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Form **990**

Department of the Treasury

DLN: 93493129022514

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2012

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

		e oeivice	<u> </u>		-			Inspection
A Fo	r the	2012 cal		9 07-01-2012 , 2012, and ending 06-	30-2013	_		
B Ch	eck if a	applicable	C Name of organization Devereux Foundation			D Emplo	yer ider	ntification number
Add	dress c	hange				23-13	90618	3
┌ Na	me cha	ange	Doing Business As					
Init	ial retu	ım	Number and street (or D.O. how if m	ail is not delivered to street address) Room/s	· · · t o			
	mınate		2012 Renaissance Boulevard	all is not delivered to street address) Room/s	uite	E Telepho	ne numl	ber
_			Suite			(610)	542-3	065
Am	ended	return	City or town, state or country, and Z King of Prussia, PA 19406	TIP + 4				
App	olicatio	n pending	King of Francisco, Francisco			G Gross re	eceipts \$	380,311,314
			F Name and address of prin	cipal officer	H(a) Is	this a group	return	for
			Robert Q Kreider			filiates?		┌ Yes ✓ No
			444 Devereux Drive Villanova,PA 19085					
								ded? Tyes TNo
r Ta	x-exer	npt status	▼ 501(c)(3)	nsert no) 4947(a)(1) or 527		"No," attach	a list	(see instructions)
				1317(4)(1) 61 1 327	H(c) G	Group exempt	on nun	nber ►
) W	ebsit	e: 🕨 ww	w devereux org					
K For	n of or	rganızatıon	Corporation Trust Association	Other ►	L Year o	of formation 19	38 M	State of legal domicile PA
	rt I		mary					
			escribe the organization's missio	n or most significant activities				
				al health organization that supports m	any of the r	nost underse	rved ar	nd vulnerable
			s of our communities					
Governance								
₫								
₹ E	١,	Charleth	his hay be if the arganization du	scontinued its operations or disposed	of more the	n 2 F 0/2 of the	not no	
Ġ	1	CHECK II	ins box = If the organization dis	scontinued its operations of disposed	or more tha	111 25% 01 115	net as:	sets
	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	16
Activities &	I			of the governing body (Part VI, line 1b			4	1!
Ē	I			calendar year 2012 (Part V, line 2a)			5	
ਤੁ	I						\vdash	7,714
ų,			•	ecessary)			6	609
	1			art VIII, column (C), line 12			7a	(
	b	Net unre	lated business taxable income fr	om Form 990-T, line 34			7b	
						Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, lir	ne 1 h)		12,757,4	197	12,166,753
Rayenue	9	Progra	am service revenue (Part VIII, li	ne 2g)		363,886,1	.42	359,727,286
9,6	10	Invest	tment ıncome (Part VIII, column	(A), lines 3, 4, and 7d)		2,747,858		3,747,350
Δ.	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		1,627,4	39	2,207,596
	12			(must equal Part VIII, column (A), lir	ne			
						381,018,9		377,848,985
	13			IX, column (A), lines 1-3)			0	
	14	Benefi	its paid to or for members (Part I	X, column (A), line 4)			0	(
en.	15			e benefits (Part IX, column (A), lines		276 006 0	.70	274.064.426
Expenses		5-10)	,			276,086,0		274,964,428
কু	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)	•		0	(
ਡੋ	Ь	Total fu	undraising expenses (Part IX, column (D)	, line 25) 🕨 2,170,300				
_	17	Other	expenses (Part IX, column (A), I	ınes 11a-11d, 11f-24e)		103,720,9	61	99,102,508
	18	Total e	expenses Add lines 13–17 (mus	st equal Part IX, column (A), line 25)		379,807,0	31	374,066,936
	19	Reven	nue less expenses Subtract line	18 from line 12		1,211,9	0.5	3,782,049
<u>%</u> ≾						ning of Curre		End of Year
စ္ကန္						Year		cnu or rear
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)			193,546,0	000	184,202,000
젖	21	Totall	liabilities (Part X, line 26)			152,380,0	000	146,419,000
žĒ	22			line 21 from line 20		41,166,0	000	37,783,000
Pai	rt II		nature Block		•			·
ny k	nowle	dge and l		imined this return, including accompa iplete Declaration of preparer (other t				
		****	**			2014-05-06		
Sign	1	Signa	ature of officer			Date		
Her		ROBE	ERT C DUNNE CFO					
			e or print name and title					
		P	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	
Paid	4					self-employed		
			Firm's name 🕨			Firm's EIN 🟲		
	pare		Eurole address Pt			Dhone no		
Use	On	ıly ⁺	Firm's address 🕨			Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

□Yes □No

Par		e nt of Program Serv chedule O contains a res				·
1	Briefly describe t	the organization's missio	n			
UNDI COM SERV HELP TO L RESC	ERSERVED AND N PREHENSIVE NA 'ICES THAT POS EMPOWER CHIL EAD FULFILLING DURCES IN SAFE	/ULNERABLE MEMBERS TIONAL NETWORK OF ITIVELY IMPACT THE L DREN AND ADULTS WI' AND REWARDING LIVE	OF OUR COM CLINICAL, TH IVES OF TENS TH INTELLECT S DEVEREUX (IRONMENTS	MUNITIES FOUNDED ERAPEUTIC, EDUCAT S OF THOUSANDS OF UAL, EMOTIONAL, D PROVIDES CONSIST THAT ENRICH AND E	IONAL, AND EMPLOYME INDIVIDUALS AND FAM EVELOPMENTAL, AND BI ENTLY HIGH QUALITY P	VEREUX, WE OPERATE A NT PROGRAMS AND
2	Did the organizat the prior Form 99	ion undertake any signifi 0 or 990-EZ?	cant program s		which were not listed on	
	If "Yes," describe	these new services on S	chedule O			
3	services?	ion cease conducting, or		_	nducts, any program	
4	Describe the orga	anızatıon's program servı	ce accomplishr 4) organization	s are required to report	ree largest program servic : the amount of grants and	
	(Code) (Expenses \$	186,230,626	including grants of \$) (Revenue \$	204,453,240)
	the autistic spectrun age-appropriate edi disorders, learning o resources in a safe	n of disorders, substance abus ucational services for students disabilities and intellectual and	e treatment, and in in its residential pr developmental dis he average numbe	ncluding such challenging se ograms These students ma orders The focus of these p er of clients served by these	rvices as treatment for adolescer y be in treatment for mental/em rograms is to ensure the provision	
4b	(Code) (Expenses \$	75,209,556	ıncludıng grants of \$) (Revenue \$	82,568,790)
	and vocational train Devereux staff prov	ing programs for adolescents a	and adults with inte ment of individual:	ellectual and developmental s The average number of c	disabilities In most of these cor lients served by these programs	ocial rehabilitation day programs nmunity-based residential programs is approximately 683 for year
	(Code) (Expenses \$	23,914,164	ıncludıng grants of \$) (Revenue \$	26,254,158)
40	Foster Care The De Jersey, Texas and F	evereux Foundation offers fost Pennsylvania The average nur	er care in group fo nber of clients sen	ster homes and in therapeu yed by these programs is ap	tic foster homes in Arizona, Flori	da, Georgia, Massachusetts, New June 30, 2013 Expenses do not
	(Code Acute Care) (Expenses \$	6,834,725	including grants of \$) (Revenue \$	7,126,742)
	(Code Outpatient/Other Se) (Expenses \$	21,706,471	including grants of \$) (Revenue \$	23,830,443)
	(Code Case Management) (Expenses \$	14,112,963	including grants of \$) (Revenue \$	15,493,913)
4d	Other program s (Expenses \$	services (Describe in Sch 42,654,159 in	nedule O)	of\$) (Revenue \$	46,451,098)

328,008,505

Total program service expenses ▶

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 (see instructions)? *	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
C	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	11c		No
d	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	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	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 (see instructions)	17		No
.8	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	
L 9	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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		
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 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1,384		163	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	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	4a		١
5	account)?			_
•	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
	See mistractions for mining requirements for Form 15 1 30 22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		١
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ſ
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
a	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 as charitable contributions?	6a		Γ
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Г
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
		1		
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		١,
F	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			_ '
,	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	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		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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	1		
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	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	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
4	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand	14a		

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.

Check if Schedule O contains a response to any question in this Part VI		

	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>le Cod</i> Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed AZ, CA, CO, CT, DE, FL, GA, MA, MI, 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (610) 542-3063

Form 990	(2012	•
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or clirector		Former Highest compensated Imployee (e) employee Thicel		-cinner lighest compensated imployee (e) employee		2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	ne l both	box, an	check unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	- '	(F) Estima mount of compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
							1						
							+				+		
							1						
							<u> </u>						
1b	Sub-Total				•		•	P					
c d	Total from continuation sheet Total (add lines 1b and 1c) .		ection /	. .	٠.	•	•	•	5,524,892		0		607,463
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	I ho received more th	nan			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes," comple</i> te S					key •	emplo	yee,	, or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1	a receive or acc	crue coi	mpen	satı	on fr	om an	y unr	related organization	or individual for		, c3	
	services rendered to the organ										5		No
S	ection B. Independent Co	ntractors											
1	Complete this table for your fiv		ensate	d ind	eper	iden	t contr	acto	rs that received mo	re than \$100,000	of		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Restore OT PT SLPPC , PO Box 376 COHOES NY 12407	Ancillary Therapies	705,498
Ernst and Young LLP , PO Box 828135 PHILADELPHIA PA 19182	Auditing	440,000
Purchasing Management Associates LL , 101 E 8th Ave Ste 104 CONSHOHOCKEN PA 19428	Purchasing Consult	427,102
Michael G Berno MD , 16922 Cottonwood Way HOUSTON TX 32801	Psychiatric Services	377,288
Samuel S McClure MD PA , 828 E Washington St Indialantic ORLANDO FL 32801	Psychiatric Services	308,569
Total number of independent contractors (including but not limited to these listed of	have who received make then	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►26

			ule O contains a respoi		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512,513,or 514
(n 92	1a	Federated cam	paıgns 1a	193,897				
Other Similar Amounts	b	Membership du	ies 1b					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising ev	ents 1c	949,210				
<u> </u>	d	Related organiz	zations 1d					
5 월	e	Government grant		1,172,912				
ŝij.	_	_						
conditionalists, colors, crains and Other Similar Amounts	Т	similar amounts no	ons, gifts, grants, and 1f ot included above	9,850,734				
[₹	g	Noncash contributi 1a-1f \$	ons included in lines	1,073,060	İ	İ		İ
and	h	Total. Add line:	s 1a-1f		12,166,753			
ا ه د				Business Code				
e l	2a	CAMPUS BASED		Business code	204,453,240	204,453,240		
eve		RESIDENTIAL/EDU						
ው ድ	b	COMMUNITY-BASE	D RESIDENTIAL		82,568,790	82,568,790		
N.	C	FOSTER CARE			26,254,158	26,254,158		
호	d	ACUTE CARE			7,126,742	7,126,742		
Program Serwce Revenue	e f	All other progra			15,493,913	15,493,913		
္နီ	f	An other progra	am service revenue		23,830,443	23,830,443		
	g		s 2a – 2f		359,727,286			
	3		ome (including dividen ar amounts)		3,284,385	3,284,385		
	4		stment of tax-exempt bond		0			
	5	Royalties .		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	151,233					
	b	Less rental expenses	63,012					
	C	Rental income or (loss)	88,221	0				
	d		me or (loss)		88,221			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,409,249	419,675				
	b	Less cost or other basis and	1,279,724	86,235				
	c	sales expenses Gain or (loss)	129,525	333,440				
	d		(ss)	· ·	462,965			
	ч 8а		rom fundraising		,			
		events (not inc \$	luding ,573 s reported on line 1c)					
ا :			a	2,094,670				
	b		penses b	_,,	4 061 015			
·	C Oa		(loss) from fundraising	events 🛌	1,061,312			
	9a		rom gaming activities ne 19 a					
	b		penses b					
	C 100		(loss) from gamıng actı	vities ⊢	0			1
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
L	c		(loss) from sales of inv	1	0			
		Miscellaneou		Business Code				
	11a	ICPTR INTELL PROPERTY	ECTUAL	611420	463,755			463,7
	b	MISCELLANEO	ous	900099	594,308			594,3
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		1.050.000			
	12	Total revenue	See Instructions .	🕨	1,058,063			1
					377,848,985	363,011,671		1,058,00

