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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 379,094,323

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 Website: ▶ www devereux org

K Form 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 is a leading nonprofit behavioral health organization that supports many of the most underserved and vulnerable members of our communities

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of employees (Part V, line 2a)	**5**	7,175
6	Total number of volunteers (estimate if necessary)	**6**	1,818
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**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)	11,861,907	16,652,524
9	Program service revenue (Part VIII, line 2g)	351,899,649	359,419,747
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,163,299	998,290
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,718,619	1,170,189
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	376,643,474	378,240,750
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)	266,532,000	268,755,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,190,984		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	109,419,886	107,201,984
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	375,951,886	375,956,984
19	Revenue less expenses Subtract line 18 from line 12	691,588	2,283,766

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	219,751,000	209,996,000
21	Total liabilities (Part X, line 26)	173,153,000	167,083,000
22	Net assets or fund balances Subtract line 21 from line 20	46,598,000	42,913,000

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

Sign Here

****** | 2011-05-05
Signature of officer | Date

ROBERT C DUNNE CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOSEPH P MCDONALD	Date 2011-05-05	Check if self-empolyed ▶ ☑	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JOSEPH SZEMANEK ESQ LLC 5 GRANITE CIRCLE DOYLESTOWN, PA 18901			EIN ▶ Phone no ▶ (215) 489-1614

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

Part III Statement of Program Service Accomplishments

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 BEHARIORAL 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

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 501(c)(4) organizations and section 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 $ 175,455,500 including grants of $ 0) (Revenue $ 194,086,663)

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 including such challenging services as 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 2,831 for year ending June 30, 2010 Expenses do not include management and general expenses in the amount of $29,015,000

4b (Code) (Expenses $ 57,421,800 including grants of $ 0) (Revenue $ 64,695,554)

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 811 for year ending June 30, 2010 Expenses do not include management and general expenses of $9,500,000

4c (Code) (Expenses $ 25,520,800 including grants of $ 0) (Revenue $ 28,753,580)

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 1,962 for year ending June 30, 2010 Expenses do not include management and general expenses of $4,220,000 For 4d Other program services, expenses do not include management and general expenses of $10,021,000

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 60,611,900 including grants of $ 0) (Revenue $ 71,883,950)

4e **Total program service expenses** ▶ $ 319,010,000

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	1,378		
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	7,175		
b	If at least one is reported on line 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 (see instructions)		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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 18		
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	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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 CFO
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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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 current or former 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-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	6,183,410	0	769,064

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 26

			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 on line 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
Ernst and Young LLP 2001 Market St Ste 4000 PHILADELPHIA, PA 191037096	Auditing	496,000
Restore OT PT SLPPC PO Box 376 COHOES, NY 12407	Ancillary Therapies	488,362
Quality Care Options 1243 Easton Rd Ste 103 WARRINGTON, PA 18976	Nursing Agency	424,173
William M Carroll MD 3094 Park Terrace BROOMALL, PA 19008	Medical Services	344,933
Michael G Berno MD 16922 Cottonweek Way HOUSTON, TX 77059	Medical Services	341,469

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	198,440				
	b	Membership dues					
	c	Fundraising events	175,981				
	d	Related organizations					
	e	Government grants (contributions)	1,407,871				
	f	All other contributions, gifts, grants, and similar amounts not included above	14,870,232				
	g	Noncash contributions included in lines 1a-1f $ 1,400,538					
	h	**Total.** Add lines 1a-1f		16,652,524			
Program Service Revenue			Business Code				
	2a	CAMPUS BASED RESIDENTIAL/EDUCATION		194,086,663	194,086,663		
	b	COMMUNITY-BASED RESIDENTIAL		64,695,554	64,695,554		
	c	FOSTER CARE		28,753,580	28,753,580		
	d	ACUTE CARE		7,188,395	7,188,395		
	e	CASE MANAGEMENT		17,970,987	17,970,987		
	f	All other program service revenue		46,724,568	46,724,568		
	g	**Total.** Add lines 2a–2f		359,419,747			
	3	Investment income (including dividends, interest and other similar amounts)		822,954	822,954		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	100,519				
	b	Less rental expenses	76,263				
	c	Rental income or (loss)	24,256				
	d	Net rental income or (loss)		24,256			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	243,825	408,910			
	b	Less cost or other basis and sales expenses	241,965	235,434			
	c	Gain or (loss)	1,860	173,476			
	d	Net gain or (loss)		175,336			
Other Revenue	8a	Gross income from fundraising events (not including $ 175,981 of contributions reported on line 1c) See Part IV, line 18	a 622,517				
	b	Less direct expenses	b 299,911				
	c	Net income or (loss) from fundraising events		322,606			
	9a	Gross income from gaming activities See Part IV, line 19	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	REPRINTS/PUBLICATIONS INCOME		578,191			578,191
	b	FORFEITED SECURITY DEPOSITS		52,617			52,617
	c	MISCELLANEOUS INCOME		192,519			192,519
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		823,327			
	12	**Total revenue.** See Instructions		378,240,750	360,242,701	0	823,327

