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**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning Aug 1, 2009, and ending Jul 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DEVON ELEMENTARY SCHOOL P.T.O. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 400 S. FAIRFIELD ROAD City or town, state or country, and ZIP + 4 DEVON PA 19333	D Employer identification number 23-6462802 E Telephone number (610) 240-1450 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

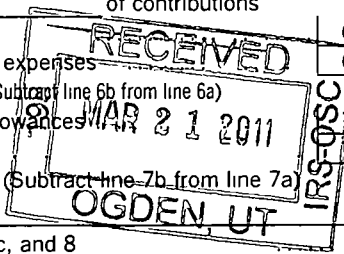
J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **132,081.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1,975.
	2	Program service revenue including government fees and contracts	31,043.
	3	Membership dues and assessments	4,027.
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	95,036.
6b	Less: direct expenses other than fundraising expenses	35,445.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	59,591.	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ _____)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	96,636.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	22,905.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	325.
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	48.
	16	Other expenses (describe ▶ See Other Expenses Statement)	54,462.
17	Total expenses. Add lines 10 through 16	77,740.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18,896.	
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	104,728.
	20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	3,403.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	127,027.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	104,728.	127,027.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ _____)	0.	0.
25 Total assets	104,728.	127,027.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,728.	127,027.

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

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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 section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
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	50,405.
29	PURCHASED VARIOUS EDUCATIONAL EQUIPMENT, BOOKS AND SUPPLIES		
	(Grants \$ 21,750.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	21,750.
30	HEALTH AND COMMUNITY AWARENESS		
	(Grants \$ 1,155.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,155.
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	73,310.

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
KELLY LEE 400 S. FAIRFIELD RD DEVON PA 19333	PRESIDENT 2.00	0.	0.	
AUDREY KESE 400 S. FAIRFIELD RD DEVON PA 19333	VICE PRES. 2.00	0.	0.	
LORI PICCONE 400 S. FAIRFIELD RD DEVON PA 19333	SECRETARY 2.00	0.	0.	
CATHY RAINS 400 S. FAIRFIELD RD DEVON PA 19333	TREASURER 2.00	0.	0.	
GINA DEFLAVIA 400 S. FAIRFIELD RD DEVON PA 19333	ASST TREAS 2.00	0.	0.	
LINDA MURRAY 400 S. FAIRFIELD RD DEVON PA 19333	VP CULTURAL ARTS 2.00	0.	0.	
ELAINE KLINGER 400 S. FAIRFIELD RD DEVON PA 19333	VP FUNDRAISING 2.00	0.	0.	
BRENDA HESS 400 S. FAIRFIELD RD DEVON PA 19333	VP SOCIAL 2.00	0.	0.	
COLEEN HILLMAN 400 S. FAIRFIELD RD DEVON PA 19333	VP SOCIAL 2.00	0.	0.	
STEPHANIE THIBAUT 400 S. FAIRFIELD RD DEVON PA 19333	VP ISSUES, AFFIRS, PROGRAMS 2.00	0.	0.	
FRANCIE ROSATO 400 S. FAIRFIELD RD DEVON PA 19333	VP SCHOOL SERVICES 2.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part 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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
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 ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ _____		

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

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____	42c	X

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

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

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

	Yes	No
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 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 a section 527 organization?		

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 ▶ _____

Sign Here

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.

▶ Cathy Rains 103-12-11
Signature of officer Date

▶ **CATHY RAINS, CURRENT TREASURER**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Paul S. Garrity Date
03/01/11

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Paul S. Garrity, CPA**
126 President Avenue
Rutledge PA 19070

Check if self-employed ▶ Preparer's Identifying Number (See instructions)

EIN ▶ _____ Phone no ▶ (610) 544-4881

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

BAA Form 990-EZ (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. 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 – 2008. 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 – 2009 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 – 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	3,345.	4,615.	1,960.	1,980.	1,975.	13,875.
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	87,980.	101,511.	115,104.	118,027.	126,079.	548,701.
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 through 5	91,325.	106,126.	117,064.	120,007.	128,054.	562,576.
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						562,576.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	91,325.	106,126.	117,064.	120,007.	128,054.	562,576.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,040.	5,424.	4,045.	4,110.	4,027.	20,646.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,040.	5,424.	4,045.	4,110.	4,027.	20,646.
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)						583,222.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	96.46 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.54 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.02 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	<u>FRIEND-RAISER</u> (event type)	<u>CAMP FAIR</u> (event type)	<u>FOUR</u> (total number)	(Add col. (a) through col. (c))		
1	Gross receipts	29,206.	18,700.	36,576.	84,482.	
2	Less: Charitable contributions	1,575.		400.	1,975.	
3	Gross income (line 1 minus line 2)	27,631.	18,700.	36,176.	82,507.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,673.	3,506.	19,028.	24,207.
	10	Direct expense summary Add lines 4- through 9 in column (d)				24,207.
11	Net income summary Combine lines 3, column (d) and line 10				58,300.	

