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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Devereux Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2012 Renaissance Boulevard

City or town, state or country, and ZIP + 4
King of Prussia, PA 19406

D Employer identification number
23-1390618

E Telephone number
(610) 542-3065

G Gross receipts $ 396,451,732

F Name and address of Principal Officer
Robert Q Kreider
444 Devereux Drive
Villanova, PA 19085

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www devereux org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1938

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

Devereux provides high-quality human services to children, adults and families with special needs, offering a comprehensive system of care

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	7,170
6	Total number of volunteers (estimate if necessary)	6	1,084
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,169,153	11,861,907
9	Program service revenue (Part VIII, line 2g)	341,321,534	351,899,649
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	840,791	1,163,299
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,273,885	11,718,619
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	383,605,363	376,643,474
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	232,061,153	266,532,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 3,269,000)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	130,412,070	109,419,886
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	362,473,223	375,951,886
19	Revenue less expenses Subtract line 18 from line 12	21,132,140	691,588

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	219,929,000	219,751,000
21	Total liabilities (Part X, line 26)	170,647,000	173,153,000
22	Net assets or fund balances Subtract line 21 from line 20	49,282,000	46,598,000

Part II Signature Block

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

Please Sign Here

****** | 2010-05-06
Signature of officer | Date

ROBERT C DUNNE SR VP CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 197,989,805 including grants of $) (Revenue $ 219,025,690)

Campus-Based Residential/Education Across its 14 centers, Devereux provides a spectrum of campus-based residential services including intensive inpatient psychiatric treatment for children and adolescents, partial hospitalization for children, adolescents and adults, residential treatment for the autistic spectrum of disorders, substance abuse treatment, and treatment for adolescent sexual offenders Devereux offers age-appropriate educational services for students in its residential programs These students may be in treatment for mental/emotional disorders, behavioral disorders, learning disabilities and intellectual and developmental disorders The focus of these programs is to ensure the provision of high-quality services and resources in a safe and supporting environment The number of clients served by these programs is approximately 1,600 Please note that program expenses do not include $34,353,271 of administrative and general expenses

4b (Code) (Expenses $ 67,304,355 including grants of $) (Revenue $ 74,837,363)

Community-Based Residential Services include transitional living arrangements, group homes, supervised apartments, psycho-social rehabilitation day programs and vocational training programs for adolescents and adults with intellectual and developmental disabilities In most of these community-based residential programs, Devereux staff provide 24/7 supervision and treatment of individuals The number of clients served by these programs is approximately 574 Please note that program expenses do not include $9,259,638 of administrative and general expenses

4c (Code) (Expenses $ 28,320,984 including grants of $) (Revenue $ 31,490,797)

Foster Care The Devereux Foundation offers foster care in group foster homes and in therapeutic foster homes in Arizona, Florida, Georgia, Massachusetts, New Jersey, Texas and at four locations in Pennsylvania The number of clients served by these programs is approximately 1,025 Please note that program expenses do not include $4,939,201 of administrative expenses

(Code) (Expenses $ 6,255,928 including grants of $) (Revenue $ 6,956,120)

Acute Care

(Code) (Expenses $ 14,658,194 including grants of $) (Revenue $ 16,298,805)

Case Management

(Code) (Expenses $ 2,959,620 including grants of $) (Revenue $ 3,290,874)

Accessment/Other

4d Other program services (Describe in Schedule O)

(Expenses $ 23,873,742 including grants of $) (Revenue $ 26,545,799)

4e Total program service expenses $ 317,488,886 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,377		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,170		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 21		
b	Enter the number of voting members that are independent . .	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AZ , CA , CO , CT , FL , GA , MA , NJ , PA , RI , WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ROBERT C DUNNE
2012 RENAISSANCE BOULEVARD
King of Prussia, PA 19406
(610) 542-3063

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								6,391,381	0	909,978

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 68

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Quality Care Options 1243 Easton Rd Ste 103 WARRINGTON, PA 18976	Nursing Agency	860,206
Ernst Young LLP 2001 Market St Ste 4000 PHILADELPHIA, PA 191037096	Auditing	475,300
William L Carroll MD 3094 Park Terrace BROOMALL, PA 19008	Medical Svcs	347,652
Restore OT PT SLPPC PO Box 376 COHOES, NY 12407	Ancillary therapies	320,363
Michael G Berno MD 16922 Cottonweed Way HOUSTON, TX 77059	Medical Services	303,927

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 33

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 264,206				
	b	Membership dues	1b				
	c	Fundraising events	1c 74,535				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 787,791				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,735,375				
	g	Noncash contributions included in lines 1a-1f $ 633,244					
	h	**Total (Add lines 1a-1f)** ▶		11,861,907			
Program Service Revenue			Business Code				
	2a	CAMPUS BASED RESIDENTIAL/EDUCATION		219,025,690	219,025,690		
	b	COMMUNITY-BASED RESIDENTIAL		74,837,363	74,837,363		
	c	FOSTER CARE		31,490,797	31,490,797		
	d	ACUTE CARE		6,956,120	6,956,120		
	e	CASE MANAGEMENT		16,298,805	16,298,805		
	f	All other program service revenue		3,290,874	3,290,874		
	g	**Total. Add lines 2a-2f** ▶ $ 351,899,649					
	3	Investment income (including dividends, interest other similar amounts) ▶		858,732	858,732		
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	93,592				
	b	Less rental expenses	62,138				
	c	Rental income or (loss)	31,454				
	d	Net rental income or (loss) ▶		31,454			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	19,261,275	460,108			
	b	Less cost or other basis and sales expenses	19,327,046	89,770			
	c	Gain or (loss)	-65,771	370,338			
	d	Net gain or (loss) ▶		304,567			
Other Revenue	8a	Gross income from fundraising events (not including $ 771,062 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a	74,535				
	b	Less direct expenses b	329,304				
	c	Net income or (loss) from fundraising events ▶		441,758			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	MEDICAL/PHARMACY/PREVENTIVE		4,775,875	4,775,875		
	b	DIETARY FOOD SERVICES		1,865,947	1,865,947		
	c	WORKSHOP & SEMINAR FEES		1,542,248	1,542,248		
	d	All other revenue		3,061,337	1,590,885		1,470,452
	e	**Total. Add lines 11a-11d** ▶ $ 11,245,407					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		376,643,474	362,533,336		1,470,452