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	4,525,876	0	4,000,920	524,956
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	201,635,124	173,242,000	27,154,080	1,239,044
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,880,000	7,590,000	2,158,000	132,000
9 Other employee benefits	37,825,000	33,202,000	4,395,000	228,000
10 Payroll taxes	14,889,000	12,626,000	2,134,000	129,000
11 Fees for services (non-employees)				
a Management	0			
b Legal	813,000		813,000	
c Accounting	507,000		507,000	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	18,858,000	17,797,000	806,000	255,000
12 Advertising and promotion	769,000	272,000	497,000	
13 Office expenses	18,145,000	17,087,000	971,000	87,000
14 Information technology	1,141,000		1,141,000	
15 Royalties	107,000			107,000
16 Occupancy	24,976,000	20,975,000	3,852,000	149,000
17 Travel	2,488,000	1,854,000	596,000	38,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	146,000	140,000	6,000	
20 Interest	4,545,000	2,532,000	2,008,000	5,000
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,489,000	9,920,000	1,552,000	17,000
23 Insurance	3,116,000	2,948,000	165,000	3,000
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	1,844,000	1,844,000		
b CLIENT TRANSPORTATION	2,661,000	2,661,000		
c REHAB/PSYCH/EDUC/THERAP/MED	14,320,000	14,320,000		
d GIFTS IN KIND OFFSET	1,276,984			1,276,984
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	375,956,984	319,010,000	52,756,000	4,190,984
26 **Joint costs.** Check here ▶ ☐ 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		9,390,000	2	6,492,000
	3	Pledges and grants receivable, net		7,745,000	3	8,789,000
	4	Accounts receivable, net		38,859,000	4	40,323,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		4,469,000	9	7,378,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 257,803,989			
	b	Less accumulated depreciation	10b 156,216,989	106,259,000	10c	101,587,000
	11	Investments—publicly traded securities		47,507,000	11	40,708,000
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,522,000	15	4,719,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		219,751,000	16	209,996,000
Liabilities	17	Accounts payable and accrued expenses		27,762,000	17	26,620,000
	18	Grants payable			18	
	19	Deferred revenue		10,299,000	19	9,087,000
	20	Tax-exempt bond liabilities		75,948,000	20	72,287,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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		4,208,000	23	5,076,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		54,936,000	25	54,013,000
	26	**Total liabilities.** Add lines 17 through 25		173,153,000	26	167,083,000
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		31,741,000	27	25,768,000
	28	Temporarily restricted net assets		14,857,000	28	17,145,000
	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		46,598,000	33	42,913,000
	34	Total liabilities and net assets/fund balances		219,751,000	34	209,996,000

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check 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—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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)	249,284	
c Total lobbying expenditures (add lines 1a and 1b)	249,284	
d Other exempt purpose expenditures	319,639,000	
e Total exempt purpose expenditures (add lines 1c and 1d)	319,888,284	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		112,468	286,863	249,284	648,615
d Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?			
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 similar 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement 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)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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) Accumulated depreciation	(d) Book value
1a Land	0	4,619,561		4,619,561
b Buildings	0	171,887,647	93,010,280	78,877,367
c Leasehold improvements	0	54,217,110	45,016,805	9,200,305
d Equipment				
e Other	0	27,079,671	18,189,904	8,889,767
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				101,587,000

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SELF INSURANCE PROGRAMS RESERV	28,885,000
ESTIMATED 3RD PARTY PAYOR SETT	8,863,000
OBLIGATION TO PROVIDE FUTURE C	13,198,000
DEFERRED COMPENSATION	657,000
CLIENT FUNDS ON DEPOSIT	1,792,000
ENVIRONMENTAL REMEDIATION	421,000
ARBITRAGE REBATE LIABILITY ON	197,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,013,000

2. Fin 48 Footnote 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	378,240,750
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	375,956,984
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,283,766
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,145,766
9	Total adjustments (net) Add lines 4 - 8	9	-5,145,766
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,862,000

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	371,818,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-6,422,750		
e	Add lines **2a** through **2d**			2e	-6,422,750
3	Subtract line **2e** from line **1**			3	378,240,750
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	378,240,750

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

1	Total expenses and losses per audited financial statements			1	374,680,000
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-1,276,984		
e	Add lines **2a** through **2d**			2e	-1,276,984
3	Subtract line **2e** from line **1**			3	375,956,984
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	375,956,984