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 4.081.999 3,767,174 314,825 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 207,970,611 Other salaries and wages 180,432,658 26,560,207 977,746 Pension plan accruals and contributions (include section 401(k) 8,584,007 6,787,158 1,734,499 and 403(b) employer contributions) 62,350 39,055,660 Other employee benefits 34,613,112 4,296,836 145,712 10 15,272,151 2,070,340 13,116,340 85,471 11 Fees for services (non-employees) O Management 238,195 50,117 188,078 Legal Accounting 416,004 225,304 190,700 0 0 Professional fundraising services See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 30,778,193 29,791,598 815,712 170,883 Schedule O) Advertising and promotion . . 256,749 12 121,629 123,267 11,853 13 Office expenses . . . 21,660,574 20,427,390 964,582 268,602 957,394 370,095 14 Information technology . . 1,327,489 15 Royalties . 24,138,492 100,985 16 Occupancy 20,724,892 3,312,615 **17** 2,155,061 1,646,073 499,372 Travel 9,616 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 153,737 55,597 83,367 14,773 20 Interest 3,285,423 3,285,423 Payments to affiliates 21 O 11,229,041 22 Depreciation, depletion, and amortization . 9,469,021 1,752,290 7,730 23 2,699,260 2,528,509 170,997 -246 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2,100,305 a BAD DEBT 2,100,305 GIFTS IN KIND OFFSET 969,985 969,985 CONTINUING CARE -3,012,000 -3,012,000 d EXTINGUISHMENT OF DEBT 706,000 706,000 e All other expenses Total functional expenses. Add lines 1 through 24e 25 374.066.936 328,008,505 43.888.131 2,170,300 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	9,747,000	2	3,476,000
	3	Pledges and grants receivable, net	9,028,000	3	6,448,000
	4	Accounts receivable, net	43,934,000	4	47,459,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			0	5	0
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets			0	6	0
8	7	Notes and loans receivable, net	0	7	0
4	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	3,556,000	9	7,859,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 306,215,000			
	ь	Less accumulated depreciation 10b 200,400,000	107,164,000	10 c	105,815,000
	11	Investments—publicly traded securities	15,666,000	11	9,604,000
	12	Investments—other securities See Part IV, line 11	2,082,000	12	2,082,000
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	2,369,000	15	1,459,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	193,546,000	16	184,202,000
	17	Accounts payable and accrued expenses	55,987,660	17	57,730,000
	18	Grants payable	0	18	0
	19	Deferred revenue	8,481,000	19	7,819,000
	20	Tax-exempt bond liabilities	52,210,000	20	47,388,000
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
iak		persons Complete Part II of Schedule L	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	7,955,000	23	8,414,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	27,746,340	25	25,068,000
	26	D	152,380,000	26	146,419,000
—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	102,000,000	20	110,110,000
ă	27	Unrestricted net assets	23,537,000	27	23,828,000
<u>8</u>	28	Temporarily restricted net assets	17,629,000	28	13,955,000
<u>-</u>	29	Permanently restricted net assets	0	29	0
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
35	32	Retained earnings, endowment, accumulated income, or other funds		32	
7 7	33	Total net assets or fund balances	41,166,000	33	37,783,000
Net	34	Total liabilities and net assets/fund balances	193,546,000		
)4	rotal navincies and net assets/junia valances	193,546,000	34	184,202,000

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		377,8	348,985
2	Total expenses (must equal Part IX, column (A), line 25)	2		374,0	066,936
3	Revenue less expenses Subtract line 2 from line 1	3			82,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			166,000
5	Net unrealized gains (losses) on investments	5			321,000
6	Donated services and use of facilities	6			, , , , , ,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-6.8	344,049
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			783,000
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b	Yes	

Software ID: Software Version:

EIN: 23-1390618

Name: Devereux Foundation

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	ıste	ees,	, Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	not one on i r an trust	box s bo d a tee)	th	T	(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Samuel G Coppersmith Chairman	5 0 2 0	Х		Х				0	0	0
Francis Genuardi Vice Chairman	5 0 2 0	x		х				0	0	0
Thomas Hays Vice Chairman	5 0 2 0	х		х				0	0	0
Tamı Benton MD Trustee	2 0 2 0	х						0	0	0
Christopher D Butler Vice Chairman	5 0 2 0	х		х				0	0	0
Robert D Ellis Trustee	2 0 2 0	х						0	0	0
Elva Ferrarı-Graham Trustee	2 0 5 0	х						0	0	0
Robert Gottlieb Trustee	2 0 2 0	х						0	0	0
John R Gunn Trustee	2 0 2 0	х						0	0	0
Peter R Haje Trustee	2 0 2 0	х						0	0	0
Howard Hassman DO Trustee	2 0 2 0	х						0	0	0
John Lowery Trustee	2 0 2 0	х						0	0	0
Alba E Martinez Trustee	2 0 2 0	x						0	0	0
James H Schwab Trustee	2 0 2 0	x						0	0	0
I Steven Udvarhelyı MD Trustee	2 0 2 0	x						0	0	0
K Lisa Yang Trustee	2 0 2 0	х						0	0	0
Robert Q Kreider President and CEO	58 0 5 0	х		х				596,882	0	82,396
Margaret M McGill Sr VP and COO	55 0 5 0			Х				333,053	0	61,939
Robert C Dunne Sr VP and CFO	55 0 5 0			Х				275,349	0	54,528
Marilyn Benoit MD Sr VP and CCO	55 0 0 0			Х				326,503	0	18,340
Dolores McLaughlin Sr VP Genl Counsel and Secy	55 0 5 0			х				268,734	0	50,491
Sarah E Lenahan VP of Ops and Org Development	55 0 0 0			х				231,503	0	40,061
L Gail Atkinson VP of Operations	55 0 3 0			х				244,852	0	20,380
Timothy Dillon VP of HR	55 0 0 0			х				198,834	0	21,697
Martha Lindsay VP Product Development	55 0 0 0			x				202,132	0	14,656

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 (list any hours for related organizations below dotted line)	Positio more unless an o	than	o not n one son is er and trust	box, s bot d a tee)	th	Former	(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
Lawrence W Williams VP Compliance and Admin	55 0		H	x		<u>e</u>		194,417	0	18,968
Leah Yaw VP of Development	2 0 55 0 0 0			х	Г			181,118	0	16,763
David A Griffith Controller	55 0 0 0			х				15,577	0	2
Roberta M Lewis Assistant Secretary	55 0 0 0			х				90,185	0	12,794
Stanley J Kopala thru 7112012 Treasurer	55 0 2 0			х				104,540	0	2,194
Steven Murphy Executive Director FL	55 0 0 0				х			203,722	0	28,265
Carol Oliver Executive Director PA	55 0 0 0				х			222,239	0	33,126
John OKeefe Executive Director NY	55 0 0 0				х			199,097	0	18,024
Tılden Reeder Psychiatrist ————————————————————————————————————	80 0					х		414,963	0	23,036
Imran Posner Psychiatrist	55 0 0 0					х		298,618	0	11,155
Jacqueline Zavodnick Medical Services Director	55 0 0 0					х		256,495	0	25,910
Emilio Roig Medical Services Director	55 0 0 0					х		258,817	0	26,655
Robert Handler Medical Services Director	55 0 0 0					х		251,572	0	26,083
Elizabeth Chadwick Resigned SR VP OF EXTERNAL AFFAIRS	0 0						x	155,690	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129022514

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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.

Inspection

Dever	eux Fo	undation											
Do		D	f D	hlia Chauitu. Cta	**** / A II				23-13906				
	rt I			Iblic Charity Sta te foundation becaus						nstruc	tions.		
1 ne c	n gaill			ion of churches, or a									
	<u> </u>		•	•				ection 170(i	b)(1)(A)(I).				
2	<u> </u>			d in section 170(b)(1			•	170/L\(1\	(A)(:::)				
3	_			perative hospital se						41/81/	(:::\		
4				h organization opera ity, and state	tea in conjun	iction with a	nospitai des	cribed in se c	ction 170(D)(1)(A)((III). Ent	ertne	
5	Г			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit	describ	ed in	
	•	_	•	(A)(iv). (Complete P	=		,	,	J				
6	Г			local government o	*	tal unit desc	rıbed ın sect i	ion 170(b)(1	L)(A)(v).				
7				at normally receives						rom the	e genera	ıl public	c
	_	describ	oed in sectio	on 170(b)(1)(A)(vi).	(Complete F	Part II)		_			_	·	
8	<u> </u>		-	described in section			-						
9				at normally receives									SS
				rities related to its e									
				oss investment inco						tax) fro	om busi	nesses	
	_	-	-	ganızatıon after June	-			•					
10	<u> </u>	_		ganızed and operated									
11	ļ			ganized and operated									
				ly supported organız ıbes the type of supp						ee sec	tion 509	(a)(3).	CHECK
				b						on-fund	ctionally	ıntegr	ated
e	\sqcap	By che	cking this b	ox, I certify that the	organization	ıs not conti	rolled directly	or indirect	ly by one or r	nore di	squalific	ed pers	ons
				ion managers and ot	her than one	or more pub	olicly support	ed organizat	tions describ	ed in s	ection 5	09(a)(1)or
f			1 509(a)(2)	received a written de	etermination	from the IR	Sthatitisa	Tyna I Tyn	e II or Type	III eu	nnortino	organi	zation
•			this box	received a written d	cccimination	nom the 10	S that it is a	1 9 0 2 1 , 1 9 0	c II, or Type	111 34	pporting	organi	<u> </u>
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the				
			ng persons?		antrole outh	ar alana ari	togothor with	narcana da	sambadın (u)			74	
				rectly or indirectly o	•		_	persons de	scribed in (ii))	11-(:)	Yes	No
				governing body of the er of a person descr		_	11 7				11g(i)		No No
				lled entity of a perso			ahovo?				11g(ii 11g(iii		No
h				ng information about							119(11	<u>/ </u>	1 110
••		TTOVICE	circ ionown	ng mormation about	the support	ca organizat	.1011(3)						
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the		(vii) Ar	nount of
•	suppo			organization	organizati		the organi		organizat				etary
OI	rganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org			sup	port
				lines 1- 9 above or IRC section	your gove docume		suppor	t?	in the U	5 7			
				(see	docume	110.							
				instructions))	Yes	No	Yes	No	Yes	No			
					162	140	1 65	140	1 65	INO			
							<u> </u>						

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,861,907	16,652,524	10,965,472	12,757,497	12,166,7	53 64,404,153
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	351,899,649	359,419,747	364,255,600	363,886,142	359,727,2	86 1,799,188,424
3	purpose Gross receipts from activities that are not an unrelated trade or						C
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its						(
5	behalf The value of services or facilities furnished by a governmental unit to the organization without						(
	charge	262 764 556	276 072 274	275 224 672	276 642 620	274 004 0	20 4 062 502 57
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified	363,761,556	376,072,271	375,221,072	376,643,639	371,894,0	39 1,863,592,577 C
b	persons 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						C
8	Public support (Subtract line 7c from line 6)						1,863,592,577
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	363,761,556	376,072,271	375,221,072	376,643,639	371,894,0	39 1,863,592,577
.0a	Gross income from interest,					· · ·	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,163,299	998,290	4,462,254	2,747,858	3,747,3	50 13,119,051
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						C
С	Add lines 10a and 10b	1,163,299	998,290	4,462,254	2,747,858	3,747,3	50 13,119,051
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						C
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,718,619	1,170,189	1,775,122	1,627,439	2,207,5	96 18,498,965
13	Total support. (Add lines 9, 10c, 11, and 12)	376,643,474	378,240,750	381,458,448	381,018,936	377,848,9	1,895,210,593
14	First five years. If the Form 990 is check this box and stop here	s for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) or	ganization,
Se	ction C. Computation of Pu						
15	Public support percentage for 201			13, column (f))		15	98 332 %
16	Public support percentage from 20	011 Schedule A , F	Part III, line 15			16	0 %
	ction D. Computation of In						
17	Investment income percentage fo				ın (f))	17	0 692 %
18	Investment income percentage fro				l	18	0 %
19a	33 1/3% support tests—2012. If the more than 33 1/3%, check this box						ınd line 17 is not ►✓