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,131,998	0	3,567,893	564,105
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	200,950,002	170,653,000		1,453,895
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,590,000	8,105,000	2,324,000	161,000
9	Other employee benefits	36,064,000	30,643,000	5,193,000	228,000
10	Payroll taxes	14,796,000	12,484,000	2,216,000	96,000
11	Fees for services (non-employees)				
a	Management	4,826,747	3,623,496	1,007,251	196,000
b	Legal	603,000	305,000	298,000	
c	Accounting	443,000	327,000	116,000	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	13,304,387	13,282,247	583	21,557
12	Advertising and promotion	825,091	376,904	433,439	14,748
13	Office expenses	19,513,410	17,936,410	1,478,000	99,000
14	Information technology	1,127,749		1,127,749	
15	Royalties . .	0			
16	Occupancy	24,722,000	20,553,000	3,991,000	178,000
17	Travel	2,989,000	2,159,000	779,000	51,000
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	181,909	83,096	95,561	3,252
20	Interest	4,650,000	2,787,000	1,775,000	88,000
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,968,000	10,229,000	1,715,000	24,000
23	Insurance	3,051,000	2,897,000	153,000	1,000
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	1,809,000	1,809,000		
b	CLIENT TRANSPORTATION	2,619,000	2,541,000	78,000	
c	CLIENT RECREATION	2,190,869	2,190,869		
d	PERMITS/ACCREDITATIONS	573,736	481,876	2,417	89,443
e	THERAPEUTIC & MEDICAL SERVICES	7,907,069	7,907,069		
f	All other expenses	6,114,919	6,114,919		
25	**Total functional expenses.** Add lines 1 through 24f	375,951,886	317,488,886	55,194,000	3,269,000
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	3,358,000	2	9,390,000
	3	Pledges and grants receivable, net	8,205,000	3	7,745,000
	4	Accounts receivable, net	47,302,000	4	38,859,000
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,656,000	9	4,469,000
	10a	Land, buildings, and equipment cost basis — 10a: 257,093,752			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 150,834,752	109,074,000	10c	106,259,000
	11	Investments—publicly traded securities	39,900,000	11	47,507,000
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	6,434,000	15	5,522,000
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	219,929,000	16	219,751,000
Liabilities	17	Accounts payable and accrued expenses	23,565,000	17	27,762,000
	18	Grants payable		18	
	19	Deferred revenue	12,089,000	19	10,299,000
	20	Tax-exempt bond liabilities	79,450,000	20	75,948,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,359,000	23	4,208,000
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	52,184,000	25	54,936,000
	26	**Total liabilities.** *Add lines 17 through 25*	170,647,000	26	173,153,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	35,258,000	27	31,741,000
	28	Temporarily restricted net assets	14,024,000	28	14,857,000
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	49,282,000	33	46,598,000
	34	Total liabilities and net assets/fund balances	219,929,000	34	219,751,000

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

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 any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

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 501(c)(3) organization, check this box and **stop here** ▶

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% Test - 2008.** If the organization did not check the box on line 13, and 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 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 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						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 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 Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
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 lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **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 IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test
Devereux has dual status with the IRS as both a hospital and an educational institution

Additional Data

Software ID:
Software Version:
EIN: 23-1390618
Name: Devereux Foundation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Francis Genuardi , Chairman	2 0	X						0	0	0
Thomas Hays , Vice Chairman	2 0	X						0	0	0
Charles S Ackerman , Trustee	2 0	X						0	0	0
Marilyn Benoit , Trustee	2 0	X						0	0	0
Dr Tami Benton , Trustee	2 0	X						0	0	0
Christopher D Butler , Trustee	2 0	X						0	0	0
William Christopher , Trustee	2 0	X						0	0	0
Samuel G Coppersmith , Trustee	2 0	X						0	0	0
Thomas F Donovan , Trustee	2 0	X						0	0	0
Robert D Ellis , Trustee	2 0	X						0	0	0
Elva Ferrari , Trustee	2 0	X						0	0	0
Robert Gottlieb , Trustee	2 0	X						0	0	0
John R Gunn , Trustee	2 0	X						0	0	0
Peter R Haje , Trustee	2 0	X						0	0	0
Marguerite D Hark , Trustee	2 0	X						0	0	0
Alba E Martinez , Trustee	2 0	X						0	0	0
Larry J Overton , Trustee	2 0	X						0	0	0
James H Schwab , Trustee	2 0	X						0	0	0
John C Taylor III , Trustee	2 0	X						0	0	0
K Lisa Yang , Trustee	2 0	X						0	0	0
Robert Q Kreider , President and CEO	60 0	X		X				541,930	0	73,697
Margaret M McGill , Sr VP and COO	60 0			X				304,985	0	54,822
Robert C Dunne , Sr VP and CFO	60 0			X				228,704	0	30,787
Lorrie Henderson , Sr VP and CCO	60 0			X				31,016	0	3
Elizabeth Chadwick , Sr VP of External Affairs	60 0			X				293,623	0	57,996
L Gail Atkinson , VP of Operations	60 0			X				227,143	0	23,764
James Colvin , Sr VP of Ops and Bus Devel	60 0			X				278,676	0	56,338
Peter Della Porta , VP and CIO	60 0			X				194,180	0	28,483
Sarah E Lenahan , VP of Ops and Org Development	60 0			X				230,394	0	28,311
Dolores McLaughlin , VP and General Counsel	60 0			X				234,567	0	28,206

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Dillon , VP of HR	60 0			X				187,232	0	16,608
Martha Lindsay , VP Product Development	60 0			X				184,071	0	12,086
Lawrence W Williams , VP Compliance and Admin	60 0			X				176,560	0	23,289
Leah Yaw , VP of Development	60 0			X				0	0	0
Steven H Mansh , Treasurer	60 0			X				120,779	0	20,238
Roberta M Lewis , Assistant Secretary	50 0			X				84,437	0	16,816
Allen Thomas , VP of Planned Giving	60 0			X				240,649	0	28,510
Fran E Wilson , Sr VP and CCO	60 0			X				278,203	0	66,958
Walter Grono , Executive Director	60 0				X			218,595	0	36,212
Susan Smith , Executive Director	60 0				X			189,235	0	35,440
Carol Oliver , Executive Director	60 0				X			199,407	0	33,801
Michael Becker , Executive Director	60 0				X			191,956	0	35,718
Mario Bolivar , Executive Director	60 0				X			164,259	0	32,534
Tilden Reeder , Psychiatrist	80 0					X		430,713	0	31,605
Jacquelyn Zavodnik , Medical Services Director	60 0					X		264,195	0	31,385
Emilio Roig , Medical Director	60 0					X		245,245	0	35,100
Robert Handler , Medical Services Director	60 0					X		231,174	0	35,100
Joel Edelstein , Psychiatrist	60 0					X		224,219	0	6,959
Manal Durgin , Psychiatrist	60 0						X	195,234	0	29,212

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a CAMPUS BASED RESIDENTIAL/EDUCATION		219,025,690	219,025,690		
b COMMUNITY-BASED RESIDENTIAL		74,837,363	74,837,363		
c FOSTER CARE		31,490,797	31,490,797		
d ACUTE CARE		6,956,120	6,956,120		
e CASE MANAGEMENT		16,298,805	16,298,805		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Devereux is a leading nonprofit behavioral health organization that supports many of the most underserved and vulnerable members of our communities. Founded in 1912 by Helena Devereux, we operate a comprehensive national network of clinical, therapeutic, educational, and employment programs and services that positively impact the lives of tens of thousands of individuals and families every year. We help empower children and adults with intellectual, emotional, developmental, and behavioral challenges to lead fulfilling and rewarding lives. Devereux provides consistently high quality programs, services, and resources in safe and supportive environments that enrich and empower individuals and communities, and provide support to help them be the best they can be.

