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Form **990-E2**

9/01

2010

8/31

, 2010, and ending

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

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)

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 ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

2011

<u>B</u>	Check	f applicable C	D E	mployer i	dentification number
<u>_</u>	Addres	s change Hallinan Elementary School PTO	9	93-10	12680
\vdash	Name o	- 20000 Manchorne DI	E 7	elephone	number
⊨	Initial r	Lake objector of 5,004 0045	1 .	(503)	534-2353
┝	Termin	ated ed return		<u> </u>	
F	1	tion pending		roup ⊨> umber	kemption ►
Ğ	Acco	unting Method X Cash Accrual Other (specify) ► H Chec	.k ► [X if the	e organization is not
ı		ite: ► N/A	ıred to	attach	Schedule B (Form
J	Tax-ex	tempt status (ck only one) $- X 501(c)(3) 501(c)() √ (insert no) 4947(a)(1) or 527 990,$	990-E	Z, or 99	90-PF)
K	Chec		are no	rmally i	not more than
1	\$50,0	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be req	uired (see ins	tructions) But if the
		ization chooses to file a return, be sure to file a complete return			
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r if tota	al ►\$	134,167.
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Ir			
.,.	× ×	Check if the organization used Schedule O to respond to any question in this Part I	150 40	,(10115	X
_	1	Contributions, gifts, grants, and similar amounts received		11	3,693.
	2	Program service revenue including government fees and contracts		2	3,033.
	3	Membership dues and assessments		3	3,809.
	4	Investment income		4	5,809.
	1 -	Gross amount from sale of assets other than inventory 5a			
	1	Less cost or other basis and sales expenses . 5b		- 25	
	1	•			
	ے ا	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
R	6	Gaming and fundraising events			
Ë	1	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		1.3	
REVENU	b	Gross income from fundraising events (not including \$ of contributions		1324	
ÿ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 126,	660		
_	c		507.		
			 		
	a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	94,153.
	7a	Gross sales of inventory, less returns and allowances.		3-4	2-72001
	1	Less: cost of goods sold 7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	.
	9	T-M-1	•		101,660.
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11			11	· · · · · · · · · · · · · · · · · · ·
Ē	12	Salaries, other compensation, and employee benefits S JAN 17 2012 Professional fees and other payments to independent contractors		12	
P	3	Professional fees and other payments to independent contractors		13	
XPENSE	274	· · · · · · · · · · · · · · · · · · ·		14	
E	₹15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping		15	
S	c16	Other expenses (describe in Schedule O) See Schedule O		16	95,187.
	21.7	Total expenses. Add lines 10 through 16.	•	-	95,187.
	-18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,473.
Δ	l _			10 TO NOT	0,473.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-figure reported on prior year's return)	of-year	19	<u>9</u> 5,709.
N S E S T E	(ENEE)	Other changes in net assets or fund balances (explain in Schedule O)		20	23, 103.
Ś	21.	Net assets or fund balances at end of year Combine lines 18 through 20	>	21	102,182.
BΔ		Paperwork Reduction Act Notice, see the separate instructions.		<u> </u>	Form 990-EZ (2010)
	₩.	- ab			. 3 333-L2 (2010)