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

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

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

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

Name ▶ _____

Address ▶ _____

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

15a

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

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

17a

b Enter the amount of distributions required under state law to be 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	4,075.
STUDENT ACTIVITIES FUND	5,284.
SUMMER CAMP	19,153.
INSURANCE	453.
BANK CHARGES	33.
OFFICE SUPPLIES	0.
PRESIDENT OFFICE EXPENSES	100.
HOSPITALITY	719.
4TH GRADE PARTY/YEARBOOK	3,279.
ART GOES TO SCHOOL	150.
ARTS EXPRESS WEEK	6,743.
CULTURAL ARTS ASSEMBLY	7,126.
AUTHOR VISIT	1,985.
BEAUTIFICATION	197.
CLASS PARTIES	120.
TURN IT OFF! WEEK	72.
NATIONAL NUTRITION MONTH	529.
ISSUES/AFFAIRS/PROGRAMS	208.
ICE CREAM SOCIAL	604.
MILEAGE CLUB / KEYSTONE HEALTHY ZONE	223.
PUBLISHING CENTER	316.
READ ACROSS DEVON	300.
RED RIBBON WEEK	88.
RETIREMENT GIFTS	236.
TEACHER APPRECIATION LUNCHEON	321.
FIELD DAY	225.
CREATIVE KIDS	1,923.
Total	<u>54,462.</u>

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

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE	3,403.
Total	<u>3,403.</u>

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

Description	Amount
CREATIVE KIDS	1,923.
SCHOOL CLUBS	4,785.
STUDENT ACTIVITIES FUND	5,085.
SUMMER CAMP	19,250.
Total	<u>31,043.</u>

Supporting Statement of:**Form 990-EZ/Line 3**

Description	Amount
INTEREST	578.
ORDINARY DIVIDENDS	2,260.
LONG TERM CAPITAL GAIN DIVIDENDS	1,189.
Total	<u>4,027.</u>

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

Description	Amount
BOOK FAIR	11,522.
CAMP FAIR	18,700.
DIRECTORY	1,705.
FALL FESTIVAL	4,415.
HANDEL'S SPIRIT DAY	600.
FRIENDRAISER	27,631.
GIFT WRAP	5,973.
REBATES	5,611.
SCHOOL STORE	1,929.
SPIRIT WEAR	3,880.
SPRING FAIR	13,070.
Total	<u>95,036.</u>

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

Description	Amount
BOOK FAIR	8,095.
CAMP FAIR	3,506.

Continued

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

Description	Amount
DIRECTORY	1,115.
FALL FESTIVAL	3,854.
HANDEL'S SPIRIT DAY	0.
FRIENDRAISER	2,646.
GIFT WRAP	2,601.
REBATES	59.
SCHOOL STORE	1,790.
SPIRIT WEAR	3,506.
SPRING FAIR	8,273.
Total	<u>35,445.</u>

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

Description	Amount
COMMUNITY GRANT - CAPCO	200.
COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	300.
COMMUNITY GRANT - ARCH	100.
COMMUNITY GRANT - FLITE	270.
COMMUNITY GRANT - DEVON IN ACTION	285.
SCHOOL GIFT FUND - EQUIPMENT	16,961.
SCHOOL SUPPLIES	3,150.
SCHOOL WISH LIST	1,639.
Total	<u>22,905.</u>

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

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 22, Column (B)**

Description	Amount
CHECKING	13,510.
HORIZON MONEY FUND	54,565.
VANGUARD WELLESLEY	58,952.
Total	<u>127,027.</u>

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

Description	Amount
BOOK FAIR	11,522.
GIFT WRAP	5,973.
REBATES	5,611.
SPRING FAIR	13,470.
Total	<u>36,576.</u>

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

Description	Amount
SPRING FAIR	400.
Total	<u>400.</u>

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

Description	Amount
BOOK FAIR	8,095.
GIFT WRAP	2,601.
REBATES	59.
SPRING FAIR	8,273.
Total	<u>19,028.</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 <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization DEVON ELEMENTARY SCHOOL P.T.O.	Employer identification number 23-6462802
	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 **11**, 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 **09**, and ending **Jul 31**, 20 **10**

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.