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Devereux Foundation	23-1390618

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	286,863	
c	Total lobbying expenditures (add lines 1a and 1b)	286,863	
d	Other exempt purpose expenditures	317,488,886	
e	Total exempt purpose expenditures (add lines 1c and 1d)	317,775,749	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount			1,000,000	1,000,000	2,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c	Total lobbying expenditures			112,468	286,863	399,331
d	Grassroots non-taxable amount			250,000	250,000	500,000
e	Grassroots ceiling amount (150% of line d, column (e))					750,000
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,619,561		4,619,561
b Buildings		168,442,280	88,214,108	80,228,172
c Leasehold improvements		2,782,700	1,487,780	1,294,920
d Equipment		53,963,189	43,473,256	10,489,933
e Other		27,286,023	17,659,608	9,626,415
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				106,259,001

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED REIMBURSEMENT	2,846,000
DEFERRED FINANCING COSTS (NET)	2,291,000
OTHER LONG-TERM INVESTMENTS	385,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE PROGRAMS RESERVES	31,998,000
ESTIMATED 3RD PARTY PAYOR SETTLEMENTS	8,471,000
OBLIGATION TO PROVIDE FUTURE CARE TO CC CLIENTS	11,419,000
DEFERRED COMPENSATION	577,000
CLIENT FUNDS ON DEPOSIT	1,853,000
ENVIRONMENTAL REMEDIATION	435,000
ARBITRAGE REBATE LIABILITY ON TAX EXEMPT BONDS	185,000
ROUNDING	-2,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,936,000

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	376,643,474
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	375,951,886
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	691,588
4	Net unrealized gains (losses) on investments	4	-1,646,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,788,588
9	Total adjustments (net) Add lines 4 - 8	9	-4,434,588
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,743,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	371,198,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,646,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-3,799,474		
e	Add lines **2a** through **2d**			2e	-5,445,474
3	Subtract line **2e** from line **1**			3	376,643,474
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	376,643,474

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	374,941,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-1,010,886		
e	Add lines **2a** through **2d**			2e	-1,010,886
3	Subtract line **2e** from line **1**			3	375,951,886
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	375,951,886

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Form 990 Schedule D Part XI Line 8	Reconciliation of Change in Net Assets from Form 990 to Financial Stmts	Temporarily restricted gifts, grants & bequests $(2,408,000) Continuing Care (2,693,000) Transfer of Funds from Helena Devereux Foundation 1,772,412 Net assets released from restrictions for ops 542,000 Rounding (2,000) _____ $(2,788,588)
Form 990 Schedule D Part XII Line 4b	Recon of Revenue per Audited Financial Statements with Revenue per Return	Gifts in Kind $1,010,887 Temporarily restricted gifts, grants and bequests 2,408,000 Continuing Care 2,693,000 Transfer of funds from Helena Devereux Foundation (1,772,412) Net assets released from restrictions for ops (542,000) Rounding 1,999 _____ $3,799,474
Form 990 Schedule D Part XIII	Reconciliation of Expenses per Audited Finl Stmts with Expenses per Ret	Gifts in Kind $1,010,877 Rounding (1) _____ $375,951,886

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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

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 PA Auction (event type)	(b) Event #2 PA Golf Outing (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	270,355	163,755	402,138	836,248
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	270,355	163,755	402,138	836,248
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	104,942	89,024	187,604	381,570
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				381,570
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				454,678

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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		

		Yes	No
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 contract 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		
	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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Intensive Residential Treatment Center 8000 Devereux Drive Viera, FL 32940	X								Inpatient psych
Psychiatric Residential Treatment Svcs 1291 Stanley Road NW Kennesaw, GA 301524359	X								Inpatient psych
Children's Behavioral Health Center 655 Sugartown Road Malvern, PA 19355	X								Inpatient psych
Devereux TX Treatment Network Houston Ctr 1150 Devereux Drive League City, TX 77573	X								Inpatient psych

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part I 4a	Questions Regarding Compensation	Dr Fran E Wilson left Devereux in September of 2008 James Colvin and Allen Thomas left Devereux in March of 2009 Leah Yaw was hired as Vice President of Development in February of 2009 and therefore had no compensation from Devereux reported on the 2008 W-2 Her FY09 compensation from Devereux is included with the Officers' Compensation in Part IX Statement of Functional Expenses
Schedule J Part I4b	Questions Regarding Compensation	The following employees receive SERP funds Robert Kreider - $37,500 and $11,906 interest Margaret McGill - $24,000 and $2,491 interest James Colvin - $22,300 and $2,723 interest Fran Wilson - $22,000 and $2,572 interest Elizabeth Chadwick - $23,500 and $2,767 interest As noted above, Mr Colvin and Dr Wilson left their employment with Devereux during FY09