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Forn	n 990-EZ (2010) Hallinan Elemen	tary School PTO	_	93-	-101	L2680 Page 2
Pai	Balance Sheets. (see the in	structions for Part II.)	and an in this Doub II			X
	Check if the organization used Sch	ledule O to respond to any qu		A) Beginning of year	<u>- ا</u>	(B) End of year
22	Cash, savings, and investments			90,230.		102,182.
23	Land and buildings		-	50,250.	23	102,102.
24	Other assets (describe in Schedule O)	See Schedule O	,	6,864.		
25	Total assets	bee benedure o		97,094		102,182.
26	Total liabilities (describe in Schedule O) See Schedule O	,	1,385.		0.
27	•	, 	line 21)	95,709.		102,182.
	National Statement of Program Ser				· ,	Expenses
I & CAI	Check if the organization used S			[X]	(Rea	uired for section
Desc	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the ribe the services provided, the number oram title.	e Schedule O	·	oncise manner,	orgai 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
28	See Schedule Q (Grants \$) If the	nis amount includes foreign gr			28 a	94,203.
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		29 a	
30 31	(Grants \$) If the Other program services (describe in Sci	nis amount includes foreign gr	ants, check here		30 a	
31		nis amount includes foreign gr	ante check horo	▶ □	3 1 a	
32			ants, check here	<u> </u>	32	94,203.
	tilV List of Officers, Directors,		Novees List each one or	en if not compensated		
_ ui	Check if the organization used S				(see t	inc moduluctions for Fall IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plans deferred compensat	s and ion	(e) Expense account and other allowances
Bri	igitte Stacey Dennett	President	0.	I	Ο.	0.

17212 Chapin Way Lake Oswego, OR 97034 0 Mary Katherine Larson 17033 Chapin Way Lake Oswego, OR 97034 Vice President 0. 0. 0. Lauire Lebold 0. 0. 0. Treasurer 945 Oak Ter Lake Oswego, OR 97034 Jane Fendon Secretary 0. Ō. 0. 16188 Matthew Court Lake Oswego, OR 97034 Shannon Brauner
17625 Woodhurst Place
Lake Oswego, OR 97034 0. Volunteer Coord 0. 0. Margaret Fay 1395 Cherry Crest Ave. Lake Oswego, OR 97034 Volunteer Coord 0. 0. 0. Ō. Tamee Meyer Fundraiser Coor Ō. 0. 18025 Skyland Circle Lake Oswego, 97034