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Schedule D - Part XI	Reconcil of Change in Net Assets from Form 990 to Audited Finl Stmts	Temporarily Restricted Gifts $(5,030,000) Continuing Care (1,814,000) Transfer of Funds from Helena 1,698,234 Devereux Foundation Gifts in Kind Offset (1,276,984) _____ Total Other $(6,422,750)
Schedule D - Part XII	Reconciliation of Revenue per Audited Finl Stmts with Revenue per Return	Temporarily Restricted Gifts 5,030,000 Continuing Care 1,814,000 Transfer of Funds from Helena (1,698,234) Devereux Foundation _____ Total Other $5,145,766
Schedule D Part V Line 4	Endowment Funds	The endowment funds are held by two related non-profit organizations, Helena Devereux Foundation (HDF) and Devereux Cleo Wallace Foundation (CWF) HDF invests funds transferred to it from the Devereux Foundation and uses the earnings from these investments to further Devereux's mission of changing lives and nurturing human potential through a wide range of services and supports for individuals and families The end of year balance for the HDF endowment is $93,604,000 CWF invests funds for Devereux Cleo Wallace and distributes unrestricted funds to Devereux Cleo Wallace to support its residential treatment programs for children and adolescents who suffer from a range of diagnoses, including psychiatric disorders, emotional and behavioral disorders, chemical dependency and learning disabilities The end of year balance for CWF's endowment is $4,181,000

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and e-mail 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

AZ,CA,CO,CT,FL,GA,NJ,NY,PA,TX

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 8 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	234,375	178,436	331,056	743,867
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	234,375	178,436	331,056	743,867
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	106,382	69,908	123,621	299,911
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				299,911
	11 Net income summary Combine lines 3, column d, and line 10 ▶				443,956

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, column d, and line 7 ▶				

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a		No
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 Government 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 Government 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.** Add lines 7d and 7j						

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,912,000		
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	16,625,000		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,154		
6	Enter Medicare allowable costs of care relating to payments on line 5	6			
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	3,154		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method 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

	(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	NA				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
Devereux Florida Treatment Network 8000 Devereux Drive Viera, FL 32822	X		X						Inpatient psych
Childrens Behavioral Health Center 655 Sugartown Road Malvern, PA 19355	X		X						Inpatient psych
Devereux Hosp Neurobehavioral Inst of TX Houston Ctr 1150 Devereux Drive League City, TX 77573	X								Inpatient psych

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See above, Charity Care

See above, Community Benefits

Devereux provides an allowance for uncollectible accounts for estimated losses resulting from the unwillingness or inability of clients to make payments for services The allowance is determined by analyzing specific accounts and historical data and trends Accounts receivable are charged off against the allowance for uncollectible accounts when management determines that recovery is unlikely and Devereux ceases collection efforts Losses have been consistent with management's expectations

See above, Community Benefits

SEE SCHEDULE O

In advancement of its charitable mission, Devereux accepts clients with limited or no ability to pay for services A client is classified as a charity client by established Devereux policies, which define charity services as those for which no payment is anticipated In assessing a client's ability to pay, Devereux uses generally official federal poverty income levels, but also includes cases where incurred charges are significant relative to income In addition, under certain governmental reimbursement programs, Devereux has been paid an amount less than actual costs due to agency budgeting constraints or other factors The economic loss attributable to such programs has also been defined as charity care Charity care amounts are not included in net client revenue or accounts receivable The amount of charges forgone, based on established rates, for services provided to clients that qualify for charity care and the economic shortfall attributable to unreimbursed costs of certain programs aggregated to $16,625,000 and $14,942,000 in 2010 and 2009, respectively

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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
See Additional Data Table							

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Bond Issues

	(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 p		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	29,240,000				
2	Gross proceeds in reserve funds	2,071,944				
3	Proceeds in refunding or defeasance escrows	14,716,905				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	402,126				
6	Working capital expenditures from proceeds	2,117,699				
7	Capital expenditures from proceeds	13,998,684				
8	Year of substantial completion	2010				

		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?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		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?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 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 section 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?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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2009

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).

Complete if the organization 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	(c) Corrected? 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.

Complete if the organization 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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	(e) Sharing of organization's revenues? No
Larry J Overton	Former Trustee	36,000	Lobbying services		No
Christopher Butler Ind Blue Cross	Trustee	1,926,155	Employee health benefits		No
Alba Martinez Vanguard	Trustee	42,597	Investments		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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2009

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	X	27	17,425	Market Price
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		17,502	Market Price
5	Clothing and household goods	X		166,109	Market Price
6	Cars and other vehicles	X	3	16,275	Market Price
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	85,186	Market Price
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	47	24,878	Market Price
19	Food inventory	X	86	38,656	Market Price
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Advertising)	X	5	201,878	Market Price
26	Other ▶ (Facility use)	X	16	157,839	Market Price
27	Other ▶ (Tickets)	X	204	138,199	Market Price
28	Other ▶ (Miscellaneous)	X	729	495,052	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	Yes	
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	Return Reference	Explanation

Additional Data

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

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SCHEDULE O (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009
Open to Public Inspection

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

Identifier	Return Reference	Explanation
Form 990 Part V Line 2a	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 calendar year 2009, as reported on Form W-3

Identifier	Return Reference	Explanation
Form 990 Part IV line 28a	Checklist of Required Schedules	Larry Overton resigned from Devereux's Board of Trustees in February 2009