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1390618
Name: Devereux Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert Q Kreider	(I)	387,169	150,000	4,761	49,406	24,291	615,627	0
	(II)	0	0	0	0	0	0	0
Margaret M McGill	(I)	243,488	58,800	2,697	26,491	28,331	359,807	0
	(II)	0	0	0	0	0	0	0
Robert C Dunne	(I)	184,467	42,300	1,937	0	30,787	259,491	0
	(II)	0	0	0	0	0	0	0
Elizabeth Chadwick	(I)	235,407	54,700	3,516	26,267	31,729	351,619	0
	(II)	0	0	0	0	0	0	0
L Gail Atkinson	(I)	184,441	36,000	6,702	0	23,764	250,907	0
	(II)	0	0	0	0	0	0	0
James Colvin	(I)	222,476	50,200	6,000	25,023	31,315	335,014	0
	(II)	0	0	0	0	0	0	0
Peter Della Porta	(I)	158,380	29,800	6,000	0	28,483	222,663	0
	(II)	0	0	0	0	0	0	0
Sarah E Lenahan	(I)	192,177	36,500	1,717	0	28,311	258,705	0
	(II)	0	0	0	0	0	0	0
Dolores McLaughlin	(I)	191,514	38,000	5,053	0	28,206	262,773	0
	(II)	0	0	0	0	0	0	0
Timothy Dillon	(I)	153,585	28,700	4,947	0	16,608	203,840	0
	(II)	0	0	0	0	0	0	0
Martha Lindsay	(I)	148,945	30,000	5,126	0	12,086	196,157	0
	(II)	0	0	0	0	0	0	0
Lawrence W Williams	(I)	142,343	28,400	5,817	0	23,289	199,849	0
	(II)	0	0	0	0	0	0	0
Allen Thomas	(I)	197,349	37,300	6,000	0	28,510	269,159	0
	(II)	0	0	0	0	0	0	0
Fran E Wilson	(I)	204,218	21,600	52,385	40,072	26,886	345,161	68,427
	(II)	0	0	0	0	0	0	0
Walter Grono	(I)	190,610	21,985	6,000	9,237	26,975	254,807	0
	(II)	0	0	0	0	0	0	0
Susan Smith	(I)	163,270	21,875	4,090	7,153	28,287	224,675	0
	(II)	0	0	0	0	0	0	0
Carol Oliver	(I)	171,669	25,366	2,372	8,244	25,557	233,208	0
	(II)	0	0	0	0	0	0	0
Michael Becker	(I)	173,944	18,012	0	15,500	20,281	227,737	0
	(II)	0	0	0	0	0	0	0
Mario Bolivar	(I)	145,448	18,123	688	6,041	26,493	196,793	0
	(II)	0	0	0	0	0	0	0
Tilden Reeder	(I)	259,279	0	171,434	0	31,605	462,318	0
	(II)	0	0	0	0	0	0	0
Jacquelyn Zavodnik	(I)	242,227	0	21,968	0	31,385	295,580	0
	(II)	0	0	0	0	0	0	0
Emilio Roig	(I)	223,778	0	21,467	0	35,100	280,345	0
	(II)	0	0	0	0	0	0	0
Robert Handler	(I)	230,674	0	500	0	35,100	266,274	0
	(II)	0	0	0	0	0	0	0
Joel Edelstein	(I)	174,419	0	49,800	0	6,959	231,178	0
	(II)	0	0	0	0	0	0	0
Manal Durgin	(I)	167,094	0	28,140	0	29,212	224,446	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Chester County Hlth and Education Facil Authority	23-2265260	165579DR1	06-01-2006	29,240,000	Plant improvement for Center progr		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Larry J Overton	Trustee	36,000	Lobbying services		No
Christopher Butler	Trustee	1,663,836	Employee health benefits		No
Alba Martinez	Trustee	14,671	Investments		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures	X	16	7,250	Market Price
3	Art—Fractional interests				
4	Books and publications	X		52,682	Market Price
5	Clothing and household goods	X		238,004	Market Price
6	Cars and other vehicles	X	3	14,800	Market Price
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	38	110,249	Market Price
19	Food inventory	X	79	17,351	Market Price
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Tickets/passes)	X	186	74,889	Market Price
26	Other (describe Holiday gifts etc)	X	122	61,463	Market Price
27	Other (describe Getaways)	X	46	47,923	Market Price
28	Other (describe Miscellaneous)	X	608	386,276	Market Price

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Identifier	Return Reference	Explanation
Form 990 Part I line 5	Activities & Governance	The number of employees listed is the total number of employees who worked at Devereux at any time during the year, including those who left employment during the calendar year

Identifier	Return Reference	Explanation
Form 990 Part IV line 28a	Checklist of Required Schedules	Larry Overton is no longer a member of the Board of Trustees as of February 2009

Identifier	Return Reference	Explanation
Form 990 Part IV line 28c	Checklist of Required Schedules	Trustee Christopher Butler is an Officer of Independence Blue Cross (IBC) IBC administers Devereux's self-insured employee health plan, for which it was paid $1,663,836 23 by Devereux during the year Trustee Alba Martinez is an Officer of Vanguard, a mutual fund company At June 30, 2009, Devereux held investments of $31,245,000 in various Vanguard funds Devereux paid Vanguard $14,671 during the year for investment management and advisory services

Identifier	Return Reference	Explanation
Form 990 Part VI Section A6	Governing Body and Management	Article I, Section 1 of the Bylaws of Devereux provide that Devereux shall be governed by a Board of Trustees of fifteen (15) to twenty-two (22) members

Identifier	Return Reference	Explanation
Form 990 Part VI Section A7	Governing Body and Management	The Executive Committee of the Board of Trustees presents nominations for any vacancies to the Board at the annual meeting or at any regular or special meeting Any member of the Board may likewise make nominations The President/CEO abstains from voting on nominations in the Executive Committee Members of the Board are elected by the Board at the Annual Meeting, at any regular meeting or at any special meeting called for the purpose A significant majority of the Board of Trustees (over 90%) are independent of management

Identifier	Return Reference	Explanation
Form 990 Part VI Section A10	Governing Body and Management	Form 990 is provided in hard-copy to all Board of Trustees members approximately two months before the filing deadline (including any approved extensions) Board members are requested to provide comments or questions to the CFO by a specific date, approximately three weeks from their receiving the draft The comments are reviewed by the CFO, who directs the response to all Board questions, and where appropriate, changes are made to the Form 990 The Board is advised of the changes and given an opportunity for final review Additionally, the CFO will review important issues regarding the 990 at the Board's March meeting, after which, if there are no further points raised, the CFO signs the 990 and it is submitted to the IRS

Identifier	Return Reference	Explanation
Form 990 Part VI Section B12c	Policies - Conflict of Interest	Devereux representatives dealing with clients, parents, guardians, vendors, competitors or anyone who does or seeks to do business with Devereux are to act in Devereux's best interests, excluding any personal preference or advantage Representatives shall make prompt and full disclosure to his/her manager and to Audit Services via the Devereux Conflict of Interest form of any prospective or actual situation that involves, may involve, or might appear to involve a conflict of interest Examples of potential conflicts include a Ownership or financial interest by a representative or family member in any business partner or competitor of Devereux b Serving as an officer, director, employee, consultant or agent to any business partner or competitor of Devereux c Acting as a broker, finder or any other intermediary for the benefit of a third party in a transaction potentially involving Devereux Members of the same family or living within the same domicile may be employed by Devereux in the same center or department unless the center Director or department head finds such employment is not in Devereux's best interest Relatives of senior management or trustees, as well as those working in Human Resources, Payroll, and Audit Services shall not be hired by Devereux in any capacity unless approved in advance by the President/CEO It is the responsibility of each Devereux employee to report any actual or perceived conflict of interest to management, Human Resources, the Vice President of Audit & Compliance or the Employee Helpline Annually, a copy of this business ethics policy will be mailed to trustees, officers, directors and key personnel along with the annual Conflict of Interest Disclosure Statement, which must be signed and returned to audit services within 30 days The annual disclosure requires an acknowledgement of understanding Devereux's business ethics policy, as well as disclosure of any conflict, or appearance of a conflict, between personal interests and the interests of Devereux A second request will be sent to those employees who have not returned the annual conflict of interest disclosure statement within 30 days A list of employees failing to comply with this procedure will be sent to the appropriate Executive Director, or President/CEO for Corporate, if the form is not received within 60 days Failure to comply or falsification of disclosure may result in disciplinary action, including possible dismissal Newly hired employees in the categories identified above will be given this policy on the first day of their employment and will be immediately required to complete the annual Conflict of Interest Disclosure Statement All employees disclosing a conflict or potential conflict must have the Conflict of Interest Disclosure Statement signed by the Executive Director at their location (President/CEO for Corporate staff) prior to sending it to Audit Services All Annual Conflict of Interest Disclosure Statements identifying a conflict or potential conflict will be reviewed by the Vice President of Audit & Compliance and any other officers or senior management determined to be appropriate, and submitted to the Audit & Compliance Committee of the Board of Trustees for review