33 1/3% support tests—2011. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	prm 990 or 990-EZ) 2012 Page	4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	_
		_
	Explanation	
Children's Beh	avıor Health Center 655 Sugartown Road Malvern, PA 19355	

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493129022514

OMB No 1545-0047

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.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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-FZ, Part V. line 35c (Proxy Tax), then

	me of the organization ereux Foundation			Employer ide	ntification number
Dev	ereux Foundation			23-139061	3
ar	t I-A Complete if the or	ganization is exempt under	section 501(
1	Provide a description of the or	ganızatıon's dırect and ındırect polıt	ıcal campaıgn act	civities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
	A.T. D. Commission of the com			-1/21	
		ganization is exempt under e tax incurred by the organization u	_		
1 2	•	•			\$
	•	e tax incurred by organization mana	_	114933	\$
3		section 4955 tax, did it file Form 47	20 for this year?		
4a	Was a correction made?				Yes No
b Date	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) except section 5	01(c)(3)
1	•	ended by the filing organization for s		•	<u> </u>
- 2		organization's funds contributed to o			ዋ
_	exempt function activities	organization s funds contributed to t	other organization	3 101 3 ection 327	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file i	Form 1120-POL for this year?			Yes
5	organization made payments amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the ganization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received
			- 1		1

section 4911 tax for this year?

┌ Yes ┌ No

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	97,411	
c	Total lobbying expenditures (add lines 1a and 1i	o)	97,411	
d	Other exempt purpose expenditures		326,699,774	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	326,797,185	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
	Subtract line 1f from line 1c If zero or less, ente			
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ 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 Expend	litures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	249,284	213,285	138,386	97,411	698,366
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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					
а	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?					
е	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	O ther activities?					
j	Total Add lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493129022514

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

Name of the orga		Employer identification number					
Devereux Foundation	П		23-1390618				
	anizations Maintaining Donor Adv						
0. g u		(a) Donor advised funds		(b) Funds and other accounts			
Total number	r at end of year						
Aggregate co	ontributions to (during year)						
Aggregate gr	rants from (during year)						
Aggregate va	alue at end of year						
	nization inform all donors and donor adviso e organization's property, subject to the or		nor advi	rsed Tyes TNo			
used only fo	nization inform all grantees, donors, and don r charitable purposes and not for the benef npermissible private benefit?	_					
art III Cons	servation Easements. Complete ıf	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.			
☐ Preserva☐ Protectio	of conservation easements held by the org ation of land for public use (e g , recreation on of natural habitat ation of open space nes 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	ically important land area d historic structure n of a conservation			
	n the last day of the tax year	·					
				Held at the End of the Year			
	er of conservation easements		2a				
_	ge restricted by conservation easements		2b				
	onservation easements on a certified histo	• •	2c				
	onservation easements included in (c) acq cture listed in the National Register	uired after 8/17/06, and not on a	2d				
Number of c	onservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during			
the tax year	-						
Number of st	tates where property subject to conservat	ion easement is located 🛌					
	ganization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and Yes No			
Staff and vol	lunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments c	during the year			
	xpenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durınç	g the year			
	conservation easement reported on line 2(o 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)			
balance she the organiza	, describe how the organization reports cor et, and include, if applicable, the text of the tion's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes			
	anizations Maintaining Collection plete if the organization answered "Y		or Otl	her Similar Assets.			
If the organı works of art,	zation elected, as permitted under SFAS 1 historical treasures, or other similar asse vide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	arch in furtherance of public			
If the organi works of art,	zation elected, as permitted under SFAS 1 historical treasures, or other similar asse vide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	nent and balance sheet			
(i) Revenue	s included in Form 990, Part VIII, line 1			► \$			
(ii) Assets II	ncluded in Form 990, Part X			► \$			
If the organı	zation received or held works of art, histor ounts required to be reported under SFAS						
Revenues in	cluded in Form 990, Part VIII, line 1			► \$			
• Assets inclu	ıded ın Form 990, Part X			▶ \$			

Par	Organizations Maintaining Co	illections of Ar	t, HIS	storical	l Ir	easures, or C	tne	<u>r Similar As</u>	sets (co	ntinued)		
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cł	heck any	of t	he following that	are a	significant use	of its			
а	Public exhibition		d	┌ Lo	an	or exchange prog	rams					
b	Scholarly research		e	Γ 0	ther							
С	Preservation for future generations											
4	Provide a description of the organization's c Part XIII	ollections and expl	aın hov	w they fu	rthe	r the organizatior	ı's ex	cempt purpose ı	n			
5	During the year, did the organization solicit	or receive donation	s of ar	rt, hıstorı	cal	treasures or othe	rsım	nılar				
	assets to be sold to raise funds rather than	to be maintained as	part	of the org	ganı	zatıon's collectıor	٦?		Yes	│ No		
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 9	90,			
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or other ass	ets		Yes	┌ No		
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing tabl	е	г						
						-		An	nount			
с	Beginning balance					-	1c					
d	Additions during the year					-	1d					
e	Distributions during the year					-	1e					
f	Ending balance					L	1f		_			
2a	Did the organization include an amount on Form 990, Part X, line 21?											
ь	If "Yes," explain the arrangement in Part XII									J		
Pa	rt V Endowment Funds. Complete				_		_		(-\F	ll-		
1a	Beginning of year balance	(a)Current year 98,482,000	(b)	Prior year 104,531,	$\overline{}$	b (c) Two years back 93,604,000	+	76,559,000	(e) Four ye	01,258,000		
ь	Contributions	3,231,190		101,331,	000	33,001,000	1	6,260,000		3,367,000		
c	Net investment earnings, gains, and losses	3,231,130						3,230,000		3,307,000		
		11,128,356		-137,	624	20,293,000	<u> </u>	10,785,000	-2	28,066,000		
d	Grants or scholarships											
е	e Other expenditures for facilities and programs											
f	Administrative expenses			111,	424	116,000						
g	End of year balance	111,692,001		98,482,	000	104,531,000		93,604,000	-	6,559,000		
2	Provide the estimated percentage of the cur	rent vear end balan	ice (lir	ne 1 a. co	lum	n (a)) held as	<u> </u>					
a	Board designated or quasi-endowment	96 000 %		,		(4), 45						
b	Permanent endowment - 4 000 %											
	r eimanent endownent F											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse		zation	that are	helo	l and administere	d for	the				
	organization by								Yes	No		
	(i) unrelated organizations						•	3a(No		
	(ii) related organizations						•	<u>3a(</u>	_	<u> </u>		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco						•	3t	Yes	<u> </u>		
	t VI Land, Buildings, and Equipme					0						
	Description of property	circ. See roini 5.	<i>5</i> 0, 1 c	(a) Cos	t or c	ther (b)Cost or ot	her	(c) Accumulated	(d) Bo	ok value		
				basis (in	vestr	nent) basis (othe	r)	depreciation				
	Land					6,145	.130			6,145,130		
	Buildings					97,779		54,120,691		3,658,970		
	Leasehold improvements					171,585		125,705,401	1	5,879,871		
	Equipment					<u> </u>		<u> </u>				
е	Other					30,704	,937	20,573,908	3 1	0,131,029		
	II. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (B)	line	10(c))			10	5,815,000		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must 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		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990. Part X. col (B) line 13)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
ESTIMATED 3RD PARTY PAYOR SETT	11,117,000		
CONTINUING CARE OBLIGATION	6 ,5 5 4 ,0 0 0		
CLIENT FUNDS ON DEPOSIT	1,716,000		
LOAN FROM HELENA DEV	4,098,000		
OTHER	1,583,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	25,068,000		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex			

	·		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	376,663,000
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	376,663,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	1,185,985
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	377,848,985
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	376,109,000
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,042,064
3	Subtract line 2e from line 1	3	374,066,936
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	374,066,936

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation					
Schedule D Part V Line 4	Endowment Funds	The endowment funds are held by a related non-profit organization, Helena Devereux Foundation (HDF) 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 \$109,692,000. Endowment funds are used to support. Devereux's programs through the implementation of a spending rule, which currently calls for an annual distribution equal to 5% of the average endowment balance over the last 3 years.					
Schedule D Part XII	Reconciliation of Revenue per Audited Finl Stmts with Revenue per Return	Other Temporarily Restricted Gifts \$ 3,228,000 Continuing Care (3,012,000) Gifts in Kind Offset 969,985 \$ 1,185,985					
Schedule D Part XIII	Reconciliation of Expenses per Audited Finl Stmts with Expenses per Return	Gifts in kind \$(969,985) Continuing Care 3,012,000 Rounding 49 \$ 2,042,064					

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OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Devereux Foundation

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

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

Open to Public Inspection

Employer identification number

					23-1390618							
Part I Fundraising Act	i vities. Complete	If the o	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.						
1 Indicate whether the organi	zation raised funds	through a	ny of the i	following activities Che	eck all that apply							
a Mail solicitations			e									
b Internet and email solid	citations	f Solicitation of government grants										
c Phone solicitations			g									
d In-person solicitations				, -,	y							
2a Did the organization have a or key employees listed in l						Γ Yes Γ No						
b If "Yes," list the ten highest to be compensated at least			undraisei	rs) pursuant to agreeme	ents under which the fu	ndraiser is						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization						
		Yes	No									
-												
_												
 Total			▶									
3 List all states in which the dicensing	organization is regis	tered or lı	censed to	ı o solicit funds or has be	I en notified it is exempt	from registration or						

Pa	rt II	more than \$15,000 of fundr	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
			(a) Event #1 100th ANIV GALA (event type)	(b) Event #2 PA GOLF OUTING (event type)	(c) Other events 18 (total number)	(d) Total events (add col (a) through col (c))								
置	1	Gross receipts	931,705	222,026	1,228,512	2,382,243								
Revenue	2	Less Contributions	185,417	35,187	66,969	287,573								
<u>~</u>	3	Gross income (line 1 minus line 2)	746,288	186,839	1,161,543	2,094,670								
	4	Cash prizes	0	0	450	450								
မှာ	5	Noncash prizes	5,450	3,470	29,425	38,345								
Expenses	6	Rent/facility costs	122,775	53,895	37,325	213,995								
ă	7	Food and beverages .	161,779	27,674	110,800	300,253								
Direct	8	Entertainment	13,500	0	25,650	39,150								
à	9	Other direct expenses .	312,176	15,048	113,941	441,165								
	10	(1,033,358)												
	11	Net income summary Combine li	ne 3, column (d), and line	10	•	1,061,312								
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than								
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))								
		Gross revenue												
Expenses	2	Cash prizes												
X De	3	Non-cash prizes												
	4	Rent/facility costs												
Direct	5	Other direct expenses												
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No									
		Direct expense summary Add line												
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ▶</u>									
9 a b	Ist	er the state(s) in which the organizathe organization licensed to operate	gaming activities in each	of these states?										
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?									