Identifier	Return Reference	Explanation
Form 990 Part VI Section Line 6	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 from time to time at a 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. The Board elects (and re-elects) members of the Board to new terms which begin at the Annual Meeting, however, for the future, the Board will elect directors to fill vacancies at a regular or special meeting called for the purpose between annual meetings. A significant majority of the Board of Trustees (over 90%) are independent of management. Board members generally serve for three-year terms, after which they may be reappointed

Identifier	Return Reference	Explanation
Form 990 Part VI Section B Line 11	Governing Body and Management	Form 990 is provided in hard-copy to all Board 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 receiving the draft. The comments are reviewed by the CFO, who directs the response to all Board questions, and where appropriate, directs changes to be made to the Form 990. The Board is advised of the changes and given an opportunity for final review. Additionally, the CFO reviews any important issues regarding the 990 at the Board's March meeting and solicits additional Board comments and questions. After this review process, the CFO signs the 990 and submits it to the IRS

Identifier	Return Reference	Explanation
Form 990 Part VI Section B Line 12c	Policies - Conflict of Interest	Representatives of Devereux dealing with clients, parents, guardians, vendors, competitors or anyone who does or seeks to do business with Devereux are required to act in Devereux's best interests, disregarding any personal preference or advantage. Representatives shall make prompt and full disclosure to his/her manager and to Audit Services (and, in the case of Trustees and senior managers, to the Board's Audit and Compliance Committee) 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 family of or living with the same domicile may be employed by Devereux in the same center or department unless the center Director or department head determines 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. Each Devereux employee has the responsibility to report any actual or perceived conflict of interest to management, Human Resources, the Vice President of Audit & Compliance or the Employee Helpline (an anonymous "whistleblower" service, where complaints are processed by an independent third party retained by Devereux for this purpose). Annually, a copy of Devereux's business ethics policy is 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 reporting requirement 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 required to complete the annual Conflict of Interest Disclosure Statement immediately. All employees disclosing a conflict or potential conflict must have the Disclosure Statement reviewed and 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 B Line 15b	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 changes in the market. During this benchmarking 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 market. 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 (systems 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. Form 990 of other organizations may also be reviewed for this purpose. 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 (www.guidestar.org). 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, 2010. Long-Term Debt Galveston County, TX, Health Facility Development Corporation Revenue Bonds, Series 1995 Beginning Book Value 10,407,000 Ending Book Value 9,673,000 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 7,578,000 Ending Book Value 6,656,000 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 4,218,000 Ending Book Value 3,927,000 Maturity Date 12/01/2019 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5.13% to 5.2% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Chester County Health and Education Facilities Authority Revenue Bonds, Series 1997 Beginning Book Value 7,698,000 Ending Book Value 7,442,000 Maturity Date 05/01/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5.4% to 5.5% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property New Jersey Economic Development Authority Revenue Bonds, Series 1997 Beginning Book Value 1,920,000 Ending Book Value 1,857,000 Maturity Date 05/01/2027 Repayment Terms Annual Principal, Semi-Annual Interest Interest Rate 5.4% to 5.5% Security Provided Reserve Fund/MBIA Insurance Pol/Coll Property Colorado Health Facilities Authority Revenue Bonds Series 2002 Beginning Book Value 10,820,000 Ending Book Value 10,173,000 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 11,116,000 Ending Book Value 10,735,000 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 L	Part IV	The firm of Larry J. Overton & Associates, Inc., owned by Larry J. Overton, a member of Devereux's Board of Trustees from November 2007 to February 2009, received $36,000 for lobbying services during FY10. Trustee Christopher Butler was an Officer of Independence Blue Cross (IBC) during the reporting year, although he retired from IBC effective June 30, 2010. IBC administers Devereux's self-insured employee health plan, for which it was paid $1,926,155.06 for administration and disease management by Devereux during the year. Trustee Alba Martinez is an Officer of Vanguard, a mutual fund company. At June 30, 2010, Devereux held investments of $89,513,951.38 in various Vanguard funds. Devereux paid Vanguard $42,597.16 through June 30, 2010 for investment management and advisory services. Devereux changed investment advisors as of 7/1/10. Vanguard also receives fees that are incorporated in the net return of the related mutual funds held by Devereux. These amounts are not specifically quantified

Identifier	Return Reference	Explanation
Schedule R	Part V.2	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 FY10, Devereux transferred $6,000,000 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 $1,698,234 to Devereux during the year