Identifier	Return Reference	Explanation
Form 990 Part VI Section B15	Policies - Determining Compensation	Devereux reviews officers' and Executive Directors' salaries against the market on a recurring basis, normally every two years in connection with the July meeting of the Executive Committee of the Devereux Board of Trustees, which serves as the Board's Compensation Committee However, reviews may occur at other times to respond to identified changes in the marketplace During this process, the National Human Resources Director conducts a review of salaries for benchmark positions for which there is sufficient market survey data The results of this review are compared against all Executive Directors' and officers' salaries The review is intended to make Devereux compensation both reasonable and competitive The market value for a position is defined as the median salary (50th percentile) in the marketplace The National Human Resources Director will make recommendations for adjustments, if necessary Devereux's market for this salary review is primarily with the health care industry for organizations of our size (budget, number of employees, revenue) and structure (system vs single entities) However, general industry data as provided by the U S Department of Labor or other sources as well as residential and educational surveys that become available or that Devereux may conduct may also be factored into the review Normally, the results of the review conducted will be validated by an outside compensation consultant The President & CEO submits the findings of the survey and recommendations to the Board's Compensation Committee for final review and approval

Identifier	Return Reference	Explanation
Form 990 Part VI Section C Line 19	Disclosure	The Devereux Foundation's Form 990 is available to the public through posting on Guidestar It is also available upon request The Audited Financial Statements are available upon request The Devereux Foundation does not make its conflict of interest policy available to the general public

Identifier	Return Reference	Explanation
Form 990 Part X Liabilities Line 20	Balance Sheet Tax-Exempt Bond Liabilities	In addition to the Chester County Health and Education Facilities Authority Revenue Bonds, Series of 2006 as detailed in Schedule K, the Devereux Foundation also has the following tax-exempt bonds outstanding as of June 30, 2009 Long-Term Debt Galveston County, TX, Health Facility Development Corporation Beginning Book Value 11,099,000 Ending Book Value 10,407,000 Maturity Date 12/01/2019 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5 00% to 5 20% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Dormitory Authority of the State of New York Revenue Bonds, Series 1995 Beginning Book Value 8,454,000 Ending Book Value 7,578,000 Maturity Date 12/01/2015 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5 00% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Brevard County, FL, Health Facilities Revenue Bonds, Series 1995 Beginning Book Value 4,494,000 Ending Book Value 4,218,000 Maturity Date 12/01/2019 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 4 95% to 2 2% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Chester County Health and Education Facilities Authority Revenue Bonds, Series 1997 Beginning Book Value 7,939,000 Ending Book Value 7,698,000 Maturity Date 05/01/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5 20% to 5 50% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property New Jersey Economic Development Authority Revenue Bonds, Series 1997 Beginning Book Value 1,983,000 Ending Book Value 1,920,000 Maturity Date 05/01/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5 20% to 5 50% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Colorado Health Facilities Authority Revenue Bonds Series 2002 Beginning Book Value 11,452,000 Ending Book Value 10,825,000 Maturity Date 08/08/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 3 88% to 5 00% Security Provided Reserve Fund/Radian Insurance Pol/Coll Property Chester County Health and Education Facilities Authority Revenue Bonds, Series 2002 Beginning Book Value 11,481,000 Ending Book Value 11,116,000 Maturity Date 08/08/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 3 88% to 5 00% Security Provided Reserve Fund/Radian Insurance Pol/Coll Property Interest Interest Rate 3 88% to 5 00% Security Provided Reserve Fund/Radian Insurance Pol/Coll Property Chester County Health and Education Facilities Authority Revenue Bonds, Series 2002 Beginning Book Value 11,481,000 Ending Book value 11,116,000 Maturity Date 08/08/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 3 88% to 5 00% Security Provided Reserve Fund/Radian Insurance Pol/Coll Property

Identifier	Return Reference	Explanation
Schedule H	Part VI	All facilities described below are accredited by the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) Intensive Residential Treatment Center, Viera, FL This facility provides treatment to children from 5 to 7 years of age Their diagnoses include behavioral/emotional disorders requiring long-term treatment in a secure, inpatient psychiatric setting Some specific diagnoses include attention deficit hyperactivity disorder, affective disorders, oppositional defiant disorder, depressive disorders, bipolar disorder, psychotic disorders, conduct disorders, and impulse control disorders Intensive residential treatment and an on-campus accredited school for Severe Emotionally Disturbed (SED) children provide program services for the clients Specialty tracts within the positive behavior support milieu address psychosexual disorders, dissociative disorders and anger management, as well as special expertise in treating individuals with diabetes Psychiatric Residential Treatment Services, Kennesaw, GA This facility provides treatment to individuals aged 6 to 21 diagnosed with moderate to severe psychological, cognitive, emotional, behavioral and/or learning disorders Intensive residential treatment is provided for children and youth with Axis I psychiatric disorders Individualized treatment units serve MR/DD clients, pre-adolescent and adolescent males and females requiring intensive treatment Specialized services provide for female victims of sexual trauma and a separate unit for male sex offenders, a SACS Accredited School, vocational education/training, PEER support counseling, teen advisory board, Activity, art and music therapy, 24-hour nursing/psychiatric services Devereux Children's Behavioral Health Center, Malvern, PA This facility treats adolescents aged 14 to 17 diagnosed with Moderate to Severe psychiatric/emotional disorders, which may include a learning disability or neurological impairment In addition to residential, community-based resident and day school facilities, the facility includes a psychiatric hospital for children and adolescents requiring acute and sub-acute services, ages 5 to 17 Devereux Texas Treatment Network, League City, TX This facility provides a comprehensive mental health and chemical dependency treatment system providing a complete range of services for children, adolescents and adults from age 3 through the life span Diagnoses include psychiatric, emotional, behavioral and developmental disorders, chemical dependency and dual diagnoses (MH/CD) A long-term, secure residential care program serves adolescents and young adults ages 13 to 22 with severe emotional, behavioral and psychiatric disorders The program has the ability to manage medically fragile and challenged clients, reviewed on a case-by-case basis Residential program components include individual and group therapy, an intensive substance abuse program, an accredited private school program with all special education certified teachers, pre-vocational and work experience programs Acute inpatient services for children and adolescents are provided There is partial hospitalization treatment for children, adolescents and senior adults and intensive outpatient program for children, adolescents and senior adults Outpatient services are provided for all age groups and include assessment, medication management and psychotherapy Special services provided include secure, intensive residential treatment, older adolescent, a young adult long-term residential program, and an intensive substance abuse program for adolescents in residential care The facility also has the ability to serve medically fragile and challenged clients