33 and the organization engage in any activity not previously reported to the IRS? If "Yes", provide a detailed description of a cash activity in Screedule O each activity in Screedule O eac	Pa	tV Other Information (Note the statement requirements in the instructions for Part V.) See Sci Check if the organization used Schedule O to respond to any question in this Part V	nedu.	Le O	X
Wes any supfluent change make the engineering or powering documents? If Yes, "statch a coolioned doys of the amended documents if they relet a sharpe to the organization change make the engineering of states and the engineering of the amended documents if they relet as the organization than the control for the engineering of the engin	22			Yes	
a charge to the argumentation same. Otherwise, epitain the charge and Sheduke (0 (see instructions). 34		each activity in Schedule O	33		-
explain is Schedule O with the cryanization and ort report the recorne of ST 1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50 Did the organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 17% complete applicable parts of Schedule N 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 17% complete applicable parts of Schedule N 50 Did the organization file Form 1120-PoL for this year? 31 Did the organization borrow from, or make any loans to, any officer, director, frustee, 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 the return? 51 Did the organization borrow from, or make any loans to, any officer, director, frustee, 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 the return? 51 Did the organization the form or year and still outstanding at the end of the tax year covered by the return? 51 Did the organization the proxy or year and still outstanding at the end of the tax year covered by the forth of the tax year to the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of did in engage in an excess benefit transaction in a prior year that has not been reported on the standard of the organization organization engage in any section 4955 excess benefit transaction and any organization organization engage in any section 4956 excess benefit transaction and any organization engage in any section 4956 excess benefit transaction and any organization engage in any section 4956 excess benefit transaction and any organization engage in any	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).	34		X
501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? 50	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 0 why the organization did not report the income on Form 990-T	*		
36 but the organization undergo a liquidation, dissolution, fermination, or significant disposition of net assets during the year? If Yes, complete aprilicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization file Form 1120-PCL for this year? 38 a Did the organization file Form 1120-PCL for this year? 38 a Did the organization file Form 1120-PCL for this year? 38 bit Yes, complete Schedule I., Part II and enter the total amount involved 38 bit Yes, complete Schedule I., Part II and enter the total amount involved 38 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter the total amount involved 39 bit Yes, complete Schedule I., Part II and enter amount of tax imposed on the organization during the year under. 50 c Section 501(C)(3) and 501(C)(4) organizations. Did the organization on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule I., Part I. 50 c Section 501(C)(3) and 501(C)(4) organizations. Enter amount of tax imposed on organization and prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule I., Part I. 50 c Section 501(C)(3) and 501(C)(4) organizations. Enter amount of tax imposed on organization organization and prior year in the same of sections 491(2, 4955, and 4958) 50 c Section 501(C)(3) and 501(C)(4) organizations. Enter amount of tax imposed on organization and prior year in the same of the foreign country (such as a bank account). 50 c Section 501(C)(3) and 501(C)(4) organizations. Enter amount of tax imposed organization in the document of the	i	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?	35 a		X
year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b 37b 37b 37b 37b 37b 37b 37b 37c 37b 37c 37c	ı	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
b Did the organization file Form 1128-POL for this year? 38 a Did the organization form or make any loans to, any officer, director, frustee, or key employee or were any such boars made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes; complete Schedule L, Part II and enter the total amount involved. 38 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 > 0; section 4912 > 0; section 4912 > 0; section 4955 > 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction thuring 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 90 or 990-E27 if Yes; complete Schedule, L.p. 14 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4956 in 40 b. X 38 a	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	36		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such floars made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions - 37a 0.			
38a bill the organization borrow from, or make any loans to, any officer, director, frustese, 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? 38b N/A 39 Section 501(c)(7) organizations Enter: al Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities all Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911	1	Did the organization file Form 1120-POL for this year?		_	
