to Public  
Inspection

Name of the organization

MCCLURE ELEMENTARY PTO

Employer identification number

27-2709979

**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 a 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
11g (i)		
11g (ii)		
11g (iii)		

**h** Provide the following information about the supported organization(s)

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge						
<b>4 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						
<b>11 Total support.</b> 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** ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2010.** 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 ► b **33-1/3% support test – 2009.** 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 ► 17a **10%-facts-and-circumstances test – 2010.** 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 ► b **10%-facts-and-circumstances test – 2009.** 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 ► 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 ► 

BAA

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')					18,321.	18,321.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					27,758.	27,758.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 <b>Total.</b> Add lines 1 through 5	0.	0.	0.	0.	46,079.	46,079.
7a Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 <b>Public support</b> (Subtract line 7c from line 6)						46,079.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0.	0.	0.	0.	46,079.	46,079.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					31.	31.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	31.	31.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 <b>Total support.</b> (Add Ins 9, 10c, 11, and 12)	0.	0.	0.	0.	46,110.	46,110.
14 <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 <b>stop here</b>						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a <b>33-1/3% support tests — 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33-1/3% support tests — 2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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1

Schedule A (Form 990 or 990-EZ) 2010

## MCCLURE ELEMENTARY PTO

27-2709979

**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

DIRECTORY

Total \$ 1,045.  
\$ 1,045.**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid In Excess of \$5,000**

Class of Activity:	CASH
Donee's Name:	MCCLURE ELEMENTARY SCHOOL
Donee's Address:	1753 N. RIDGE ROAD
Relationship of Donee:	MCKINNEY, TX 75071
Cash Amount Given:	RELATED
	\$ 10,000.

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

5TH GRADE GRADUATION	\$ 483.
BANK FEES	95.
CARNIVAL EXPENSES	475.
DIRECTORY	506.
FIELD DAY	450.
HOSPITALITY	284.
Insurance	149.
IRS FILING FEES	850.
MISCELLANEOUS	50.
MOVIE NIGHT	86.
MUFFINS WITH MOM	420.
NEWSLETTER	152.
SHINDIG	320.
TEACHER APPRECIATION	1,276.
TREASURER ADMINISTRATION	195.
VALENTINE DANCE	400.
WALKATHON	197.
Total	\$ <u>6,388.</u>

**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KIM KANKEL 6800 ORCHARD PARK DR. MCKINNEY, TX 75071	President 0	\$ 0.	\$ 0.	\$ 0.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

MCCLURE ELEMENTARY PTO

Employer identification number

27-2709979**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**THE PRIMARY PURPOSE OF THE MCCLURE ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATIONIS TO CONTINUALLY PROMOTE AND PROVIDE SUPPORT TO THE QUALITY OF EDUCATIONALPROGRAMS, SAFE ENVIRONMENT, AND COMMUNITY BUILDING AND AWARENESS AT MCCLUREELEMENTARY SCHOOL.**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**(a) Did the organization, during the year, receive any funds, directly or  
indirectly, to pay premiums on a personal benefit contract?No(b) Did the organization, during the year, pay premiums, directly or  
indirectly, on a personal benefit contract?No

## MCCLURE ELEMENTARY PTO

27-2709979

## Form 990-EZ, Part IV (continued)

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
KARI ANNE ROWLAND 6820 CUNNINGHAM MCKINNEY, TX 75071	VP PROGRAMS 10	0. \$	0. \$	0.
HOLLY COOPER 400 SADDLEHORN RANCH MCKINNEY, TX 75071	RAISING DIR 10	0.	0.	0.
LISA BRANNON 1413 CONSTITUTION DRIVE MCKINNEY, TX 75071	MEMBERSHIP DIR 10	0.	0.	0.
MICHELLE SMITH 1117 CONSTITUTION DRIVE MCKINNEY, TX 75071	VOLUNTEER DIR 10	0.	0.	0.
TASHA BRYANT 4812 BROOKRIDGE AVENUE MCKINNEY, TX 75071	COMMUNICATIONS 10	0.	0.	0.
KIM PROVOST 813 MOSS CLIFF CIRCLE MCKINNEY, TX 75071	SPIRIT WEAR DIR 10	0.	0.	0.
DAWN KNAPP 1313 CONSTITUTION DRIVE MCKINNEY, TX 75071	Treasurer 10	0.	0.	0.
KRISTIE SOKOLOSKY 6517 CANYON CREST DRIVE MCKINNEY, TX 75071	Secretary 10	0.	0.	0.
MARIA DOZIER 4816 RUSTIC RIDGE DRIVE MCKINNEY, TX 75071	YEARBOOK 10	0.	0.	0.
VERONICA MCGEE 6913 RADIO FLYER DRIVE MCKINNEY, TX 75071	PARLIAMENTARIAN 10	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.