Identifier	Return Reference	Explanation
Schedule J-2	Part I	Key employees James Colvin, Allen Thomas, Dr Fran Wilson, Michael Becker and Mario Bolivar left their positions at Devereux prior to the end of FY2009

Identifier	Return Reference	Explanation
Schedule L	Part IV	The firm Larry J Overton & Associates, Inc , owned by Larry J Overton, a member of Devereux's Board of Trustees until February 2009, received $36,000 for lobbying services during FY09

Identifier	Return Reference	Explanation
Schedule R	Part V2	The Helena Devereux Foundation (HDF) is a recognized 509(a)(3) supporting organization of Devereux, formed to manage and invest endowment funds to support Devereux's activities The Board of Trustees of Devereux is also the Board of HDF The following officers of Devereux are officers of HDF in the capacities given Robert Q Kreider, President Robert C Dunne, Sr Vice President &CFO/Controller Steven H Mansh, Treasurer Dolores McLaughlin, Esq , Vice President, General Counsel & Secretary Lawrence Williams, Vice President for Audit and Compliance HDF does not maintain separate facilities and operates at one of Devereux's two Corporate sites, at 444 Devereux Drive, Villanova, PA 19085 HDF does not reimburse Devereux for the use of facilities or shared staff During FY09, Devereux transferred $9,600 to HDF for investment Devereux has adopted a Spending Rule policy under which approximately 5% of the endowment held by Helena Devereux Foundation is spent to support operations Under this policy, HDF transferred $1,885,000 to Devereux during the year

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Devereux Cleo Wallace 8405 Church Ranch Blvd Westminster, CO80021 84-0406820	Mental Hlth	CO	501(c)(3)	3	Dev Foundatn
Devereux Cleo Wallace Foundation c/o Dev Found 2012 Renaissance Blvd King of Prussia, PA19406 74-2277635	Investments	CO	501(c)(3)	11-I	Cleo Wallace
Helena Devereux Foundation 444 Devereux Drive Villanova, PA19085 30-0034707	Investments	PA	501(C)(3)	11-I	Dev Found
Devereux Professional Group c o Devereux TX 1150 Devereux Dr League City, TX77573 74-0406760	Inactive	TX	501(c)(c)	11-I	Dev Found
Devereux Kids Inc 5850 TG Lee Blvd Ste 400 Orlando, FL32822 59-3593023	Inactive	FL	501(c)(3)	7	Dev Found

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Devereux Properties Inc PO Box 638 Villanova, PA19085 23-1682903	Inactive	PA	Devereux Found	C Corp			100 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Helena Devereux Foundation	m, n	0
(2)	Helena Devereux Foundation	q	9,600
(3)	Helena Devereux Foundation	r	1,885,000
(4)	Devereux Cleo Wallace	d	5,943,000
(5)	Devereux Cleo Wallace	p	644,000
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2008

Attachment Sequence No **27**

Name(s) shown on return
Devereux Foundation

Identifying number
23-1390618

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							

3	Gain, if any, from Form 4684, line 45	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	7	

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

See Additional Data Table						

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 37 and 44a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	370,338
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) .	20				
21 Cost or other basis plus expense of sale . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23				
24 Total gain Subtract line 23 from line 20 . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . .	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		

Additional Data

Software ID:
Software Version:
EIN: 23-1390618
Name: Devereux Foundation

Form 4797, Part II, Line 10 - Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