38 Section 501(c)(2) organizations Enter: a Initiation fees and capital contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 • 0. ; section 4912 • 0. ; section 4915 • 0. b Gross receipts, included on line 9 of the organization of the organization during the year under. section 4911 • 0. ; section 4912 • 0. ; section 4915 • 0. b Section 501(c)(3) and 501(c)(4) organizations Dut the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction or any of its prior Form \$90 or 990-E27 if Yes, complete Schedule L, Part I. 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 4938 0. d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization of the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886c-T with the states with which a copy of this return is filed • None 42a The organizations buots are in care of Laurie Lebold tocated at 945 Oak Terrace Lake Oswego Or 2P+4 • 97034 42b If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial accounts) or the financial account in a foreign country (such as a bank account, securities account, or other 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. 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 44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.	38 a	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?			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 - 0.; section 4912 - 0.; section 4915 - 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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-E2* [if 'ves.' complete Schedule, I. Part I organization and 4958 - 0.] 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 - 0. d 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 - 0. d 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 - 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax 40 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization approach as the section of the state of the section	ı		3	۰ بر	3
b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 * 0.; section 4912 * 0.; section 4955 * 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 if engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 in **Yes*; complete Schedule* L, Part I 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. d 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If *Yes*; complete Form 886-T. 1 List the states with which a copy of this return is filed > None 22a The organizations 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. * 3 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 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 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 accr	39	Section 501(c)(7) organizations Enter:			4
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 9	i	Initiation fees and capital contributions included on line 9 N/A]		1
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 prore year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I is transaction during the year or did it engage in an excess benefit transaction in a prore year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I is transaction for form 990-EZ in lieu of Form 1041 — Check here and enter the name of the foreign country. **Output Description** **Output Description** **Output Description** **Output Description** **Output Description** **Output Description** **Description** **Descr	ı	Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part 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 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 in a prior year that has not been reported on any of its prior Forms 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax went of 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 Section 4947(a)(1) nonexempt charitable trusts filling 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. 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ could be organization in a completed or schedule C. 45 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ could be organization for the propriets of the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ could be organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ could be organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule C.	40 a		ý.	·±	
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-E27 if Yes, complete Schedule I., Part I 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 886-T. 40e		section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	**		^ _ (
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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of by the organization of the foreign country of the foreign country is filed. Some of 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? If 'Yes,' Form 990 must be completed instead of Form 990-EZ count of Form 990-EZ country of Form 990-EZ count	ı	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		X
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 42a The organizations books are in care of Laurie Lebold Located at - 945 Oak Terrace Lake Oswego Or 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)? 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. 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 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization peparate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in 44d 44d 44d 44d 44d 44d 44d 44d	(*	₩,	,
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 List the states with which a copy of this return is filed None None None	•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
42a The organization's books are in care of ► Laurie Lebold Located at ► 945 Oak Terrace Lake Oswego Or Description of 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)? 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. 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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					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. 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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		books are in care of Laurie Lebold Located at 945 Oak Terrace Lake Oswego Or ZIP + 4 97034 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)?			Х
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	(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?		okradijana	** · ·
	44 a	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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44b 44c		N/A No X
	BAA			-E7 (2010

