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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning Aug 1, 2008, and ending Jul 31, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: DEVON ELEMENTARY SCHOOL P.T.O., 400 S. FAIRFIELD ROAD, DEVON PA 19333. D Employer identification number: 23-6462802. E Telephone number: (610) 240-1450. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual. Other (specify):

I Website: N/A

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

J Organization type (check only one) - [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 124,117.

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

Table with 21 rows and 3 columns: Line number, Description, Amount. Includes lines 1-21 for revenue, expenses, and net assets. Total revenue is 84,362. Total expenses is 84,163. Net assets at end of year is 104,728.

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

Table with 7 rows and 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Includes lines 22-27 for assets and liabilities. Total assets is 107,186. Total liabilities is 0. Net assets is 107,186.

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PROMOTE AND SUPPORT COMMUNITY EDUCATION		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	CLASSROOM PROGRAMS AND ACTIVITIES AVAILABLE TO STUDENTS INCLUDING ART, FOREIGN LANGUAGE AND COMPUTERS		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	51,529.
29	PURCHASED VARIOUS EDUCATIONAL EQUIPMENT, BOOKS AND SUPPLIES		
	(Grants \$ 28,184.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	28,184.
30	HEALTH AND COMMUNITY AWARENESS		
	(Grants \$ 1,516.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,516.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	81,229.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
EVELYN SHREVE 400 S. FAIRFIELD RD DEVON PA 19333	PRESIDENT 2.00	0.	0.	0.
KELLY LEE 400 S. FAIRFIELD RD DEVON PA 19333	VICE PRES. 2.00	0.	0.	0.
SUSAN DRENNAN 400 S. FAIRFIELD RD DEVON PA 19333	SECRETARY 2.00	0.	0.	0.
STEPHANIE THIBAUT 400 S. FAIRFIELD RD DEVON PA 19333	TREASURER 2.00	0.	0.	0.
CATHY RAINS 400 S. FAIRFIELD RD DEVON PA 19333	ASST TREAS 2.00	0.	0.	0.
LAUREN BARAN 400 S. FAIRFIELD RD DEVON PA 19333	VP CULTURAL ARTS 2.00	0.	0.	0.
ELAINE KLINGER 400 S. FAIRFIELD RD DEVON PA 19333	VP FUNDRAISING 2.00	0.	0.	0.
KAREN FRIEDMAN 400 S. FAIRFIELD RD DEVON PA 19333	VP SOCIAL 2.00	0.	0.	0.
SUSAN STUBER 400 S. FAIRFIELD RD DEVON PA 19333	VP ISSUES/AFFAIRS/PTRG 2.00	0.	0.	0.
FRANCIE ROSATO 400 S. FAIRFIELD RD DEVON PA 19333	VP SCHOOL SERVICES 2.00	0.	0.	0.

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

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

42a The books are in care of ▶ **TREASURER** Telephone no. ▶ **(610) 688-1647**
 Located at ▶ **400 S. FAIRFILED ROAD,** **DEVON** **PA** ZIP + 4 ▶ **19333**

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
42c	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: _____		X

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

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		

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

Sign Here ▶ C. Rains Signature of officer Date 12-08-09
 ▶ **CATHY RAINS, CURRENT TREASURER** Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature ▶ [Signature] Date 12/4/09 Check if self-employed ▶
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Paul S. Garrity, CPA**
126 President Avenue
Rutledge PA 19070 Preparer's Identifying Number (See instructions) ▶ **(610) 544-4881**

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No
BAA Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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.

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,425.	3,345.	4,615.	1,960.	1,980.	13,325.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	76,878.	87,980.	101,511.	115,104.	118,027.	499,500.
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						
6 Total. Add lines 1-5	78,303.	91,325.	106,126.	117,064.	120,007.	512,825.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						512,825.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	78,303.	91,325.	106,126.	117,064.	120,007.	512,825.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,838.	3,040.	5,424.	4,045.	4,110.	21,457.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,838.	3,040.	5,424.	4,045.	4,110.	21,457.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						534,282.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.98 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.02 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.47 %

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>FRIEND-RAISER</u> (event type)	<u>CAMP FAIR</u> (event type)	<u>THREE</u> (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	21,401.	17,225.	29,434.	68,060.
	2 Less: Charitable contributions	1,040.		940.	1,980.
	3 Gross revenue (line 1 minus line 2)	20,361.	17,225.	28,494.	66,080.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	2,303.	2,970.	19,532.	24,805.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				24,805.
	9 Net income summary. Combine lines 3 and 8 in column (d)				41,275.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
EXPENSES	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	<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 and 7 in column (d)				

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

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

Name ▶ -----

Address ▶ -----

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

15a	YES	NO
------------	-----	----

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address:

Name ▶ -----

Address: ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	YES	NO
------------	-----	----