TREADMILL AND BIKE	02-26-2004	07-23-2008		1,893	2,543	650
2001 FORD WINDSTAR	08-31-2001	07-28-2008		21,275	21,675	400
1999 FORD WINDSTAR	04-19-1999	07-28-2008	200	24,122	24,122	
ARCADIA CHAIR	04-04-2005	07-31-2008		400	619	219
3 ARCADIA CHAIRS	04-04-2005	07-31-2008		1,201	1,849	648
1 ARCADIA SOFAS	04-04-2005	07-31-2008		2,079	3,198	1,119
2 ARCADIA LOVESEATS	04-04-2005	07-31-2008		1,191	1,832	641
CHASE TWIN BEDS	04-04-2005	07-31-2008		162	249	87
2 2003 DODGE DURANGO	01-24-2007	08-21-2008	2	2,731	3,850	1,117
2002 CHRYSLER VAN	02-15-2007	08-21-2008	1	17,450	17,450	
1990 FORD TRUCK 4X4	06-01-1990	08-21-2008	1	17,800	18,300	499
4 HEADBOARDS	08-29-2003	08-22-2008		255	409	154
4 FRAMES	08-29-2003	08-22-2008		45	73	28
4 5 DRAWER DRESSERS	08-29-2003	08-22-2008		1,088	1,741	653
4 NIGHTSTANDS	08-29-2003	08-22-2008		530	849	319
SOFA	08-29-2003	08-22-2008		295	472	177
LOVESEAT	08-29-2003	08-22-2008		245	392	147
2 CHAIRS	08-29-2003	08-22-2008		365	584	219
2 END TABLES	08-29-2003	08-22-2008		304	486	182
2 LAMPS	08-29-2003	08-22-2008		65	104	39
TABLE WITH 6 CHAIRS	08-29-2003	08-22-2008		495	792	297
ESTATE WASHER	09-02-2003	08-22-2008		332	338	6
ESTATE DRYER	09-02-2003	08-22-2008		313	318	5
PORTABLE DISHWASHER	09-02-2003	08-22-2008		382	388	6
2 ARMOIRES	09-10-2003	08-22-2008		736	1,197	461
ARMOIRE	09-10-2003	08-22-2008		292	475	183
KITCH CABS AND COUNT	07-28-2008	07-24-2008		28	1,667	1,639
2 ARM CHAIRS	07-20-2005	09-29-2008		809	1,278	469
POWER INSTALLATION	05-05-2000	10-29-2008		1,336	3,175	1,839
TRACTOR	06-10-1996	10-31-2008	400	5,341	5,341	
RMIS RISK MANAGEMENT	02-28-2007	10-31-2008			2,801	2,801
SECUR AUDIT SOFTWARE	07-30-1996	10-31-2008	700	3,948	3,948	
97 4X4 PICKUP TRUCK	11-17-1997	11-25-2008	600	23,665	23,665	
2000 FORD VAN	10-13-2000	11-25-2008	3,600	21,120	21,120	
1999 FORD VAN	09-18-2000	11-25-2008	1,600	20,832	21,332	
INSTALL NEW GAS RANG	08-30-2000	11-30-2008		2,153	2,610	457
DRILL PRESS	03-01-1986	11-30-2008	10	168	168	
OPTIPLEX GX270 W MON	08-12-2004	12-18-2008	100	1,049	1,049	
OPTIPLEX GX280 W MON	09-20-2005	12-18-2008	100	897	897	
OPTIPLEX GX260T COMP	02-28-2003	12-18-2008	100	942	942	
OPTIPLEX GX280 W MON	09-20-2005	12-18-2008	100	999	999	
OPTIPLEX GX260T COMP	05-23-2003	12-18-2008	100	942	942	
OPTIPLEX GX270 W MON	08-12-2004	12-18-2008	100	1,049	1,049	
OPTIPLEX GX260 W MON	09-20-2005	12-18-2008	100	883	883	
JOHN DEERE TRACTOR	11-01-1993	12-18-2008	8,000	27,136	27,136	
ALL FLEX MOWER	07-28-2000	12-18-2008	1,100	9,470	9,470	
2002 DODGE WAGON	03-08-2002	12-18-2008	5,500	19,884	19,884	
2002 DODGE RAM WAGON	11-30-2001	12-18-2008	6,000	23,526	23,526	
2005 DODGE CARAVAN	03-15-2004	12-18-2008	1,000	15,484	15,884	
BUY OUT 1998 MAXIMA	07-20-2001	12-18-2008	2,800	13,441	13,441	
2 HP DESKJET PRINTER	06-30-2006	12-31-2008		249	499	250
LATITUDE D610 LAPTOP	07-24-2006	12-31-2008		1,157	1,436	279
LATITUDE 610 LAPTOP	07-24-2006	12-31-2008		1,157	1,436	279
1998 ECONOLINE WAGON	12-29-1997	01-23-2009	300	21,305	21,305	
TIME SHARE SAN DIEGO	10-31-2006	01-27-2009	10,000	2,700	12,000	
92 GAL HOT WATER HTR	11-11-1999	01-28-2009		2,750	3,000	250
SECURITY GATES	12-08-2004	01-28-2009		1,633	2,000	367
LATHE	10-23-1996	01-28-2009		170	208	38
POWER ONE SHELF	10-23-1996	01-28-2009		230	282	52
GOLF CART	09-30-2000	01-28-2009		4,000	4,800	800
2002 DODGE CARAVAN	04-08-2002	01-28-2009		17,769	18,069	300
STEAMER	12-21-2001	01-28-2009		4,813	6,795	1,982
1999 CHEVY VAN	06-10-1999	01-28-2009	100	26,821	27,321	400
DODGE MINIVAN	01-31-1999	02-18-2009	100	20,395	20,395	
HOSP BEDS & TABLES	04-01-1994	03-26-2009		4,706	4,732	26
80 IN HOSPITAL BED	09-05-1996	03-26-2009		521	625	104
84 IN HOSPITAL BED	09-05-1996	03-26-2009		626	751	125
WHEELCHAIR	07-21-2003	03-26-2009		104	183	79
WHEELCHAIR	07-21-2003	03-26-2009		104	183	79
WHEELCHAIR	08-21-2003	03-26-2009		102	183	81
2002 DODGE CARAVAN	03-08-2002	03-26-2009	5,789	17,759	17,759	
OPTIPLEX 755 W MON	05-16-2008	04-22-2009		252	825	573
2000 CHEVY ASTRO VAN	03-23-2001	04-22-2009		19,483	19,783	300
2004 FORD MINIVAN	12-20-2005	04-22-2009		13,400	16,480	3,080
BOOKCASE	01-27-1998	04-22-2009		45	80	35
BATH & KITCHEN RENOV	11-22-2006	04-29-2009		456	1,885	1,429
VOICEMAIL SYSTEM	11-22-2006	04-29-2009		1,793	3,709	1,916
WARDROBE LOCKERS	05-26-2004	04-30-2009		435	884	449
COMMERCIAL WASHER	11-16-2001	04-30-2009		1,632	2,200	568
OUTPT RENOVATIONS	06-30-2000	06-30-2009		5,549	9,249	3,700
TILE AND PLUMBING	03-01-1993	06-19-2009		13,325	16,400	3,075
POOL HEATER	12-08-2004	06-22-2009		2,070	4,600	2,530
PHONE SYSTEM INSTALL	05-31-2000	06-30-2009		4,936	6,968	2,032
7 30X60 PEDESTL DESK	02-12-1999	06-30-2009		2,070	4,007	1,937
FIRE ALARM INSTALL	02-03-2004	06-30-2009		2,164	4,058	1,894
RENOVATIONS ROCKLEDG	06-30-2000	06-30-2009		3,035	4,835	1,800
INSTALL VCT TILE	06-12-1997	06-25-2009		2,562	4,283	1,721
SCHOOL ROOF	01-25-2005	06-25-2009		1,259	2,850	1,591
4 DRAWER FILE	08-11-1999	06-30-2009		2,917	4,450	1,533