Yes No As As As As As As As A	. Form 990 -	EZ (2010) Hallinan Elementary	School PTO		93-10126	80	F	Page 4
a Dat the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(0)(3)? If "Nes", form 990 and Schedule R may need to be completed instead of From 990 2E (see may) 456					-		Yes	
a Due the deganization receives any payment from of organization with a controlled entity which methods and section # 100 per payment from of organization plants of the completed instead of from # 390 EZ (see insight of the plants of the pl			•	-	` ' '			<u>X</u>
candidates for public office? If Yes, complete Schedule C, Part II 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 47-49 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 47 Did the organization engage in lobbying activities? If Yes, 'complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(k)(i)(i)? If Yes,' complete Schedule E 49 Did the organization as school as described in section 170(b)(1)(k)(ii)? If Yes,' complete Schedule E 49 Did the organization was virusified to an exempt non-charitable related organization? 49 Did the organization was accessed or active than \$100,000 organization? 50 Complete this table for the organization for them \$100,000 organization or them \$100,000 organization organization if there is none, enter None (A) Name and accessed or active manages part of the organization in the organization in the organization in the organization in the organization organization in the organization in the organization in the organization in the organization organization in the organization organization in the organization in the organization organization in the organization organization in the organization in the organization in the organization organization in the organization organization in the organization organization organization in the organization organization organization in the organization organization in the organization organization organization in the organization organization organization organization in the organization organi						45a		
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 4749 and 52, and complete the tables for intens 50 and 51. Check if the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Did the organization as school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Did the organization as school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b)(1)(4)(0)? If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b) (1)(4)(0)(1) If "Yes," complete Schedule E 48 Is X 49 Life to repair a school as described in section 170(b)(1)(4)(0)(1) If "Yes," complete Schedule E 49 Life to repair and the school as described in school and sc								I
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A7 Did the organization engage in lobbying activities? If Yes, 'complete Schedule C, Part II A8 X A9 a Did the organization has chool as described in section 170(b)(1)(A)(ii)? If Yes, 'complete Schedule E A8 X A9 a Did the organization make any transfers to an exempt non-charitable related organization? A9 X A9		Check if the organization used Schedu	le O to respond to any	question in this Part VI				
### Age bit whe organization make any transfers to an exempt non-charitable related organization? ### Age bit 'Yes,' was the related organization a section 527 organization? ### Organization in the organization of the organization in the organization in the organization of the organization in the organization in the organization of the organization in the organization of the organization in the organization in the organization of the organization in the organization in the organization of the organization in the organization in the organization of the organization in the organization in the organization in the organization in the organization of the organization in the organization of the organization in the organization in the organization in the organization of the organization in the organization of the organization of the organization in the organization of the organi			· · ·	· ·	adula E		res	X
bit "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization of the 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 (9) Name and address of each employee pad devoted to position more than \$100,000 of compensation. For Total number of other employees pad over \$100,000 of compensation from the organization from the organization. If there is none, enter None (9) Total number of other employees pad over \$100,000 of compensation from the organization. If there is none, enter None (9) Hame and address of each independent contractors graded and enter the specific pad over \$100,000 of compensation from the organization. If there is none, enter None (9) Hame and address of each independent contractor pad over \$100,000 of compensation from the organization. If there is none, enter None (9) Hame and address of each independent contractor pad over \$100,000 of compensation from the organization of the organization organi					edule L			-
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Complete this table for the organization of their independent contractors each receiving over \$100,000	50 Com empl	plete this table for the organization's five loyees) who each received more than \$10	highest compensated 6 0,000 of compensation	mployees (other than from the organization	officers, directors, trustees If there is none, enter 'Nor	and key		
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 said more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note All section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note All section \$51(c)(3) organizations and 4947(a)(1) nonexempt trust contractors are previously all information of which prepare has any knowledge and belief, it is true, correct and pomyrile Designation of preparity to the preparation of which prepare has any knowledge and belief, it is best of my knowledge and belief, it is be	(a) Name and address of each employee paid more than \$100,000	hours per week	(c) Compensation	benefit plans and	accou	nt and	s
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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 Under penalties of perior. Lighter that These examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and controlled backglobid on of prepary (other than office-)-is opposed valid information of which preparer has any knowledge Vivia No No No No		(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No	None_							
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No								
Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No								
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Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes No								
Charitable trusts must attach a completed Schedule A Under penalties of perjury, Ligebre that Thave 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 prepalty (other than officer) is base to all information of which preparer has any knowledge Valves No			-					
Sign Here Signature of other	52 Did ti chari	ne organization complete Schedule A? No table trusts must attach a completed Sch	ote All section 501(c)(3 edule A) organizations and 49	4/(a)(1) nonexempt	X Yes	Г	No
Sign Here Signature of other	Under penalti true, correct,	es of perjury. I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sche	dules and statements, and to t	he best of my knowledge and belief,	ıt ıs		
Here Brigitte Stacey Dennett Type or print name and title Print/Type preparer's name Paul D. Mueller Preparer Use Only Firm's name ► Paul D. Mueller, CPA Firm's name ► Paul D. Mueller, CPA Firm's address ► 5331 SW Macadam Avenue, Suite 365 Portland, OR 97239 May the IRS discuss this return with the preparer shown above? See instructions President Check X if PTIN N/A FIRM's EIN ► N/A Firm's EIN ► N/A Phone no (503) 221-2001 X Yes No		- 40 Dun	2					
Type or print name and title Print/Type preparer's name Paul D. Mueller Paul D. Mueller Paul D. Mueller Pirm's name Paul D. Mueller Paul D. Mueller Pirm's name Paul D. Mueller Paul D.		17		•				
Print/Type preparer's name Paid Preparer Use Only Paul D. Mueller Suite 365 Firm's address Portland, OR 97239 May the IRS discuss this return with the preparer shown above? See instructions Paul D. Mueller Suite 365 Phone no (503) 221-2001 May the IRS discuss this return with the preparer shown above? See instructions	Here				President			
Paid Preparer Use Only Paul D. Mueller Paul D. Mueller 1/06/12 self-employed N/A			Preparer's signature	Date	Chask Y if PTIN			
Preparer Use Only Firm's name Paul D. Mueller, CPA	Paid	Paul D. Mueller	Paul/D Muelle	1/06/1	CHECK [A]			
Portland, OR 97239 May the IRS discuss this return with the preparer shown above? See instructions Phone no (503) 221-2001 X Yes No	Preparer	Firm's name Paul D. Mueller			23 3 1 1 1 1 1 1			
May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No	Use Only			365				
	May the ID	<u> </u>		ations				
	_	o discuss this return with the preparer sh	own above, See lustru	CHOIIS				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