Identifier	Return Reference	Explanation
Schedule H	Hospitals	The Devereux Foundation (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, the Foundation was incorporated in Pennsylvania in January 1938. Today, Devereux operates 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. Devereux also focuses on research-based prevention initiatives that help children and adolescents develop resilience and strong emotional and social health. We help empower children and adults with intellectual, emotional, developmental, and behavioral challenges to lead fulfilling and rewarding lives. In 1941, Devereux received a determination from the Internal Revenue Service (Service) that it was recognized as an exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code (Code). It also received recognition as a nonprivate foundation pursuant to Sections 509(a)(1) of the Code as a school as defined by Section 170(c)(1)(A)(ii) of the Code as well as a hospital under Section 170(b)(1)(A)(iii) of the Code. Devereux, due to its inherent quality of function, has operated in both contexts in an effort to ensure the best available treatment and programs for its clients. This duality continued to be reported by Devereux in its annual filing to the Service until 2009 due to its wide range of programs and settings "from home, school and community to campus-based programs and hospitals." In fiscal year 2009, Devereux, in its annual filing, was limited in its ability to continue to report as a nonprivate foundation as both a school and a hospital and submitted its annual filing indicating a nonprivate foundation as a hospital. While awaiting guidance from the Service regarding the annual filings, Devereux began a reevaluation of its program services from a financial and tax reporting perspective. Pursuant to this review, Devereux will, for the purposes of consistency, continue to file as a hospital for the current year but also file a Request for Redetermination from the Service for retroactive and prospective approval and recognition as a school pursuant to Section 170(b)(1)(A)(ii) of the Code

Identifier	Return Reference	Explanation
Schedule H Part V	Facility Information	The following hospitals provide psychiatric treatment to Devereux clients exclusively. They provide no emergency room, surgical services, or any other services that are usually provided by community hospitals. The Intensive Residential Treatment Center at Vera, FL, provides treatment to children from 10 to 17 years of age. Their diagnoses include behavioral and 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, or SED, children provide program services for inpatient and residential clients. Specialty tracks within the positive behavior support milieu address psychosexual disorders, dissociative disorders and anger management, as well as special expertise in treating individuals with diabetes. Devereux Childrens Behavioral Health Center in Malvern, PA, treats adolescents aged 14 to 17 diagnosed with Moderate to Severe psychiatric and 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. The Devereux Texas Treatment Network in League City, TX, 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, also known as 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 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, and prevocational 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 programs 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 and 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Devereux Foundation

Employer identification number
23-1390618

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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, CO 80021 84-0406820	Mental Hlth	CO		3	Dev Foundatn
Devereux Cleo Wallace Foundation c/o Dev Found 2012 Renaissance Blvd King of Prussia, PA 19406 74-2277635	Investments	CO		11-I	Cleo Wallace
Helena Devereux Foundation 444 Devereux Drive Villanova, PA 19085 30-0034707	Investments	PA		11-I	Dev Found
Devereux Professional Group c o Devereux TX 1150 Devereux Dr League City, TX 77573 74-0406760	Inactive	TX		11-I	Dev Found
Devereux Kids Inc 5850 TG Lee Blvd Ste 400 Orlando, FL 32822 59-3593023	Inactive	FL		7	Dev Found

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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			100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
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**	**Yes**
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**	**No**
n	Sharing of paid employees	**1n**	**No**
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	(b) Transaction type(a-r)	(c) Amount involved
(1) Helena Devereux Foundation	q	6,000,000
(2) Helena Devereux Foundation	r	1,864,063
(3) Helena Devereux Foundation	p	102,000
(4) Devereux Cleo Wallace	r	500,000
(5) Devereux Cleo Wallace	p	413,000
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $	6,380,200	including grants of $	0)	(Revenue $	7,188,395)
Acute Care						
(Code)	(Expenses $	15,950,500	including grants of $	0)	(Revenue $	17,970,987)
Case Management						
(Code)	(Expenses $	15,950,500	including grants of $	0)	(Revenue $	18,591,405)
Accessment/Other						
(Code)	(Expenses $	22,330,700	including grants of $	0)	(Revenue $	28,133,163)
Outpatient						

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	3 0	X						0	0	0
Thomas Hays Vice Chairman	3 0	X						0	0	0
Samuel G Coppersmith Vice Chairman	3 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
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
Dr Howard Hassman Trustee	2 0	X						0	0	0
Alba E Martinez 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				525,278	0	79,638
Margaret M McGill Sr VP and COO	60 0			X				299,433	0	58,804
Robert C Dunne Sr VP and CFO	60 0			X				235,382	0	53,238
Lorrie Henderson Resigned Sr VP and CCO	60 0			X				252,998	0	10,748
Elizabeth Chadwick Sr VP of External Affairs	60 0			X				285,391	0	61,846
L Gail Atkinson VP of Operations	60 0			X				223,650	0	25,201
Sarah E Lenahan VP of Ops and Org Development	60 0			X				226,740	0	31,281