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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OMB No 1545-0047

Open to Public

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Devereux Foundation

Name of the organization

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

Hospitals

Inspection Employer identification number

23-1390618

Dэ	rt II Financial Ass	istance an	d Cortain (Other Community I		3-1390010				
ΡŒ	rillanciai ASS	istance and	u Certain (Other Community I	benefits at Cost			Yes	No	
1a	Did the organization have	e a financial as	ssistance pol	icy during the tax vear?	' If "No," skip to auesti	on 6a I	1a	Yes		
	If "Yes," was it a written							†		
	If the organization had m					onlication of the	1b	Yes		
2	financial assistance police	y to its variou	ıs hospıtal fa	cilities during the tax ye	ear					
	Applied uniformly to a Generally tailored to				nly to most hospital fac	cilities				
3	Answer the following base organization's patients de			nce eligibility criteria th	at applied to the larges	t number of the				
а	Did the organization use If "Yes," indicate which o					providing <i>free</i> care?	За	Yes		
「 100%										
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care										
	▼ 200% □ 250% □						3b	Yes		
c	If the organization used f	actors other t	han FPG in d	etermining eligibility, de	scribe in Part VI the ir	come based				
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?										
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?										
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5										
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?									No_	
					· · · · · ·		6a		No	
D	If "Yes," did the organiza			·			6b			
	Complete the following ta worksheets with the Sche		worksneets p	provided in the Schedule	H INSTRUCTIONS DO NOT	submit these				
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	ost					
	ancial Assistance and Means-Tested evernment Programs	(a) Number of activities or programs		(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense		(f) Perce otal exp		
a	Financial Assistance at cost	(optional)		36.666		35	666			
b	(from Worksheet 1) Medicaid (from Worksheet 3, column a)			36,666 5,544,788	4,938,090	36, ₁ 606,	\neg			
С	Costs of other means-tested government programs (from			5,2 ,. 60	.,,,,,,,,,,	230)				
d	Worksheet 3, column b) Total Financial Assistance						+			
	and Means-Tested Government Programs Other Benefits			5,581,454	4,938,090	643,:	364			
е	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)									
ı	Cash and in-kind contributions for community benefit (from Worksheet 8)									
j k	Total Other Benefits			5 581 454	4 938 090	643	364			

Pa	rt II Community Building activities during the of the communities in	tax year, an t serves.	d describe in	Part VI how its	commun	ity bu	ııldıng		oted	the he	alth
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue		(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
6	for community members Coalition building								_		
7	Community health improvement										
8	advocacy										
9	Workforce development Other										
0	Total										
	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	es	'			•			
ect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bac Statement No 15?	d debt expense		e with Heathcare Fi	nancıal M	anage	ment A	ssociation	1	Yes	
2	Enter the amount of the organi	ızatıon's bad d	ebt expense E		ie .	•	İ				
	methodology used by the orga	nızatıon to est	imate this amo	unt		2		27,600			
3	Enter the estimated amount of patients eligible under the org	•		•							
	the methodology used by the										
	any, for including this portion of	of bad debt as	community ber	nefit		3		48,000			
4	Provide in Part VI the text of to or the page number on which t		_				rıbes b	ad debt expense			
ect	ion B. Medicare										
5	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5					
6	Enter Medicare allowable cost	s of care relat	ing to payment	s on line 5		6					
7	Subtract line 6 from line 5 Th	•	,			7					
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source								
	Cost accounting system	Γc。	st to charge ra	tio Г	O ther						
ect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy di	uring the tax year?					9a		
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part V	ection practice	s to be followe	d for patients who a	are known	to qua	alify for	financial	9b		
Pa	t IV Management Comp	anies and 3	loint Ventur	es (owned 10% or more b	y officers, dire	ctors, t	ustees, ke	ey employees, and physici	ans—se	e instruct	ions)
	(a) Name of entity	(t	 Description of pi activity of entit 		(c) Organiz profit % o ownersh	r stock		d) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	e) Physic Ifit % or wnershi	stock
. NA											
2											
3											
1							+				
5											
5											
7		1					\top				
3											
•											
LO							\top				
l 1											
L2											
1 2									1		

Part V	Part V Facility Information												
Section	n A. Hospital Facilities	Licensed	General	Children's	Teaching	Critical	Resea	ER-24 houre	ER-other				
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?		sed hospital	al medical & surgical	en's hospital	ing hospital	access hospital	Research facility	hours	her				
Name, address, and primary website address			2							Other (Describe)	Facility reporting group		
1	Children's Behavioral Health Center 655 Sugartown Road Malvern,PA 19355 www.devereux.org	х		x						Inpatient Psych			
-													
-													
				1			l						

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section B. Facility Policies and Practices

 $(Complete\ a\ separate\ Section\ B\ for\ each\ of\ the\ hospital\ facilities\ or\ facility\ reporting\ groups\ listed\ in\ Part\ V\ ,\ Section\ A\)$

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

	Ciliarens Benavioral freath Center
Name of hospital facility or facility reporting group	

		_	Yes	No
Con	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			
	health needs assessment (CHNA)? If "No," skip to line 9	1		Νo
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
С	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
i	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community			
	served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in			
	Part VI how the hospital facility took into account input from persons who represent the community, and identify the	3		
4	persons the hospital facility consulted			
	facilities in Part VI	4		
5				
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website			
b	A vailable upon request from the hospital facility			
c	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	Execution of the implementation strategy			
c	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
e	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		}
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			
	required by section 501(r)(3)?	8a		<u> </u>
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		<u> </u>
C	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its			
	hospital facilities? \$			

Part V Facility Information (continued)				
	nancial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	l0 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>fre</i> e care?		Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
11	If "No," explain in Part VI the criteria the hospital facility used		\ , ₋ -	
-11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
	If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12		No
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	Income level			
b	Asset level			
c	Medical indigency			
d	Insurance status			
е	Uninsured discount			
f	Medicaid/Medicare			
g	State regulation			
h	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	14		Νo
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
C	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	The policy was posted in the hospital facility's admissions offices			
е	lacksquare The policy was provided, in writing, to patients on admission to the hospital facility			
f	The policy was available upon request			
g	Other (describe in Part VI)			
	ling and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	15		No
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?			110
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
а	Reporting to credit agency			
b	Lawsuits			
C	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
а	Reporting to credit agency			
b	<u>-</u>			
c	Liens on residences			
d	Body attachments			
	C Other similar actions (describe in Part VI)	I		1

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ď	racinty information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
d	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
е	O ther (describe in Part VI)			
Pol	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19		Νo
	If "No," indicate why			
	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- eligible individuals for emergency or other medically necessary care			
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		Yes	
	If "Yes," explain in Part VI			

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Ρ	а	a	e

Part V	Facility	Information	(continued

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health	care facilities did the organization operate during the tax year?
16	

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V. Section B
- 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 financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.)
- **Affiliated health care system.** 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 communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
Schedule H Part VI	Description of Facility	Devereux operates the Children's Behavioral Health Center in Malvern, PA, a 49-bed private psychiatric facility that provides care to children and adolescents ages 4 - 17
Schedule H Part I	Charity Care and Certain Other Community Benefits	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 based on established written policies. Charity services are defined as those for which no payment is anticipated. In assessing a client's ability to pay, Devereux uses federal poverty income levels, but also includes cases where incurred charges are significant relative to income. 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 is also reported 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 \$15,909,000 and \$16,349,000 in 2013 and 2012, respectively.

Identifier	ReturnReference	Explanation						
Schedule H Part I	Community Benefits	Devereux also provides a variety of services and benefits within the communities in which it operates, for which no compensation is received. The cost of these services has not been quantified and, therefore, is not included in the charity care amounts listed above. Devereux has not provided a separate Community Health Needs Assessment since we are not a community-based hospital. Rather, our hospital serves a specialized population and referrals come from wide geographic areas, including other states. Many of those admissions are from Devereux's own residential treatment programs in situations where a particular child in treatment decompensates and/or needs a more intensive environment for a specified period of time.						
Schedule H Part V 15e	Billing and Collections	When all efforts at collections fail, Devereux may refer the outstanding bill to a third party for collection						

Identifier	ReturnReference	Explanation
Schedule H Part V 17	Policy Relating to Emergency Medical Care	Devereux facilities do not operate emergency rooms Nearly all of Devereux's clients come by way of referral
Schedule H Part V	Charges for Medical Care	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.

Identifier	ReturnReference	Explanation
Schedule H Part V 21	Charges for Medical Care	Devereux has a number of private pay clients who pay the standard rate for care
Schedule H Part V 16e	IBIIIII alia Collection	When all efforts at collections fail, Devereux may refer the outstanding bill to a third party for collection

Software ID: Software Version:

EIN: 23-1390618

Name: Devereux Foundation

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

16

e and address	Type of Facility (describe)
Devereux Florida Treatment Network 5850 TG Lee Blvd Ste 400 Orlando,FL 32822	Residential and outpatient treatment Group homes Fost care
Devereux Adult Services 139 Leopard Road Berwyn, PA 19312	Residential and outpatient treatment Group homes Fost care
Devereux New Jersey 2866 Mantua Grove Rd Bldg 4 West Deptford,NJ 08066	Residential and outpatient treatment Group homes Fost care
Devereux New York 40 Devereux Way Red Hook, NY 12571	Residential and outpatient treatment Group homes Fost care
Children's IDD Services 390 E Boot Rd West Chester, PA 19380	Residential and outpatient treatment Group homes Fost care
Childrens Behavioral Health Services Devereux Drive Glenmoore, PA 19343	Residential and outpatient treatment Group homes Fost care
Devereux Texas Treatment Network Houston Ctr 1150 Devereux Dr Leabue City, TX 77573	Residential and outpatient treatment Group homes Fost care
Devereux MA Residential Treatment Ctr 60 Miles Rd PO Box 219 Rutland, MA 01543	Residential and outpatient treatment Group homes Fost care
Devereux AZ Raskın Treatment Network 11000 N Scottsdale Rd Ste 260 Scottsdale, AZ 85254	Residential and outpatient treatment Group homes Fost care
Devereux Georgia 1291 Stanley Rd Kennesaw, GA 30144	Residential and outpatient treatment Group homes Fost care
Devereux Texas Victoria Center 120 David Wade Dr Victoria, TX 77905	Residential and outpatient treatment Group homes Fost care
Devereux Pocono Center 1547 Mill Creek Rd Newfoundland, PA 18445	Residential and outpatient treatment Group homes Fost care
Devereux Glenholme School 81 Sabbaday La Washington, CT 06793	Residential and outpatient treatment Group homes Fost care
Devereux Santa Barbara 6980 Falberg Way Goleta, CA 93117	Residential and outpatient treatment Group homes Fost care
Devereux Mapleton 655 Sugartown Road Box 275 Malvern, PA 19355	Residential and outpatient treatment Group homes Fost care
Devereux Stone and Gable 228 Highland Ave Devon, PA 19333	Residential and outpatient treatment Group homes Fost care

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DLN: 93493129022514

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Devereux Foundation

Employer identification number

23-1390618

Pa	It I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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			
	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 or provision of all of 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		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ 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			
а	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?	4 c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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 duplicate copies if additional space is 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)		
See Additional Data Table								

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 23-1390618

Name: Devereux Foundation

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Robert Q Kreider	(I) (II)		159,600 0	3,434	78,820 0	3,576 0	679,278 0	0
Margaret M McGill	(I) (II)		61,400	7,883	55,900 0	6,039 0	394,992 0	0
Robert C Dunne	(I) (II)		50,600 0	2,436	46,825 0	7,703 0	329,877 0	0
Marilyn Benoit MD	(1)) 278,770) 0	43,000	4,733	17,472	868	344,843	0
Dolores McLaughlin	(1)		49,300	2,668	44,856	5,635	319,225	0
Sarah E Lenahan	(1)		21,100	3,215	35,569 0	4,492	271,564	0
L Gail Atkinson	(1)		36,800	5,743	16,692 0	3,688	265,232	0
Timothy Dillon	(1)		31,000	524	13,385	8,312	220,531	0
Martha Lindsay	(1)) 169,845) 0	30,600	1,687	10,191	4,465	216,788	0
Lawrence W Williams	(1)		30,700	1,411	12,985	5,983	213,385	0
Leah Yaw	(1)		30,000	162	12,369	4,394 0	197,881	0
Steven Murphy	(1)		21,501	1,424	27,350 0	915 0	231,987	0
Carol Oliver	(1)		27,724	2,932	27,072 0	6,054 0	255,365	0
John O Keefe	(1)) 165,727) 0	31,961	1,409	14,378 0	3,646	217,121	0
Tilden Reeder	(1)		141,462	1,424	20,000	6,036	440,999	0
Imran Posner	(1)	235,324	63,150	144	7,492	3,663	309,773	0
Jacqueline Zavodnick	(1)		0 0	1,219	20,000	5,910 0	282,405	0
Emilio Roig	(1)		29,377	1,468	18,238	8,417 0	285,472	0
Robert Handler	(1)	250,384	0 0	1,188	20,000	6,083	277,655	0
Elizabeth Chadwick Resigned	(1)	0 0	1	1	0	0	155,690	155,690