VOICE & DATA LINES	11-22-2006	06-30-2009		1,621	3,137	1,516
WASH, DRY, DISHWASH	03-22-2006	06-17-2009		996	2,451	1,455
FILE CABINETS	06-14-1999	06-30-2009		2,328	3,492	1,164
TABLE,SOFA,CHAIR,LVS	04-01-1998	06-24-2009		2,856	3,895	1,039
SIDE CHAIRS	02-26-1999	06-22-2009		2,283	3,315	1,032
1993 CHEVY FLOW TRCK	08-01-1993	06-22-2009		23,356	24,353	997
EXEC HIGH BACK CHAIR	12-10-1997	06-24-2009		2,935	3,828	893
FIRE ALARM SYSTEM	02-16-2004	06-30-2009		969	1,817	848
DOORS	08-16-2005	06-30-2009		506	1,320	814
DESK	06-23-1998	06-24-2009		981	1,784	803
FIRE ALARM SYSTEM	02-16-2004	06-30-2009		913	1,712	799
FIRE ALARM SYSTEM	02-16-2004	06-30-2009		913	1,712	799
SINGLE PANEL BED	02-26-1999	06-22-2009		1,768	2,566	798
FIRE ALARM SYSTEM	02-26-2004	06-30-2009		900	1,687	787
SOFA, CHAIRS, TABLES	01-11-1999	06-30-2009		2,240	3,010	770
SIGNAGE	02-15-2002	06-30-2009		1,655	2,257	602
5-TON CONDENSING UNT	07-31-1999	06-25-2009		1,025	1,550	525
2000 CHEVY VAN	01-31-2000	06-19-2009		21,040	21,540	500
1995 DODGE DUMP TRCK	08-01-1995	06-22-2009		24,970	25,470	500
DISHWASHER	05-22-2006	06-17-2009		208	674	466
DRYER	03-03-2005	06-17-2009		318	749	431
EXPANSION CABINET	12-18-1998	06-24-2009		936	1,338	402
2004 DODGE CARAVAN	12-22-2003	06-25-2009		18,192	18,592	400
OFFICE FURNITURE	12-31-1996	06-24-2009		1,950	2,340	390
CARPET TILES	07-21-2005	06-25-2009		1,377	1,758	381
DISHWASHER	08-04-2004	06-17-2009		352	729	377
COMPUTER FURNITURE	12-27-1995	06-24-2009		3,291	3,657	366
FIRST MATE CHAIRS	06-10-1998	06-24-2009		968	1,320	352
CHAIN LINK FENCING	04-22-1997	06-25-2009		1,501	1,850	349
METRO SHELVING	08-18-1999	06-24-2009		557	850	293
ART WORK - PAINTING	07-01-1990	06-30-2009			250	250
OAK BOOTH	10-14-1997	06-25-2009		855	1,100	245
TV STAND	02-03-1998	06-24-2009		121	160	39
SOFA	02-09-1998	06-19-2009		613	649	36
2 SIDE CHAIRS	11-13-1997	06-30-2009		177	230	53
MAIL CART	10-13-2000	06-30-2009		167	193	26
2 STENO CHAIRS	11-13-1997	06-30-2009		172	222	50
CONF TABL W 15 CHRS	11-13-2009	06-30-2009		1,159	1,501	342
DOORS	08-18-2005	06-30-2009		1,108	1,445	337
FURNITURE	12-01-1997	06-24-2009		7,560	7,889	329
2002 CHEVY ASTRO VAN	08-15-2002	06-19-2009		21,818	22,118	300
2000 FORD FOCUS	06-30-2000	06-30-2009		13,376	13,676	300
DOORS/HARDWARE	09-09-2005	06-30-2009		165	441	276
LOVESEAT	02-09-1998	06-19-2009		635	672	37
SIDE CHAIR	11-13-1997	06-30-2009		89	115	26
STENO CHAIR	11-13-1997	06-30-2009		86	111	25
MOBILE PC DESK	01-31-1996	06-24-2009		181	202	21
CARRYING CASE	12-10-1997	06-30-2009		58	75	17
2 WINGBACK CHAIRS	02-09-1998	06-19-2009		580	614	34
2 0 MICROWAVE	09-26-2000	06-30-2009		113	129	16
2 LIVING ROOM CHAIRS	02-09-1998	06-19-2009		463	490	27
FILE CAB SUPPORTERS	02-26-1999	06-30-2009		20	29	9
MAYTAG CLOTHES DRYER	07-02-1999	06-24-2009		902	910	8
10 STACK CHAIRS	12-10-1997	06-30-2009		203	263	60
HAIR PINS FOR CHAIRS	01-31-2000	06-15-2009		65	103	38
4-DRAWER FILE CABS	02-26-1998	06-30-2009		702	929	227
DRESSERS/DESKS/CHRS	04-28-2000	06-30-2009		2,243	2,447	204
DISHWASHER	11-10-2004	06-17-2009		334	729	395
AMBULATRY RESTRAINTS	02-11-1997	06-19-2009		1,648	2,004	356
2 UPHOLSTERED CHAIRS	06-23-1998	06-24-2009		540	736	196
DESK W RETURN TRAY	08-30-2002	06-30-2009		384	561	177
ELECTRIC DRYER	11-18-2004	06-30-2009		146	318	172
48 INCH BOOKCASE	03-29-1999	06-30-2009		174	340	166
2 REFRIGERATORS	04-27-2001	06-24-2009		1,468	1,798	330
2 FREEZERS	04-27-2001	06-24-2009		1,468	1,798	330
PEDESTAL DESK	03-15-1999	06-30-2009		167	326	159
REFRIGERATOR	01-12-2005	06-17-2009		1,192	1,349	157
GUEST CHAIRS	06-29-2005	06-25-2009		625	782	157
SINGLE PEDESTAL DESK	01-19-1999	06-30-2009		169	325	156
ERGONOMIC CHAIR	02-26-1999	06-30-2009		279	405	126
ERGONOMIC CHAIR	03-29-1999	06-30-2009		253	370	117
6-SHELF BOOKCASE	03-29-1999	06-30-2009		118	231	113
2-DRAW FILE/BOOKCASE	10-14-1997	06-30-2009		148	253	105
TELEPHONE SYSTEM	08-11-1999	06-30-2009		4,956	5,040	84
WHITE BOARD/EASEL	12-10-1997	06-30-2009		225	294	69
RECEPT RM FURNITURE	12-01-1997	06-30-2009		218	285	67
MANAGERS CHAIR	03-29-1999	06-30-2009		137	200	63
DESKTOP ORGANIZER	03-29-1999	06-30-2009		135	198	63
MANAGERS CHAIR	02-26-1999	06-30-2009		138	200	62
MAIN LOBBY RENOVAT	10-19-2001	06-30-2009		1,349	1,408	59
4-LINE SPEAKR PHONES	09-01-2004	06-30-2009		1,002	1,055	53
FOLDING TABLE	08-30-2002	06-30-2009		99	144	45
END TABLES	08-30-2002	06-30-2009		242	283	41
SOFA	02-09-1998	06-19-2009		613	649	36
CORNER TABLE	12-10-1997	06-30-2009		116	151	35
TABLES & CHAIRS	07-30-2004	06-30-2009		2,034	2,068	34
LIBRARY CABINET	02-26-1999	06-30-2009		76	110	34
WASHER	12-07-2004	06-30-2009		290	322	32
7 SIDE CHAIRS	11-13-1997	06-30-2009		621	804	183
1998 FORD VAN	12-15-1997	06-11-2009	100	22,775	22,775	
1998 FORD TAURUS SDN	12-18-1998	06-11-2009	150	15,000	15,000	
1999 DODGE NEON	03-05-1999	06-17-2009	1,500	11,643	11,643	
CAPITAL SPENDING ADJ		03-31-2009	14,758			
CA SALE OF PROPERTY			395,097			