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Dolores McLaughlin Sr VP Genl Counsel and Secy	60 0			X				229,188	0	29,637
Timothy Dillon VP of HR	60 0			X				184,183	0	16,638
Martha Lindsay VP Product Development	60 0			X				182,302	0	18,983
Lawrence W Williams VP Compliance and Admin	60 0			X				174,123	0	23,638
Leah Yaw VP of Development	60 0			X				111,591	0	4,465
Steven H Mansh Treasurer	60 0			X				115,092	0	19,861
Roberta M Lewis Assistant Secretary	60 0			X				84,322	0	16,899
Steven Murphy Executive Director	60 0				X			202,076	0	11,055
Walter Grono resigned Executive Director	60 0				X			204,602	0	34,009
Carol Oliver Executive Director	60 0				X			182,697	0	39,218
Susan Smith Executive Director	60 0				X			172,015	0	45,847
Tilden Reeder Psychiatrist	80 0					X		516,300	0	33,208
Emilio Roig Medical Services Director	60 0					X		259,945	0	35,969
Jacqueline Zavodnick Medical Director	60 0					X		256,016	0	32,981
Joel Edelstein Medical Services Director	60 0					X		250,297	0	12,155
Robert Handler Psychiatrist	60 0					X		238,782	0	37,000
Allen Thomas resigned VP of Planned Giving	0 0						X	214,154	0	2,129
James Colvin resigned Sr VP of Ops and Bus Devel	0 0						X	255,374	0	2,200
Peter Della Porta resigned VP and CIO	0 0						X	193,546	0	22,376
Fran Wilson resigned Sr VP and CCO	0 0						X	107,933	0	10,040

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
CAMPUS BASED RESIDENTIAL/EDUCATION		194,086,663	194,086,663		
COMMUNITY-BASED RESIDENTIAL		64,695,554	64,695,554		
FOSTER CARE		28,753,580	28,753,580		
ACUTE CARE		7,188,395	7,188,395		
CASE MANAGEMENT		17,970,987	17,970,987		

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) (II)	399,472 0	120,000 0	5,806 0	78,599 0	1,039 0	604,916 0	0 0
Margaret M McGill	(I) (II)	249,050 0	47,000 0	3,383 0	53,528 0	5,276 0	358,237 0	0 0
Robert C Dunne	(I) (II)	195,446 0	36,400 0	3,536 0	40,722 0	12,516 0	288,620 0	0 0
Lorrie Henderson Resigned	(I) (II)	210,796 0	25,800 0	16,402 0	0 0	10,748 0	263,746 0	0 0
Elizabeth Chadwick	(I) (II)	239,921 0	45,200 0	270 0	52,830 0	9,016 0	347,237 0	0
L Gail Atkinson	(I) (II)	188,876 0	28,000 0	6,774 0	19,905 0	5,296 0	248,851 0	0 0
Sarah E Lenahan	(I) (II)	195,194 0	27,600 0	3,946 0	22,337 0	8,944 0	258,021 0	0 0
Dolores McLaughlin	(I) (II)	194,984 0	27,900 0	6,304 0	20,683 0	8,954 0	258,825 0	0 0
Timothy Dillon	(I) (II)	156,472 0	22,600 0	5,111 0	15,700 0	938 0	200,821 0	0 0
Martha Lindsay	(I) (II)	152,352 0	24,000 0	5,950 0	6,462 0	12,521 0	201,285 0	0 0
Lawrence W Williams	(I) (II)	145,239 0	22,500 0	6,384 0	15,000 0	8,638 0	197,761 0	0 0
Steven Murphy	(I) (II)	173,700 0	14,938 0	13,438 0	10,000 0	1,055 0	213,131 0	0 0
Walter Grono resigned	(I) (II)	183,353 0	14,061 0	7,188 0	23,342 0	10,667 0	238,611 0	0 0
Carol Oliver	(I) (II)	167,443 0	11,575 0	3,679 0	28,723 0	10,495 0	221,915 0	0 0
Susan Smith	(I) (II)	159,408 0	6,324 0	6,283 0	31,531 0	14,316 0	217,862 0	0 0
Tilden Reeder	(I) (II)	267,201 0	0 0	249,099 0	24,500 0	8,708 0	549,508 0	0 0
Emilio Roig	(I) (II)	232,195 0	7,116 0	20,634 0	23,720 0	12,249 0	295,914 0	0 0
Jacqueline Zavodnick	(I) (II)	254,828 0	0 0	1,188 0	24,500 0	8,481 0	288,997 0	0 0
Joel Edelstein	(I) (II)	216,047 0	22,246 0	12,004 0	0 0	12,155 0	262,452 0	0 0
Robert Handler	(I) (II)	238,008 0	0 0	774 0	24,391 0	12,609 0	275,782 0	0 0
Allen Thomas resigned	(I) (II)	51,876 0	13,208 0	149,070 0	0 0	2,129 0	216,283 0	0 0
James Colvin resigned	(I) (II)	58,203 0	14,785 0	182,386 0	0 0	2,200 0	257,574 0	255,374 0
Peter Della Porta resigned	(I) (II)	121,516 0	23,400 0	48,630 0	13,502 0	8,874 0	215,922 0	0
Fran Wilson resigned	(I) (II)	0 0	7,000 0	100,933 0	10,040 0	0 0	117,973 0	16,042 0

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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

2009

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 2009 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)

2 (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 43	**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 35 and 42a	**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**	173,476
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 39, 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, mining exploration costs, and depletion (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 37 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):