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DLN: 93493129022514 OMB No 1545-0047

2012

Open to Public

Inspection

Schedule K (Form 990)

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 Part VI. ► Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	ereux Foundation									""	oloyer iu	entince	ation nui	ibei	
										23-	-13906	18			
Pa	rt I Bond Issues									<u> </u>					
										(g) Defeased					Pool
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pr	ice	(f	(f) Description of purpose		(g) Deleased			issuer finar		ncing
										Yes	No	Yes	No	Yes	No
	Chester Co Health and Education Facility Auth	23-2265260	165579EL3	06-15-2006	29,240		lant i efund	t improvement/advance nd			x		x		х
Pai	TEIII Proceeds														
					Α.			E	3		С			D	
1	A mount of bonds retired						0								
2	A mount of bonds legally defeased						0								
3	Total proceeds of issue				2	9,240,	000								
4	Gross proceeds in reserve funds					2,081,	887								
5	Capitalized interest from proceeds					88,	681								
6	Proceeds in refunding escrows					0									
7	Issuance costs from proceeds				402,	126									
8	Credit enhancement from pro	ceeds				0									
9	Working capital expenditures	from proceeds				2,117,699									
10	Capital expenditures from pro	oceeds			13,998,684										
11	Other spent proceeds					0									
12	O ther unspent proceeds						0								
13	Year of substantial completio	on			201	L O			-						
					Yes	No		Yes	No	Yes	N	ю	Yes		No
14	Were the bonds issued as pai	rt of a current refund	ding issue?			Х									
15	Were the bonds issued as pai	rt of an advance refu	ındıng ıssue?		Х										
16	Has the final allocation of pro	oceeds been made?			Х										
17	Does the organization mainta allocation of proceeds?	ain adequate books a	and records to supp	port the final	×										
Par	t IIII Private Business (Use													
					A			В		<u> </u>			D		
i					Yes	No		Yes	No	Yes	N	О	Yes	$-\!\!\!\!+$	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		•							
				A		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0 00000%		%		%		%
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe $501(c)(3)$ organization, or a state or local government			0 00000%		%		%		%
6	Total of lines 4 and 5			0 00000%		%		%	o l	
7	Does the bond issue meet the private security or payment test?			×						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?			х						
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		х							
Dar	t IV Arbitrage			1						
Fai	Aibitiage	Α .			В		С		D	
		Yes	No	Yes	No	Yes	;	No	Yes	No
1	Has the issuer filed Form 8038-T?	Х								
2	If "No" to line 1, did the following apply?			•		•				
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	1	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		•		•	•	•	-	-		

Part IV Arbitrage (Continued)

Identifier

Return Reference

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х							
Name of provider	Fifth Third Ba	nk						
Term of GIC		25 4						
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		x						
Has the organization established written procedures to monitor the requirements of section 148?	х							
rt V Procedures To Undertake Corrective Action								
	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							
	Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? IT V Procedures To Undertake Corrective Action Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? X Yes Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? TV Procedures To Undertake Corrective Action Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? TV Procedures To Undertake Corrective Action A B Yes No Yes Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Yes No Yes No	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? Trt V Procedures To Undertake Corrective Action A B C Yes No Yes Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if	Yes No Yes Y	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if

Schedule K (Form 990) 2012

Explanation

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(Form 990)

Department of the Treasury

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 Part VI.

► Attach to Form 990.

▶ See separate instructions.

DLN: 93493129022514 OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service Name of the organization Devereux Foundation

Employer identification number 23-1390618

Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (c) CUSIP # (f) Description of purpose (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No Chester Co Health and Educ Facility Auth 2011 Bond 23-2265260 12-15-2011 6,580,000 Refund of 1997 bond Χ Χ Χ Part II **Proceeds** В C D Α Amount of bonds retired 0 Amount of bonds legally defeased 2 Total proceeds of issue 3 6,580,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 0 6 Proceeds in refunding escrows Issuance costs from proceeds 7 123,160 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 11 Other unspent proceeds ol 12 Year of substantial completion 13 2011 No Yes Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15

allocation of proceeds? Part IIII Private Business Use

16

17

		Α		В		С		ı)
		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?		Х						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
For F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	93E			Scl	nedule K (For	m 990) 2012

Χ

Χ

Does the organization maintain adequate books and records to support the final

Has the final allocation of proceeds been made?

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		_							
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
J a	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections		х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und		x							
D	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В		С			
		Yes	No	Yes	No.	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?	X								
2	If "No" to line 1, did the following apply?			<u> </u>			<u> </u>	I		
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	1	•	•	•		
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		•		•						

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A		В		C		l D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?	х							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
P	art VI Supplemental Information. Complete this part to p	rovide additior	ial informati	on for respor	ses to quest	tions on Sche	edule K (see	instructions)).

Schedule K (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

DLN: 93493129022514

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

	ne of the organization								Employer identification number						
Dev	ereux Foundation									23	-13906	518			
P	art I Bond Issues									,					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(f	f) Descriptior	n of purpose	(g) De	feased	beha	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	Chester Co Health and Education Facility Authority	23-2265260		11-01-2012	8,74	4,646	Refur	nd of 2002 bo	ond		х		x		х
Pa	art III Proceeds				_			T							
	A				A B				С		 	D			
	A mount of bonds retired						0	1					<u> </u>		
	A mount of bonds legally defea	<u></u>					0					<u> </u>			
3						8,744							<u> </u>		
4							0	0					<u> </u>		
_5						0									
6							0	'					<u> </u>		
7	Issuance costs from proceeds				95,146					<u> </u>					
8	Credit enhancement from proc						0						<u> </u>		
9	Working capital expenditures	·					0						<u> </u>		
10	Capital expenditures from pro	ceeds					0						<u> </u>		
11	Other spent proceeds						0	1							
12	Other unspent proceeds						0	1							
13	Year of substantial completion	n			20	12		₫.							
					Yes	No	0	Yes	No	Yes	<u> </u>	No	Yes	\perp	No
14	Were the bonds issued as part	t of a current refundi	ing issue?		Х								<u> </u>	\bot	
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х									
16	Has the final allocation of prod	ceeds been made?			Х										
17	Does the organization maintai allocation of proceeds?	ın adequate books a	nd records to supp	ort the final	Х										
Pa	rt IIII Private Business U	Jse						T							
						A	_	B V			<u>c</u>		W	D	
1	Was the organization a partne	r ın a partnership, o	ra member of an Ll	LC, which owned	Yes	No X	_	Yes	No	Yes	<u> </u>	No	Yes	+	No

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)								,	
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government			0%		%		%	,	%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothor (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections		х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unconcept Regulations sections 1 141-12 and 1 145-2?		x							
Do										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?	×								
2	If "No" to line 1, did the following apply?			<u> </u>		<u> </u>		<u> </u>		
a	Rebate not due yet?	_								
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•		•	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		•								

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A	l .	0				י ו	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?								
Pa	rt V Procedures To Undertake Corrective Action								
		Α	1	В	1	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
P	art VI Supplemental Information. Complete this part to p	rovide additior	nal informati	on for respor	nses to ques	tions on Sche	edule K (see	instructions)).

Schedule K (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493129022514

Open to Public

Inspection

2012

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Devereux Foundation

Employer identification number 23-1390618

Bond Issues Part I (h) On (i) Pool (g) Defeased behalf of financing (c) CUSIP # (f) Description of purpose (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No Colorado Health Facilities Authority 84-0752932 11-01-2012 7,053,654 Refund of 2002 bonds Χ Χ Χ

Part II **Proceeds** В C D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 3,197,421 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 0 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 43,312 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 0 11 Other unspent proceeds 0 12 Year of substantial completion

13	Teal of Substantial completion	2012								
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?	Х								
15	Were the bonds issued as part of an advance refunding issue?		Х							
16	Has the final allocation of proceeds been made?	х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х								
Par	Private Business Use									

	1 Titate basiness ese									
-		A		В		c		Г	D	
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×							
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X							
For	or Paperwork Reduction Act Notice, see the Instructions for Form 990.		at No 5019	93E			Sch	nedule K (For	m 990) 2012	

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)								,	
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government			0%		%		%	,	%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections		х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unconcept Regulations sections 1 141-12 and 1 145-2?		x							
Do										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?	×								
2	If "No" to line 1, did the following apply?			<u> </u>		<u> </u>		<u> </u>		
a	Rebate not due yet?	_								
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•		•	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		•								

Part IV Arbitrage (Continued)

Identifier

Return Reference

		A		В		C		l D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?	х							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
P	art VI Supplemental Information. Complete this part to p	rovide additior	ial informati	on for respor	ses to quest	tions on Sche	edule K (see	instructions)).

Schedule K (Form 990) 2012

Explanation

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As Filed Data -

DLN: 93493129022514

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

(a) Name of interested

person

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, line 38a or 40b.

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Devereux Foundation 23-1390618 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(c) A mount of assistance

(b) Relationship between

interested person and the organization

(d) Type of assistance

(e) Purpose of assistance

(3) Alba Martinez Vanguard

Νo

Part IV Business Transactions Involving Interested Person	Part IV	Business	Transactions	Involving	Interested	Persons
---	---------	----------	--------------	-----------	------------	---------

Trustee

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (d) Description of transaction (a) Name of interested person (b) Relationship (c) A mount of (e) Sharing between interested transaction of person and the organization's revenues? organization Yes No (1) Christopher Butler IBC 2,014,146 Employee health benefits Trustee Νo (2) Steven Udvarhelyı MD IBC 2,014,146 Employee health benefits Trustee Νo

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Schedule L	Part IV	Trustee Christopher Butler, formerly a Vice President of Independence Blue Cross (IBC) until June 2010, is a member of their Board, as well as a trustee of Devereux Steven Udvarhelyi, MD, a trustee of Devereux, is the Chief Medical Officer of IBC IBC administers Devereux's self-insured medical plan and was paid total fees of \$2,014,146 Trustee Alba Martinez is an officer of Vanguard, a mutual fund company At June 30, 2013, Devereux held investments of \$1,317,362 in various Vanguard funds Vanguard's investment management fees are incorporated into the net returns of the funds and not paid separately by Devereux

Schedule L (Form 990 or 990-EZ) 2012

0 Investment Management

Services

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DLN: 93493129022514

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Name of the organization Devereux Foundation