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

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
SCHOOL CLUBS	6,629.
STUDENT ACTIVITIES FUND	3,514.
SUMMER CAMP	18,876.
INSURANCE	453.
BANK CHARGES	31.
OFFICE SUPPLIES	636.
PRESIDENT OFFICE EXPENSES	80.
HOSPITALITY	633.
4TH GRADE PARTY/YEARBOOK	2,587.
ART GOES TO SCHOOL	150.
ARTS EXPRESS WEEK	9,416.
CULTURAL ARTS ASSEMBLY	5,085.
AUTHOR VISIT	1,784.
BEAUTIFICATION	172.
CLASS PARTIES	412.
FLITE SNACKS	247.
HOLIDAY CRAFT	642.
ISSUES/AFFAIRS/PROGRAMS	414.
ICE CREAM SOCIAL	484.
KEYSTONE HEALTHY ZONE	209.
PUBLISHING CENTER	65.
READ ACROSS DEVON	313.
RED RIBBON WEEK	76.
RETIREMENT GIFTS	108.
TEACHER APPRECIATION LUNCHEON	367.
WINTER SOCIAL EVENT	490.
FIELD DAY	220.
Total	<u><u>54,093.</u></u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE	-2,657.
Total	<u><u>-2,657.</u></u>

Supporting Statement of:**Form 990-EZ/Line 2**

Description	Amount
SCHOOL CLUBS	7,690.
STUDENT ACTIVITIES	2,655.
SUMMER CAMP	18,400.
Total	<u>28,745.</u>

Supporting Statement of:**Form 990-EZ/Line 4**

Description	Amount
INTEREST	684.
ORDINARY DIVIDENDS	2,567.
LONG TERM CAPITAL GAIN DIVIDEDENDS	859.
Total	<u>4,110.</u>

Supporting Statement of:**Form 990-EZ/Line 6a**

Description	Amount
BOOK FAIR	9,874.
CAMP FAIR	17,225.
CREATIVE KIDS	1,849.
DIRECTORY	2,300.
FALL FESTIVAL	4,922.
HANDELS SPIRIT DAY	440.
FRIEND-RAISER	21,391.
GIFT WRAP SALE	6,365.
PIZZA BINGO NIGHT	2,174.
REBATES	4,484.
SCHOOL STORE	2,276.
SPIRIT WEAR	3,727.
SPRING FAIR	12,255.
Total	<u>89,282.</u>

Supporting Statement of:**Form 990-EZ/Line 6b**

Description	Amount
BOOK FAIR	7,598.

Continued

Supporting Statement of:**Form 990-EZ/Line 6b**

Description	Amount
CAMP FAIR	2,970.
CREATIVE KIDS	1,874.
DIRECTORY	1,121.
FALL FESTIVAL	4,957.
FRIEND-RAISER	2,303.
GIFT WRAP SALE	2,497.
PIZZA BINGO NIGHT	1,955.
REBATES	40.
SCHOOL STORE	2,025.
SPIRIT WEAR	2,978.
SPRING FAIR	9,437.
Total	<u>39,755.</u>

Supporting Statement of:**Form 990-EZ/Line 10**

Description	Amount
COMMUNITY GRANT - CAPCO	200.
COMMUNITY GRANT - CHILDRENS DENTAL CLINIC	300.
COMMUNITY GRANT - ARCH	100.
COMMUNITY GRANT - DEVON IN ACTION	916.
SCHOOL - SUPPLIES	3,025.
SCHOOL - WISH LIST	1,738.
SCHOOL - GIFT FUND - EQUIPMENT	23,421.
Total	<u>29,700.</u>

Supporting Statement of:**Form 990-EZ/Line 22, Column (B)**

Description	Amount
CHECKING	5,310.
HORIZON MONEY FUND	47,318.
VANGUARD WELLESLEY	52,100.
Total	<u>104,728.</u>

Supporting Statement of:**Form 990-EZ/Line 29, Grants & Alloc**

Description	Amount
SUPPLIES	3,025.
WISH LIST	1,738.
GIFT FUND EQUIPMENT	23,421.
Total	<u>28,184.</u>

Supporting Statement of:**Form 990-EZ/Line 30, Grants & Alloc**

Description	Amount
CAPCO	200.
CHILDRENS DENTAL CLINIC	300.
ARCH	100.
DEVON IN ACTION	916.
Total	<u>1,516.</u>

Supporting Statement of:**Sch. G, page 2/Other Gross Receipts**

Description	Amount
BOOK FAIR	9,874.
GIFT WRAP	6,365.
SPRING FAIR	13,195.
Total	<u>29,434.</u>

Supporting Statement of:**Sch. G, page 2/Other Charitable Contrib.**

Description	Amount
SPRING FAIR	940.
Total	<u>940.</u>

Supporting Statement of:**Sch. G, page 2/Other Direct Expenses**

Description	Amount
BOOK FAIR	7,598.
GIFT WRAP	2,497.
SPRING FAIR	9,437.
Total	<u>19,532.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization DEVON ELEMENTARY SCHOOL P.T.O.	Employer identification number 23-6462802
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 400 S. FAIRFIELD ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DEVON PA 19333	

Check type of return to be filed (file a separate application for each return):

- | | | |
|-------------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **TREASURER** -----

Telephone No ▶ **(610) 688-1647** ----- FAX No ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Mar 15**, 20 **10**, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning **Aug 1**, 20 **08**, and ending **Jul 31**, 20 **09**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2008)