(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) for entire year. Subtract (f) from the sum of (d) and (e)
SITE WORK	12-27-2006	08-18-2009			5,826	5,826
2005 DODGE CARAVAN	12-27-2006	08-31-2009	5,000	12,422	14,275	
REFRIGERATOR	07-14-2000	09-25-2009		527	575	48
WASHER	07-14-2000	09-24-2009		518	565	47
MAYTAG DISHWASHER	10-16-2003	09-24-2009		392	530	138
ONE TON COMPRESSOR	04-30-1997	09-30-2009		5,679	6,861	1,182
5 SHELF BOOKCASES	08-31-2006	09-25-2009		1,391	2,256	865
PEDESTAL DESK	08-31-2006	09-25-2009		1,051	1,705	654
SOFA LOVESEAT CHAIR	01-11-1999	09-30-2009		3,380	3,803	423
4 X 8 PAINTING	07-01-1990	09-25-2009			394	394
LG MULE CARTS	08-31-2006	09-25-2009		617	1,000	383
LATERAL FILES	08-31-2006	09-25-2009		591	959	368
EXEC CHAIRS	08-31-2006	09-25-2009		360	584	224
PEDESTAL DESK	08-31-2006	09-25-2009		348	565	217
97 FORD W SNOW PLOW	06-11-1997	09-30-2009	800	26,736	27,236	
CONDENSING UNIT	06-11-1997	09-30-2009		884	1,082	198
GUEST CHAIRS	08-31-2006	09-25-2009		531	862	331
MAYTAG DISHWASHER	10-16-2003	09-24-2009		392	530	138
MANAGERIAL CHAIR	08-31-2006	09-25-2009		170	276	106
4 HP DESKJT PRINTERS	06-30-2006	09-25-2009		641	987	346
48 IN STARFIRE RANGE	11-30-1999	09-30-2009		3,635	3,697	62
OAK MOBILE FILE	08-23-2005	09-25-2009		242	297	55
OAK DESK SHELL	08-23-2005	09-25-2009		233	285	52
REFRIGERATOR	07-14-2000	09-25-2009		527	575	48
MAYTAG DISHWASHER	07-14-2000	09-24-2009		518	565	47
LEATHER CHAIR	01-27-1998	09-25-2009		156	200	44
REPLACED BROILER	11-22-1999	09-28-2009		2,611	2,655	44
OAK RETURN SHELL	08-23-2005	09-25-2009		151	185	34
OAK RECEPTION STATIO	08-23-2005	09-25-2009		151	185	34
11 CUSTOM FRAMES	08-01-1992	09-30-2009		1,519	1,545	26
OAK RECEPT STATION	08-23-2005	09-25-2009		90	110	20
GRIDDLE AND CASTERS	11-30-1999	09-30-2009		499	507	8
04 DODGE CARAVAN	12-22-2003	11-30-2007		17,073	15,077	
BATHROOM RENOVATION	10-19-2004	10-28-2009		7,046	14,092	7,046
DAISY COOLER	12-30-1997	10-26-2009		2,268	2,875	607
04 FORD PICKUP	01-08-2004	10-27-2009		38,020	38,520	500
96 FORD 8 PASS WAGON	05-01-1996	10-27-2009		18,681	19,181	500
97 FORD 8 PASS WAGON	12-31-1996	10-27-2009		19,659	20,159	500
92 DODGE CARAVAN	07-01-1992	10-27-2009		13,010	13,510	500
96 FORD WINDSTAR	03-14-1996	10-27-2009		18,330	18,630	300