		nan Elementary								117080			
Par		Reason for Publ	lic Charity Status	(All organizations	must o	comple	ete this	part.)	See i	nstruct	ons.		_
The	orga	nization is not a priva	ite foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				_	
1		A church, convention	of churches or associ	ciation of churches desi	cribed ir	section	170(b)	(1)(A)(i)					
2	П	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule I	E)								
3	П			e organization describe		ction 17	0(b)(1)(A	A)(iii).					
4			•	in conjunction with a h					0(b)(1)(A)(iii) . En	iter the hos	spital'	s
		name, city, and state).).	•	Ť								
5			rated for the benefit o	f a college or university	y owned	or oper	ated by	a gover	nmenta	unit des	scribed in s	sectio	n
6				overnmental unit descri									
7		An organization that in section 170(b)(1)(normally receives a s AXvi). (Complete Pai	substantial part of its surt II)	upport fr	om a go	vernme	ntal uni	t or fron	the ger	neral public	: desc	ribed
8	\sqsubseteq	A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	II.)							
9		from activities related	d to its éxempt function) more than 33-1/3% or ons — subject to certain s taxable income (less mplete Part III)	n except	ions, ar	id (2) no	more t	han 33-	1/3% of ⊦	its support	from	gross
10		An organization orga	inized and operated e	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	X	more publicly suppor	ted organizations des	exclusively for the bene- scribed in section 509(a tion and complete lines	a)(1) or s	section 5	509(a)(2	octions o). See s	of, or ca section !	rry out th 5 09(a)(3)	e purpose . Check th	s of o ie box	ne or that
	_	a UType I	b ∐Type Ⅱ	c 💹 Type III	I – Fund	ctionally	ıntegra	ted		d X	Type III -	- Oth∈	er
е	Ш	By checking this box other than foundation section 509(a)(2).	, I certify that the org n managers and other	anization is not controll r than one or more pub	led dired licly sup	ctly or in ported o	directly organiza	by one itions de	or more escribed	disquali in sectio	fied persor on 509(a)(1	ns) or	
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	7		
												Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	lescribe	d in (ii) i	and (III)	11 g (i)		X
		(ii) A family memb	er of a person descri	bed ın (ı) above?							11 g (ii)	<u> </u>	X
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		X
h		Provide the following	information about th	e supported organization	on(s)								
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (your go	Is the zation in in listed in overning ment?	the organ	rou notify nization in n (i) of upport?	(vi) organiz colun organize U S	ation in nn (i) ed in the	(vii) Amour	nt of sup	pport
					Yes	No	Yes	No	Yes	No			
A)H	ALI	<u>LINAN ELEMENTA</u>	RY SCHOOL										
(B)		,	93-6008560	SCHOOL		Х		Х	X			94,2	<u> 203.</u>
										- 1			
(C)						ļ							
(D)_													
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(E)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of the state of the state of	AND SAME.	-/900000000	188j. (1000 on	ا دري	yajon.	ام دریقانی بروی			
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Fotal						***	S	[" *** " }	A.	\$ 'F	_	94,2	203.