Employer identification number

23-1390618

Pa	Types of Prope	rty						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermınıı		:s
1	Art—Works of art	. ×	15		Market Price			
	Art—Historical treasures		13	25,511				
4	Books and publications	×		36,658	Market Price			
5	Clothing and household							
	goods			·	Market Price			
		· · ×	3	2,950	Market Price			
	Boats and planes							
	Intellectual property			150.464	Manda to Donas			
	Securities—Publicly traded		5	158,464	Market Price			—
	Securities—Closely held sto Securities—Partnership, LLO							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	X	1	50,823	Market Price			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	. X	32	-	Market Price			
	Food inventory	X	75	28,418	Market Price			
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts . Personal	• •						
25	Other (Services)	×	70	157.467	Market Price			
	Other ► (Event tickets)	Х	157		Market Price			
	Use of			,				
27	Other► (<u>Property</u>)	X	47	69,037	Market Price			
	Holiday-		26	44 202	Manda to Day			
28	Other (related items)	X	36 531		Market Price Market Price			
29	Other ► (Miscellaneous) Number of Forms 8283 rece				Inalket Price			
29	for which the organization co				29		res	No No
30a	During the year, did the org	anızatıon receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it	- '	3	
	must hold for at least three							
	for exempt purposes for the	e entıre holdıng p	period?			30a		No
ь	If "Yes," describe the arrar	ngement in Part 1	II					
31	Does the organization have	e a gift acceptand	ce policy that requires the r	eview of any non-standard	contributions?	31 Y	es	
32a	Does the organization hire contributions?	or use third part	es or related organizations	to solicit, process, or sell i	noncash 	32a		Νo
Ŀ	If "Yes," describe in Part I	T				324	\dashv	110
33			in column (c) for a type of	property for which column (a) is checked.			
	describe in Part II	po.t an amount	adia (d) for a cype of	F. Franci, 101 Millon Columni (_, .o oconca,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493129022514

OMB No 1545-0047

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

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

ldentifier	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 during the year, including those who left employment during calendar year 2012, as reported on Form W-3

ldentifier	Return Reference	Explanation
Form 990 Part VI Section A	Governing Body and Management	Article I, Section 1 of the Bylaws of Devereux provides that Devereux shall be governed by a Board of Trustees of fifteen (15) to twenty-two (22) members of the Board. The Executive Committee of the Board, which consists of six (6) members of the governing body, has the authority to act on behalf of the full Board of Trustees

ldentifier	Return Reference	Explanation
Form 990 Part VI Section B Line 11	Policies	Form 990 is provided in hard-copy or electronically to all Board members approximately two months before the filing deadline. 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 a designated Board meeting, with followup as necessary after the 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 the Internal Audit Department (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. For example, all persons are required to report any of the following situations: a Ownership or financial interest by a representative or family member in any business partner or competitor of Devereux b. Serving as an officer, director, employee, consultant or agent to any business partner or competitor of Devereux. C. Acting as a broker, finder or any other intermediary for the benefit of a third party in a transaction potentially involving Devereux Members of the same family or living within the same domicle 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 Internal Audit, 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 conflicts of interest to management, Human Resources, the Vice President of Audit & Compliance or the Employee Helpline. The Helpline is an anonymous "whistleblower" service, where complaints are processed by an independent third party retained by Devereux for this purpose and subsequently referred to the Vice President of Compliance Annually, a copy of Devereux's business ethics policy is mailed or e-mailed to trustees, officers, directors and					

ldentifier	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. Additionally, Form 990s of other organizations are also reviewed. The results of these reviews are compared against all Executive Directors' and officers' salaries. The review is intended to make Devereux compensation both reasonable and competitive. The Compensation Committee has determined that a fully and fairly compensated salary is the median salary (50th persentile) 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 (system vs. single entities). However, general industry data as provided by the U.S. Department of Labor or other sources as well as residential and educational surveys that become available or that Devereux may conduct may also be factored into the review. The results of the review conducted may 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. The Compensation Committee approves compensation for all officers except the CEO, and makes recommendation to the full Board for the CEO's compensation, which the full Board must determine and approve.					

ldentifier	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, and summarized financial information is included in our Annual Report, which is distributed to constituents and posted on our website. The Devereux Foundation does not make its governing documents or conflict of interest policy available to the general public outside of this Form 990.

ldentifier	Return Reference	Explanation
Form 990 Part X Liabilities Line 20	Balance Sheet Tax- Exempt Bond Liabilities	Devereux reported four bonds on Schedule K Chester County Health and Education Facilities Authority Revenue Bonds, Series of 2006 (for which \$24,525,000 was outstanding at June 30, 2013), the Chester County Health and Education Facilities Authority Revenue Bonds, Series 2011 (for which \$5,831,000 was outstanding at June 30,2013), the Chester County Health and Education Facility Authority Bonds, Series 2012 (for which \$8,745,000 was outstanding at June 30, 2013), and Colorado Health Facilities Authority Revenue Bonds, Series 2012 (for which \$7,054,000 was outstanding at June 30, 2013) The Series 2011 and 2012 Bonds were acquired by financial institutions. In addition, the Devereux Foundation has the following tax-exempt bonds outstanding as of June 30, 2013. Long-Term Debt Dormtory Authority of the State of New York Revenue Bonds, Series 1995. Original Amount. 16,300,000 Beginning Book Value. 4,661,000 Ending Book Value. 3,440,000 Maturity Date. 7/1/2015 Repayment Terms. Annual Principal, Semi-Annual Interest Interest Rate. 5 00% Security Provided. Reserve Fund/MBIA Insurance Pol/Coll Property NOTE. This bond was refinanced after the end of the tax year. New Jersey Economic Development Authority Revenue Bonds, Series. 1997. Original Amount. 2,500,000 Beginning. Book Value. 1,715,000 Ending Book Value. 1,1,650,000 Maturity Date. 05/01/2027 Repayment Terms. Annual. Principal, Semi-Annual Interest Interest Rate. 3 88% to 5 0% Security Provided. Reserve Fund/MBIA Insurance. Pol/Coll Property NOTE. This bond was refinanced after the end of the tax year.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493129022514

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2012

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.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

					<u> 23-13906.</u>	10			
Part I Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" to	Form 990, P	art IV, l	line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income		e) ear assets	D	(f) Pirect controlling entity		
Part II Identification of Related Tax-Exempt Organizor more related tax-exempt organizations during t	zations (Complete ıf he tax year.)	the organization a	nswered "Yes	" to For	m 990, Pa	art IV,	line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction (e) Public charity (if section 501			(f) Direct controlling entity	(g) Section 512 (13) contro entity?	
(1) Devereux Cleo Wallace	Mental Hith	СО	501(c)(3)	3	3		Dev Foundatn	Yes Yes	No
8405 Church Ranch Blvd									
Westminster, CO 80021 84-0406820									
(2) Devereux Cleo Wallace Foundation	Investments	со	501(c)(3)	11-	-I		Cleo Wallace	Yes	
c/o Dev Found 2012 Renaissance Blvd									
King of Prussia, PA 19406 74-2277635									
(3) Helena Devereux Foundation	Investments	PA	501(c)(3)	11-	-I		Dev Found	Yes	
444 Devereux Drive									
Villanova, PA 19085 30-0034707									
(4) Devereux Professional Group	Inactive	TX	501(c)(3)	11-	-I		Dev Found	Yes	
c o Devereux TX 1150 Devereux Dr									
League City, TX 77573 74-0406760									
(5) Devereux Kids Inc	Inactive	FL	501(c)(3)	7			Dev Found		
5850 TG Lee Blvd Ste 400									
Orlando, FL 32822 59-3593023									

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Dire contro entr	ct Pi lling inco ty ex	(e) redominant ome(related, unrelated, scluded from tax under ections 512- 514)	ed, total income m	(g) Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ng owners	
						314)			Yes	No		Yes	No		
Int IV Identification of Related line 34 because it had one (a) Name, address, and EIN of related organization	l Organizations Taxable or more related organizatio (b) Primary activity	as a Corpo ons treated a (c) Lega domici	las a corpo (c)		ust (Cor on or true (d) Direct cont entity	st during trolling Type	the organ the tax y (e) e of entity orp, S corp,	nization an ear.) (f) Share of total income	Shai	(g) re of end of-year	(h)	age	Se	(i) ection 5 (b)(13	
related organization		(state or fo	oreign		entity		r trust)	income		assets	Owners	ыпр	C	controlle entity	led
Devereux Properties Inc	Inactive				Devereux F	Found C Co	rp		+				<u> </u>		110
Box 638 nova, PA 19085 1682903		PA													

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
c	Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e	Yes	
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r	Yes	
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)						
	Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved	
1) H	elena Devereux Foundation	r	1,306,221	Endowment gifts			
2) D	evereux Cleo Wallace	I	489,081	Admin Expenses			
3) H	elena Devereux Foundation	I	119,958	Admın Expenses			
4) H	elena Devereux Foundation	е	402,000	Loan Payment			
5) H	Helena Devereux Foundation c 4,579,940 Invest earnings						

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

EIN: 23-1390618

Name: Devereux Foundation

Schedule R (Form 990) 2012

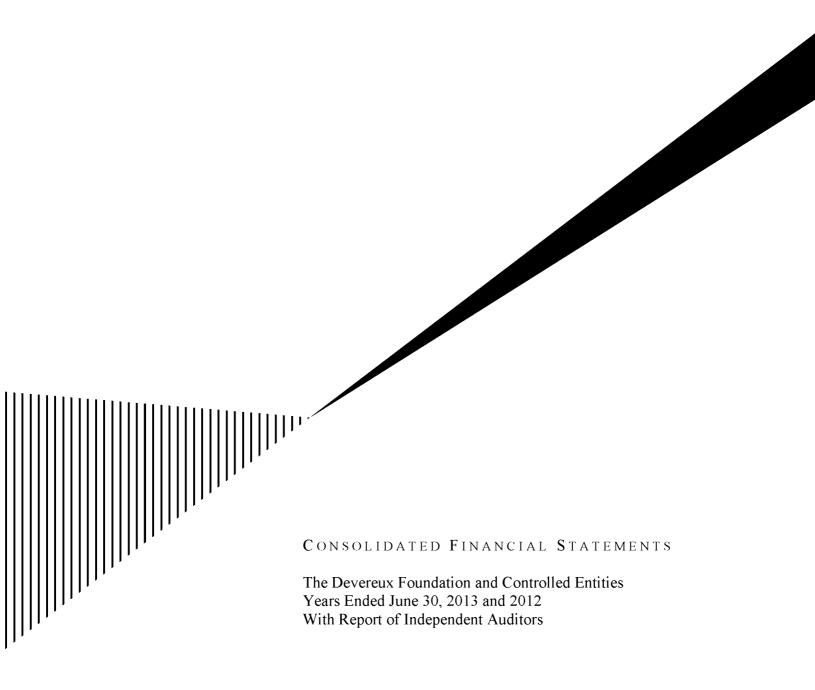
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
Schedule R		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. It's Board of Trustees consists of members of Devereux's Board. The following officers of Devereux are officers of HDF in the capacities given. Robert Q. Kreider, President Robert C. Dunne, Sr. Vice President & CFO. Dolores McLaughlin, Esq., Sr. Vice President, General Counsel & Secretary Stanley J. Kopala, Treasurer (until 7/11/2012) 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. 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 \$1,864,232.00 to Devereux during the year.
	Organizations	Devereux borrowed a total of \$4,500,000 in 2011 and 2012 from Helena Devereux Foundation to finance the expansion of its New York campus As of 6/30/2013, \$402,000 of that amount has been repaid to HDF Devereux provides advances to Devereux Cleo Wallace in the ordinary course of business as cash is managed on a consolidated basis As of June 30, 2013, Devereux had net advances outstanding to Devereux Cleo Wallace of \$1,328,275 These advances bear interest at a rate of 1 1947%



Ernst & Young LLP



Consolidated Financial Statements

Years Ended June 30, 2013 and 2012

Contents

Report of Independent Auditors	1
Audited Consolidated Financial Statements	
Consolidated Balance Sheets	2
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7



Ernst & Young LLP

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Report of Independent Auditors

The Board of Trustees
The Devereux Foundation and Controlled Entities

We have audited the accompanying consolidated financial statements of The Devereux Foundation and Controlled Entities (Devereux), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Devereux Foundation and Controlled Entities at June 30, 2013 and 2012, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Ernst + Young LLP

September 23, 2013

Consolidated Balance Sheets (In Thousands)