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LEAF CHAIR	10-15-1997	10-26-2009		1,178	1,472	294
QUEEN SLEEP W CHAIRS	07-17-1998	10-23-2009		2,732	2,914	182
SOFA AND LOVESEAT	03-15-1999	10-22-2009		1,250	1,418	168
COCKTAIL TABLE	03-15-1999	10-22-2009		176	249	73
SQUARE TABLE	03-15-1999	10-22-2009		162	229	67
END TABLE	03-15-1999	10-22-2009		140	199	59
12 PADDLEBACK CHAIRS	06-01-1998	10-22-2009		1,132	1,500	368
OUTDOOR FURNITURE	08-01-1992	10-20-2009		1,611	1,638	27
4 SETS FURNITURE	11-17-1997	10-20-2009		2,779	2,798	19
SEWER PROJECT COSTS	08-20-2007	11-18-2009			3,811	3,811
2000 FORD FOCUS	06-30-2000	11-23-2009		13,389	13,689	300
2000 JEEP CHEROKEE	10-18-2004	11-30-2009	500	13,979	14,279	
90 FORD BOX VAN	08-03-1990	11-19-2009	250	16,337	16,837	250
NEW FORD CLUB WAGON	09-30-2000	11-19-2009	250	21,009	21,509	250
05 DODGE CARAVAN	03-24-2004	11-30-2009	200	15,368	15,768	200
05 DODGE CARAVAN	06-19-2005	11-18-2009	135	1,706	1,706	
LATITUDE LAPTOP	02-24-2006	11-18-2009	135	1,383	1,383	
LATITUDE LAPTOP	04-30-2006	11-18-2009	135	1,461	1,461	
95 CHEVY ASTRO VAN	06-11-2004	11-19-2009	550			
CS STARS PROJECT	05-30-2008	12-21-2009			184,641	184,641
95 DODGE RAM VAN	06-01-1995	12-22-2009		19,519	20,019	500
4WD DODGE MAINT VEH	04-01-1993	12-22-2009		22,750	23,250	500
03 CHRYSLER VOYAGER	09-17-2003	12-22-2009		18,094	18,494	400
01 FORD F150 TRUCK	10-05-2001	12-22-2009		24,600	25,000	400
93 CARAVAN	06-01-1993	12-22-2009		17,100	17,400	300
96 GRAND VOYAGER	07-01-1996	12-22-2009		20,717	21,017	300
97 FORD TRUCK	01-20-1997	01-25-2010	800	24,652	25,152	
04 MAINT GOLF CART	01-23-2008	02-25-2010	300	1,542	3,700	1,858
01 DODGE RAM VAN	11-16-2001	02-25-2010	225	18,798	19,098	75
2000 DODGE NEON	01-07-2000	02-25-2010	500	12,179	12,179	
99 PLYMOUTH NEON	03-05-1999	02-25-2010	1,000	11,618	11,618	
LIVING RM FURNITURE	12-27-2006	03-22-2010		1,819	2,799	980
ELECTRIC OVEN	03-30-2004	03-22-2010	200	1,995	3,325	1,130
ARMLESS OAK CHAIR	02-05-1999	04-27-2010		1,559	2,094	535
FURNITURE	04-24-2001	04-27-2010		4,373	4,859	486
LASER PRINTERS	01-24-2007	04-27-2010		729	1,121	392
2 PEDESTAL TABLES	12-10-1999	04-27-2010		1,334	1,936	602
2 LASER JET PRINTERS	04-20-2007	04-28-2010		774	1,290	516
MATTRESSES	11-13-1998	04-27-2010		816	1,073	257
HP LASERJET PRINTER	05-14-2007	04-28-2010		318	545	227

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CHAIR	04-22-1998	04-27-2010		886	1,107	221
OFFICE FURNITURE	06-17-1999	04-27-2010		1,766	1,956	190
COMPUTR DESK W HUTCH	09-30-1998	04-27-2010		244	379	135
EXECUTIVE CHAIRS	10-29-1998	04-27-2010		378	493	115
EXECUTIVE CHAIR	10-31-1998	04-27-2010		252	328	76
COMPUTER WORKSTATION	10-29-1998	04-27-2010		241	314	73
GUEST CHAIR W ARMS	06-09-2000	04-27-2010		2,690	2,736	46
16 OAK CHAIRS	05-15-1998	04-27-2010		2,808	3,535	727
8 3 DRAWER CHESTS	12-19-1997	04-27-2010		1,646	2,002	356
6 OAK TABLES	12-19-1997	04-27-2010		1,234	1,501	267
3 DRYERS	06-08-2001	04-27-2010		978	1,107	129
2 IBM WORKPADS	04-20-2001	04-27-2010		652	724	72
LATITUDE LAPTOP	08-18-2006	04-30-2010	50	1,441	1,441	
WASHER EXTRACTOR	06-17-1999	05-25-2010		3,862	5,307	1,445
3 SEAT SOFA	08-30-2006	05-21-2010		2,521	3,361	840
LOUNGE CHAIRS	08-30-2006	05-21-2010		1,998	2,664	666
DINING HALL CHAIRS	10-23-1998	05-24-2010		2,113	2,736	623
2 SEAT SOFA	08-30-2006	05-21-2010		1,861	2,481	620
FREIGHT ON CHAIRS	10-23-1998	05-24-2010		786	1,018	232
97 FORD CLUB WAGON	12-31-1996	05-21-2010	300	20,409	20,909	200
4 4 DRAW FILE CABNTS	04-22-1998	05-25-2010		1,607	1,996	389
FREIGHT ON CHAIRS	10-31-1998	05-24-2010		192	249	57
ROTO WASH SCRUBBER	08-01-1992	05-25-2010		2,236	2,274	38
12 UPHOL SIDE CHAIRS	04-20-1998	05-25-2010		1,340	1,665	325
PIANO	06-01-1995	05-24-2010		2,834	2,850	16
95 AEROSTAR VAN	01-03-1996	05-21-2010	100	16,611	16,611	
01 FORD E150 VAN	04-20-2001	05-21-2010	1,300	20,154	20,554	
99 DODGE GR CARAVAN	10-11-1999	05-21-2010	1,350	19,117	19,117	
6 MGRS CHAIRS	07-31-2003	06-30-2010		390	846	456
WASHER	03-30-2007	06-30-2010		842	1,296	454
ELECTRIC DRYER	06-22-2007	06-30-2010		626	1,044	418
FREEZER	08-31-2007	06-30-2010		320	565	245
WASHER	09-26-2006	06-30-2010		590	787	197
COCKTAIL TABLE	09-29-2006	06-30-2010		127	169	42
ADJ COST CLEARING	02-28-2010	02-28-2010	-250			250
AMORT CA DEF GAIN	06-30-2010	06-30-2010	395,080			