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)

<u> </u>	tion A Dublic Comment			•	· · · · · · · · · · · · · · · · · · ·		
	tion A. Public Support	_	<u> </u>				
Cale begi	ndar year (or fiscal year nning 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						
4	Total. 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	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	·-					
Cale begi	ndar year (or fiscal year nning 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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, or	r fifth tax year as	a section 501(c)(3) ► □
	tion C. Computation of Pul				. <u>-</u> .		
	Public support percentage for 20	• ,	``	ie 11, column (f))		14	
15	Public support percentage from 3	2009 Schedule A,	Part II, line 14			15	%
16 <i>a</i>	33-1/3% support test — 2010. If the and stop here. The organization	the organization d qualifies as a pub	lid not check the to blicly supported or	oox on line 13, and rganization	d the line 14 is 33	3-1/3% or more,	check this box
t	33-1/3% support test – 2009. If the and stop here. The organization	the organization d qualifies as a pub	lid not check a bo blicly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more	e, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test, check this i	box and stop her	e. Explain in Pa	rt IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Pa ted organization	rt IV how the ►
	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ii	nstructions -
BAA					Sch	nedule A (Form	990 or 990-EZ) 2010

Partill 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)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Caler	dar 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 ')					,,	
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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			_			
(: Add lines 7a and 7b		"	•			
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pul			<u>-</u>	 -		-
	Public support percentage for 20			o 12 column (6)		12	O.
		•	• • • • • • • • • • • • • • • • • • • •	e 13, column (i))		15	<u> </u>
	Public support percentage from : tion D. Computation of Inv					16	<u> </u>
					(0)	1 44 1	
	Investment income percentage for	·=	• • •	•	mn (t)).	17	% %
18 19 a	Investment income percentage for 33-1/3% support tests — 2010. If	the organization	did not check the	box on line 14. a	and line 15 is more	18 than 33-1/3%, and	
b	is not more than 33-1/3%, check 33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or li	ine 19a, and line 1	6 is more than 33-1	/3%, and
20	Private foundation. If the organization						alion

Schedule A	(Form	990 oi	r 990-EZ	2) 2010	Hal	linan	Elem	entary	School	PTO	93-103	2680	Page 4
PartilV.	Supp Part (See	leme II, line instru	ntal In e 17a d uctions	formator 17b;	and I	Complet Part III,	te this line 1	part to 2. Also	provide t complete	he exp this p	93-103 lanations required by art for any additional	Part II, line 1 information.	0;
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the org	anization						Employer identifica	ation number
Hallinan Elementary School PTO 93-1012680								
Part(I	undraising Activities. Comporm 990-EZ filers are not rec	lete if the organuired to compl	nization ar	nswered '\ art	res' to Form 990, Part i	IV, line	17	
1 Indica	te whether the organization i	aised funds thi	rough any	of the foll	lowing activities Check	all that	apply	
a Ma	ail solicitations			е	Solicitation of non-	governn	nent grants	
b Inf	ternet and email solicitations	;		f	Solicitation of gove	ernment	grants	
c Pr	one solicitations			g	—			
d In-	person solicitations			_				
2a Did the emplo	e organization have a writter yees listed in Form 990, Par	n or oral agreer t VII) or entity i	ment with in connect	any individual tion with p	dual (including officers, professional fundraising	director services	rs, trustees or k s?	ey Yes No
compe	,' list the ten highest paid in ensated at least \$5,000 by th	e organization			ursuant to agreements	under w	hich the fundra	iser is to be
(i) Name	and address of individual entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to
Or	entity (fundraiser)			dy or control butions?	from activity	fundr	retained by) aiser listed in	(or retained by) organization
						С	olumn (ı)	9
			Yes	No				
1								
2 						ļ 	,	
3								
4								
5								
6								
7								
8								
9	·							
10	-				.,,			
Total			•					
Total 3 List all	states in which the organiza	ation is register	ed or lice	nsed to so	l dicit contributions or ha	s been i	notified it is exe	mpt from registration
or lice	nsing	and in the regions.	ou oroo.		more contributions of the	0 000111	Totaliou It io oxo	mpt nom registration
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Schedule G ((Form 990 or 990-E2	Z) 2010 Hallinan	Elementarv	School	PTO