	June 30			
		2013		2012
Assets				
Current assets				
Cash and cash equivalents, including client funds				
on deposits of \$1,725 in 2013 and \$1,791 in 2012	\$	3,527	\$	9,818
Accounts receivable, net of allowance for				
uncollectibles of \$5,913 in 2013 and \$6,086 in 2012		48,899		45,981
Current portion of assets limited as to use		2,306		2,153
Operating fund investments		19,877		19,137
Prepaid expenses and other current assets		3,068		3,211
Total current assets		77,677		80,300
Assets limited as to use				
By board for designated purposes		81,295		74,502
By trustees under bond indenture agreements		4,236		6,758
By board for donor purposes		15,003		15,145
By insurance agreement		4,000		4,000
		104,534		100,405
Property and equipment, net		109,672		110,700
Other assets				
Other assets		519		485
Deferred reimbursement		_		333
Deferred financing costs, net		990		1,866
Pledges receivable and deferred gifts		6,448		9,034
Total other assets		7,957		11,718
	\$	299,840	\$	303,123

	June 30			
		2013		2012
Liabilities and net assets				
Current liabilities				
Current portion of long-term debt	\$	4,087	\$	4,115
Accounts payable and accrued expenses		8,292		9,576
Employee compensation and related benefits		23,690		21,839
Estimated settlements due to third-party payors		9,101		9,523
Reserves under insurance programs and other				
current liabilities		11,903		11,313
Client funds on deposit		1,725		1,791
Total current liabilities		58,798		58,157
Estimated settlements due to third-party payors		2,044		1,391
Reserves under insurance programs and other liabilities		16,141		15,622
Deferred revenue		7,857		8,517
Obligation to provide future services and use of facilities				
to continuing care clients		6,554		9,566
Long-term debt		56,020		60,884
Total liabilities		147,414		154,137
Net assets				
Unrestricted		131,090		124,072
Temporarily restricted		13,955		17,695
Permanently restricted		7,381		7,219
Total net assets		152,426		148,986
	<u> </u>	299,840	\$	303,123

See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

	Year Ended J			
		2013		2012
Unrestricted net assets				
Revenue				
Net client revenue	\$	362,729	\$	368,116
Investment income		8,869		9,373
Gifts and bequests (including net assets released from restrictions due to time of \$2,862 in 2013 and \$720				
in 2012)		6,864		5,413
Other revenue		9,927		10,870
Net assets released from restrictions for operations		3,191		1,888
		391,580		395,660
Expenses				
Salaries and wages		220,842		224,579
Employee benefits		65,147		62,528
Food		6,773		6,905
Purchased services		33,373		33,272
Supplies		7,614		8,430
Plant operation and maintenance		24,949		25,839
Provision for bad debts		2,270		1,883
Depreciation and amortization		11,586		11,383
Interest		3,466		4,035
Insurance		2,775		4,401
Other		11,384		11,615
		390,179		394,870
Operating income before other items		1,401		790
Other items				
Loss on early extinguishment of debt		(1,032)		(225)
Decrease in obligation to provide future services and				
the use of facilities to continuing care clients		3,012		1,884
Net gain (loss) on disposition of property		338		(53)
Other income and losses		2,318		1,606
Excess of revenue over expenses		3,719		2,396

(Continued on following page)

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

		une 30	
		2013	2012
Unrestricted net assets (continued)			
Excess of revenue over expenses			
(from previous page)	\$	3,719 \$	2,396
Other changes in unrestricted net assets			
Unrealized gains (losses) on investments		3,257	(9,550)
Net assets released from restrictions for property			
and equipment purchases		915	737
Other		(873)	_
Increase (decrease) in unrestricted net assets		7,018	(6,417)
Temporarily restricted net assets			
Gifts, grants, and bequests, net		3,228	4,430
Net assets released from restrictions for operations		(6,053)	(2,608)
Net assets released from restrictions to finance property		,	,
and equipment purchases		(915)	(737)
(Decrease) increase in temporarily restricted net assets		(3,740)	1,085
Permanently restricted net assets			
Gifts, grants, and bequests		68	512
Net realized and unrealized gains (losses) on investments		434	(219)
Other		(340)	(335)
Increase (decrease) in permanently restricted net assets		162	(42)
Increase (decrease) in net assets		3,440	(5,374)
Net assets, beginning of year		148,986	154,360
Net assets, end of year	\$	152,426 \$	148,986

See accompanying notes.

Consolidated Statements of Cash Flows (In Thousands)

		ine 30	
		2013	2012
Operating activities		2.11 0 D	
Increase (decrease) in net assets	\$	3,440 \$	(5.374)
Adjustments to reconcile increase (decrease) in net assets to net			
cash provided by operating activities			
Net (gain) loss on disposition of property		(338)	53
Loss on early extinguishment of debt		1,032	225
Depreciation and amortization		11,586	11,383
Provision for bad debts		2,270	1.883
Deferred reimbursement		333	960
Net realized, unrealized (gains) losses in fair value of investments		(8,273)	4.599
Decrease in obligation to provide future services		(3,012)	(1.884)
Restricted contributions		(3,296)	(4.942)
Changes in operating assets and liabilities			
Accounts receivable		(5,188)	(3.345)
Prepaid expenses and other current assets		143	282
Pledges receivable		3,023	720
Accounts payable and accrued expenses		(1,284)	1,047
Employee compensation and related benefits		1,851	(275)
Deferred revenue		(660)	(508)
Estimated settlements due to third-party payors, net		231	1.044
Reserves under insurance programs and other current liabilities		1,232	(2.720)
Net cash provided by operating activities		3,090	3,148
Investing activities			
Purchases of property and equipment, net		(10,220)	(11.429)
Other assets		(34)	(24)
Decrease in investments		3,251	6,554
Net cash used in investing activities		(7,003)	(4.899)
Financing activities			
Proceeds from long-term debt		17,025	10,183
Repayments of long-term debt		(22,106)	(11.012)
Deferred financing cost		(156)	(130)
Restricted contributions, net		2,859	4.095
Net cash (used in) provided by financing activities		(2,378)	3,136
Decrease in cash and cash equivalents		(6,291)	1,385
Cash and cash equivalents at beginning of year		9,818	8,433
Cash and cash equivalents at end of year	\$	3,527 \$	9,818

See accompanying notes

Notes to Consolidated Financial Statements (In Thousands)

June 30, 2013

1. Organization and Basis of Presentation

The Devereux Foundation and Controlled Entities (Devereux) is a not-for-profit corporation, dually designated by the Internal Revenue Service as an educational facility and health care organization, with a nationwide network of behavioral health treatment centers for children, adolescents, and adults with complex emotional, psychiatric, and developmental disabilities, including individuals with autism spectrum disorders Treatment settings range along a continuum from acute psychiatric inpatient and campus-based residential settings to outpatient, foster care, in-home, educational, vocational and prevention programs

Devereux functions as the sole corporate member for the following entities, which are included in the consolidated financial statements

Helena Devereux Foundation (HD Foundation) is a Pennsylvania not-for-profit corporation, which holds certain assets to benefit Devereux's programs

Devereux Cleo Wallace (DCW) is a Colorado not-for-profit corporation that operates a psychiatric residential treatment facility and provides other behavioral health services in the Denver area DCW is the sole corporate member of Devereux Cleo Wallace Foundation (DCW Foundation), a Colorado not-for-profit corporation that was established for the benefit of DCW

All significant intercompany balances and transactions have been eliminated in the consolidated financial statements

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents, for which carrying value approximates fair value, include money market funds and certain investments with original maturities of three months or less

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Summary of Significant Accounting Policies (continued)

Fair Value of Financial Instruments

Financial instruments consist of cash equivalents, accounts receivable, assets limited as to use and investments, accounts payable and accrued expenses, and long-term debt. The carrying amounts reported in the consolidated balance sheets for cash equivalents, accounts receivable, assets limited as to use and investments, and accounts payable and accrued expenses approximate fair value. Management's estimates of the fair value of other financial instruments are described elsewhere in the notes to the consolidated financial statements.

Allowance for Uncollectibles

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.

Assets Limited as to Use, Investments, and Investment Income

Assets limited as to use include assets set aside by the Board of Trustees (the Board), assets held by trustees under bond indenture agreements, for insurance agreements and by the Board for donor purposes Amounts set aside by the Board are designated for the operation of certain facilities, scholarships, continuing care, and other contingencies. The Board retains control over designated assets and may, at its discretion, subsequently use the assets for other purposes. Assets limited as to use that are required for current obligations or designated for current use are reported as current assets.

Investments in debt and equity securities are measured at fair value based on quoted market prices Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in unrestricted investment income, or as restricted investment income, if such income is restricted by the donor or legislation Devereux periodically reviews its investments for other-than-temporary declines in the market value of investments When an other-than-temporary decline is identified, the investment's cost is written down to current market value and the loss is recorded as a component of the excess of revenue over expenses

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Summary of Significant Accounting Policies (continued)

Unrealized gains and losses on investments, to the extent that such losses are considered temporary, are reported as a component of changes in unrestricted or restricted net assets Realized gains and losses on investments sold are computed using the weighted-average cost method

Property and Equipment

Property and equipment is recorded at cost or, if donated, at fair market value at the date of receipt Depreciation is provided on a straight-line basis over the expected useful lives of the assets Gifts of long-lived assets such as land, buildings, or equipment are reported as other changes in net assets Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of acquiring those assets

Deferred Financing Costs

Deferred financing costs consist of bond financing costs which relate to the long-term debt and are amortized using the effective interest rate method over the term of the related debt

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets represent those assets whose use has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by Devereux in perpetuity, with income generally available to support health care and education services

Permanently restricted net assets are invested on a pooled basis with Devereux's Board-designated investments In accordance with Commonwealth of Pennsylvania Act 141, organizations are annually permitted to spend between 2% and 7% of permanently restricted net assets For both 2013 and 2012, Devereux elected to spend at a rate of 5 0% Additionally, in accordance with the Pennsylvania law, Devereux classifies as permanently restricted net assets (a) the value of gifts donated to the permanent endowment and (b) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument. This is regarded as the "historic dollar value" of the endowed fund. Any remaining unspent earnings or net appreciation of the donor-restricted endowment funds is not classified in

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Summary of Significant Accounting Policies (continued)

permanently restricted net assets and is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Devereux in a manner consistent with Devereux's spending policy

Excess of Revenue Over Expenses

Included in the excess of revenue over expenses in the accompanying consolidated statements of operations and changes in net assets are all changes in unrestricted net assets, except for unrealized gains and losses on investments to the extent that such losses are considered temporary, and net assets released from restrictions for property and equipment additions and other changes

Income Taxes

The Internal Revenue Service determined that Devereux, HD Foundation, DCW, and DCW Foundation qualify under certain provisions of the Internal Revenue Code and are exempt from federal income taxes Accordingly, no provision for federal or state income taxes is included in the consolidated financial statements

Charity Care

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 reference to certain established policies Essentially, these policies define charity services as those for which no payment is anticipated In assessing a client's ability to pay, Devereux uses generally recognized poverty income levels, but also includes cases where incurred charges are significant relative to income 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 is also included as charity care. Charity care amounts are not included in net client revenue or accounts receivable. The amount of costs incurred for services provided to clients that qualify for charity care and the economic shortfall attributable to unreimbursed costs of certain programs aggregated \$15,909 and \$16,349 in 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Summary of Significant Accounting Policies (continued)

Devereux also provides a variety of services and benefits within the communities in which it operates, for which no compensation is received. The cost of these services has not been quantified and, therefore, is not included in the charity care amounts referred to above

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discounts on those amounts are computed using a risk-free interest rate applicable to the year in which the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the timing or nature in which donated assets can be used. When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as gifts and bequests in the accompanying consolidated financial statements

Functional Expenses

Devereux and its members' primary mission is to provide behavioral health care and education services to its clients. The majority of all operating expenses incurred were related to the provision of these services.

Reclassifications

Certain reclassifications have been made to the financial statements of the prior year to conform to the current-year presentation

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In October 2012, the FASB issued ASU 2012-05, Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows, which requires a not-for-profit to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any imposed limitations for sale and were converted nearly immediately to cash Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities. This guidance is effective prospectively for fiscal years beginning after June 15, 2013 with retrospective application to all prior periods presented permitted Devereux will adopt these provisions for the year ended June 30, 2014. The adoption will not impact Devereux's results of operations or financial position, however, it may change the classifications on the statement of cash flows.