93-1012680

Page 2

Pai	t II	Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross re-	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, li ss income on Form	ne 18, or 1 990-EZ, lines 1
R			(a) Event #1 Auction (event type)	(b) Event #2 Special Events (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
# E V E N U E	1	Gross receipts	79,874.	39,067.	7,719.	126,660.
Ĕ	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	79,874.	39,067.	7,719.	126,660.
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
Č	7	Food and beverages	7,269.			7,269.
E X P	8	Entertainment				
EXPERSES	9	Other direct expenses	9,898.	15,340.		25,238.
S	10	Direct expense summary Add lines 4- t	hrough 9 in column (d)		•	32,507.
På	11 -	Net income summary Combine line 3, co Gaming. Complete if the organization		s' to Form 000 Por	t IV lung 10 or ro	94,153.
<u>rai</u>	Ç 1111	\$15,000 on Form 990-EZ, line 6a		s to rollil 990, Fal	t iv, line 19, or rep	Dorted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue				
_ E	2	Cash prizes				
D R E N	3	Non-cash prizes				
D I RECT	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine	ines 1, column (d) and	line 7	>	
10 a	Is the last of the	er the state(s) in which the organization of the organization licensed to operate gaming to, explain:	g activities in each of the	ese states?		Yes No
	o If 'Y 	es,' explain:				

Schedule G (Form 990 or 990-EZ) 2010 Hal	linan Elementary School PTO	93-1012680 Page 3
11 Does the organization operate gaming a	ctivities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary administer charitable gaming?	y or trustee of a trust or a member of a partnership or	other entity formed to Yes No
13 Indicate the percentage of gaming activity	ity operated in:	1 1
a The organization's facility	ny operated in:	13a %
b An outside facility		13b %
14 Enter the name and address of the person	on who prepares the organization's gaming/special ev	ents books and records
Name •		
Address ►		
15a Does the organization have a contact wife	th a third party from whom the organization receives g	gaming revenue? Yes No
	enue received by the organization > \$	
of gaming revenue retained by the third	party ► \$	
c If 'Yes,' enter name and address of the t	third party:	
Name •		
Address ►		
16 Gaming manager information:		
Name •	·	
Gaming manager compensation ► \$_		
Description of services provided		
Director/officer Emp	ployee Independent contractor	
17 Mandatory distributions		
a is the organization required under state	law to make charitable distributions from the gaming p	proceeds to retain the
state gaming license?	ed under state law to be distributed to other exempt or	Yes No
organization's own exempt activities duri		ganizations of spent in the
Part V Supplemental Information columns (III) and (v), and f	n. Complete this part to provide the explanat Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 1 Iditional information (see instructions).	ions required by Part I, line 2b, 7b, as applicable. Also complete
BAA	TEEA3703L 01/13/11	Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Open to Public Employer identification number Name of the organization 93-1012680 Hallinan Elementary School PTO <u> Form 990-EZ, Part III - Organization's Primary Exempt Purpose</u> TO PROVIDE SUPPORT FOR HALLINAN ELEMENTARY SCHOOL Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments THE PTO PROVIDES AND SUPPORTS EXTRACURRICULAR ACTIVITIES FOR STUDENTS OF HALLINAN ELEMENTARY SCHOOL - ART LITERACY, READING PROGRAMS AND ASSISTANCE TO TEACHERS. THE PTO ALSO PROVIDES EQUIPMENT TO THE 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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2010 S	Schedule O - Supplem	e O - Supplemental Information	
	Hallinan Elementary School PTO		93-1012680
Form 990-EZ, Part I, Line 16 Other Expenses	5		
6th grade celebration Art literacy Assemblies and art en Bank charges Book fair Computers and technolo Miscellaneous Office Expenses Outdoor school Playground maintenance Safety patrol School beautification School supplies Science Lab Tax preparation Teacher and staff appr Walk to school day Yearbook (net)	richment ogy e	Total ₹	2,668. 1,353. 11,988. -22. 434. 53,135. 58. 418. 7,000. 2,000. 100. 2,115. 600. 4,498. 430. 7,457. 175. 780. 95,187.
Form 990-EZ, Part II, Line 2 Other Assets	4		
Accounts Receivable Prepaid Expenses and I	Deferred Charges	Beginning \$ 189. \$ 6,675. Total \$ 6,864.	0.
Form 990-EZ, Part II, Line 2 Total Liabilities	6		
Accounts Payable and I	Accrued Expenses	<u>Beginning</u> \$ 1,385. \$ Total \$ 1,385. \$	Ending 0.