Subsequent Events

In accordance with Accounting Standards Codification (ASC) 855, we have evaluated subsequent events through the date the financial statements were issued on September 23, 2013

3. Net Client Revenue

Accounts receivable and net client revenue are reported on the accrual basis in the period in which services are rendered at established rates, net of contractual adjustments, discounts and charity care Devereux recognizes bad debt expense and the allowance for uncollectible accounts based on its historical experience and individual account analysis

The majority of services are rendered to clients through reimbursement programs administered by state and local governmental agencies. A majority of those services are funded directly or indirectly by Pennsylvania, New Jersey, Florida, New York, and California. No single government agency accounted for more than 10% of revenue in 2013 or 2012. Under these programs, reimbursed amounts are based upon fee-for-service rates, a combination of historical costs and prospectively determined rates, or reasonable costs, as defined. In total, these programs

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Net Client Revenue (continued)

accounted for 94% and 93% of total net client revenue in both fiscal years 2013 and 2012, respectively Remaining services are rendered through payment arrangements with managed care organizations, commercial insurance carriers, or private accounts

Certain governmental agencies pay an interim rate or a fixed periodic amount during the period Devereux provides services and retroactively adjusts the reimbursement based upon actual costs incurred for the year or contract period. Third-party settlements with governmental agencies are accrued on an estimated basis in the period the related services are rendered. Estimated settlements due to third-party payors are classified as current or noncurrent based on the anticipated timing of settlements. Differences between the estimated settlement and the finalized amounts are recorded in the year of settlement. During 2013 and 2012, prior-year settlement adjustments increased net client revenue by \$889 and \$1,312, respectively. In the opinion of management, adequate provision has been made for any additional adjustments, which may result from final settlement of outstanding cost reports

Deferred reimbursement results from timing differences of capital cost reimbursements in connection with the 1995 New York Bond issuance (see Note 8) Devereux recognizes depreciation expense on the New York facility on the straight-line method over its estimated useful life, while depreciation expense reimbursement from governmental agencies is based upon principal amortization of the bonds over their 25-year life

Devereux is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time Government activity in the health care industry continues to increase with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues of client services Devereux has implemented a corporate compliance program and conducts documentation audits of services provided and the underlying clinical documentation to ensure compliance with established regulations When potential overpayments are identified, payors are notified and refunds issued

Notes to Consolidated Financial Statements (continued) (In Thousands)

4. Investments

Investments are stated at fair value as follows

	June 30				
		2013		2012	
Assets limited as to use and operating fund investments					
Cash and cash equivalents	\$	7,183	\$	9,910	
Equity mutual funds		36,299		36,966	
Commodity funds		4,424		4,102	
Real estate investment trust (REIT) funds		4,240		4,141	
Fixed income mutual funds		10,758		15,573	
Multi-asset funds		53,212		40,707	
U S government and agency bonds		10,601		10,296	
Total	\$	126,717	\$	121,695	

Investment income and realized and unrealized gains and losses on investments and cash and cash equivalents are comprised of the following

	Year Ended June 30			
		2013		2012
Unrestricted net assets				
Amounts included in investment income				
Interest, dividends and distributions	\$	4,287	\$	4,203
Net realized gains on sales of investments		4,582		5,170
-		8,869		9,373
Other changes in unrestricted net assets				
Net change in unrealized gains and losses on				
investments		3,257		(9,550)
Permanently restricted net assets				
Net realized and unrealized gains (losses) on investments		434		(219)
Total investment gain (loss)	\$	12,560	\$	(396)
• • • • • • • • • • • • • • • • • • • •		·		

Notes to Consolidated Financial Statements (continued) (In Thousands)

4. Investments (continued)

As of June 30, 2013, Devereux had unrealized gains of \$17,177 on investments with a fair value of \$116,831 As of June 30, 2013, Devereux had unrealized losses of \$102 on investments with a fair value of \$9,886 The unrealized losses are considered to be temporary in nature and are not material to the overall investment portfolio No investments had unrealized losses as of June 30, 2012

5. Fair Value Measurements

In determining fair value, Devereux uses the market approach. The market approach utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Information used to establish fair value estimates fall into three tiers, which prioritize the inputs used in measuring fair value. These tiers include Level 1 – defined as observable inputs such as quoted prices in active markets, Level 2 – defined as inputs other than quoted prices in active markets that are either directly or indirectly observable, and Level 3 – defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Fair Value Measurements (continued)

The following tables present the fair value hierarchy for Devereux's financial assets measured at fair value on a recurring basis at June 30, 2013 and 2012

	Total	Level 1	Level 2	Level 3
June 30, 2013				
Cash and cash equivalents	\$ 7,183	\$ 7,183	\$ _	\$ _
Equity mutual funds	36,299	36,299	_	_
Commodity funds	4,424	4,424	_	_
Real estate investment trust funds	4,240	4,240	_	_
Fixed income mutual funds	10,758	10,758	_	_
U S government and agency bonds	10,601	10,601	_	_
Multi-asset funds	 53,212	9,886	43,326	_
	\$ 126,717	\$ 83,391	\$ 43,326	\$
June 30, 2012				
Cash and cash equivalents	\$ 9,910	\$ 9,910	\$ _	\$ _
Equity mutual funds	36,966	36,966	_	_
Commodity funds	4,102	4,102	_	_
Real estate investment trust funds	4,141	4,141	_	_
Fixed income mutual funds	15,573	15,573	_	_
U S government and agency bonds	10,296	10,296	_	_
Multi-asset fund	40,707	_	40,707	<u> </u>
	\$ 121,695	\$ 80,988	\$ 40,707	\$ _

Devereux's Level 1 securities primarily consist of cash, money market funds, equity mutual funds, commodity funds, real estate investment trust funds, fixed income mutual funds, and U S government and agency bonds Devereux determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Fair Value Measurements (continued)

Devereux has investments in two multi-asset funds. One of the funds is an exchange traded mutual fund, whose fair value has been determined using Level 1 inputs. In accordance with ASU 2009-12, the fair value of Devereux's other investment in a multi-asset fund was calculated using the fund's net asset value per share at June 30, 2013 and 2012. The fair value of these underlying assets as of June 30, 2013 and 2012 was \$43,326 and \$40,707, respectively, with a daily redemption period without notice. This multi-asset fund requires no up-front commitments and is made up of the following diversified investments common stock, convertible bonds, commodity funds and real estate investment trust funds, corporate bonds, asset-backed securities, mortgage-backed securities, U.S. Government and agency bonds, U.S. Treasury bonds, acquired funds, preferred stocks and other short-term investments. Given Devereux's prompt ability to liquidate this investment at its net asset value, it was classified as a Level 2 investment.

6. Property and Equipment

	Estimated	Jui	June 30		
	Useful Lives	2013		2012	
Land		\$ 6,145	\$	6,135	
Land improvements	8-25 years	25,084		24,843	
Buildings and improvements	5-40 years	210,100		205,284	
Equipment	3-20 years	58,594		57,026	
Construction in progress	_	5,113		2,664	
	_	305,036		295,952	
Less accumulated depreciation and					
amortization	_	195,364		185,252	
		\$ 109,672	\$	110,700	

In 2007, Devereux sold its campus in Santa Barbara, California and leased back a portion of the campus for operating purposes. At the time of the sale, \$3,960 of the \$18,309 gain on sale was deferred and is being recognized over the 10-year initial lease period.

Notes to Consolidated Financial Statements (continued) (In Thousands)

7. Pledges Receivable and Deferred Gifts

The following is a summary of promises to give funds to Devereux

	June 30		
		2013	2012
Pledges receivable in			_
Less than one year	\$	1,034 \$	1,241
One to five years		670	1,222
Subtotal		1,704	2,463
Less allowance for uncollectible accounts		(67)	(119)
Less discount to present value		(53)	(95)
Pledges receivable, net		1,584	2,249
Beneficial interest in trusts held by third parties, net		4,864	6,785
Total	\$	6,448 \$	9,034

The present value of the future cash flows of pledges receivable was determined using discount rates approximating 2 0% for 2013 and 2012

Devereux periodically receives indications of an intention to give from individuals through the settlement of the individuals' estates The anticipated value of these intended gifts has not been established, nor has it been recognized as an asset in the consolidated balance sheets

The beneficial interests in trusts are unconditionally designated for the benefit of Devereux upon the occurrence of some future event During 2013, Devereux received \$2,196 in cash from trusts, no new gifts in beneficial interest in trusts were received During 2012, Devereux received no new gifts in beneficial interest in trusts and no cash was received from trusts for which the particular restrictive future event has occurred The interests are recorded at fair value as represented by the third-party trustee

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt

		June 30		
		2013	2012	
\$29,240 tax-exempt Chester County Health and Education Facilities Authority Revenue Bonds, Series of 2006 (the 2006)				
Pennsylvania Bonds)	\$	24,525 \$	25,335	
\$13.215 tax-exempt Chester County Health and Education	J	24, 323 \$	23,333	
Facilities Authority Revenue Bonds, Series of 2002 (the 2002)				
Pennsylvania Bonds)		_	10,005	
\$14,285 tax-exempt Colorado Health Facilities Authority			10,000	
Revenue Bonds Series of 2002 (the 2002 Colorado Bonds)		_	8,835	
\$16,300 tax-exempt Dormitory Authority of the State of New			0.000	
York Revenue Bonds, Series 1995 (the New York Bonds)				
The bonds are secured by a first mortgage on the Red Hook.				
New York property and revenues earned by the facility		3,440	4,675	
3 25% to 7 15% mortgages payable monthly through				
October 2028, secured by the related properties, equipment,				
or revenue		8,467	7,976	
\$2,500 tax-exempt New Jersey Economic Development				
Authority Revenue Bonds, Series of 1997 (the New Jersey		4 4 0		
Bonds)		1,650	1,730	
\$6.580 tax-exempt Chester County Health and Education				
Facilities Authority Revenue Bonds, Series of 2011 (the 2011		E 021	(12(
Pennsylvania Bonds) \$2.745 toy grampt Chapter County Health and Education		5,831	6,126	
\$8.745 tax-exempt Chester County Health and Education Facilities Authority Revenue Bonds, Series of 2012 (the 2012)				
Pennsylvania Bonds)		8,745	_	
\$7.054 tax-exempt Colorado Health Facilities Authority		0,743	_	
Revenue Bonds Series of 2012 (the 2012 Colorado Bonds)		7,054	_	
Total long-term debt		59,712	64,682	
Less current portion		(4,087)	(4,115)	
Net original issue premium		395	317	
Net long-term debt	\$	56,020 \$	60,884	
-				

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

In November 2012, Devereux issued the Series 2012 Pennsylvania and Series 2012 Colorado Bonds to refinance the Series 2002 Pennsylvania and Colorado Bonds All of the bonds were acquired by a financial institution. The bonds mature over a 15-year period and the financial institution has an option to call the bonds after seven years (November 1, 2019). The Series 2012 Pennsylvania and Series 2012 Colorado Bonds bear interest at a fixed rate, subject to a rate reset if the bonds are not called by the financial institution. A loss on early extinguishment of debt of \$1,032, comprised of the write-off of the unamortized issuance costs and original issue discount, was recorded and is included as a component of excess of revenue over expenses. The Series 2002 Bonds bore interest at rates between 4 125% to 5 00% for the period from July 1, 2012 through the November 2012 redemption.

In December 2011, Devereux issued the Series 2011 Pennsylvania Bonds to refinance the 1997 Pennsylvania Bonds All of the bonds were acquired by a financial institution The Series 2011 Bonds bear interest at a variable rate equal to 65% of the one-month LIBOR plus a margin of 1 40% The rate on the bonds at June 30, 2013 was 1 54% The bonds mature over a 15½-year period, and the financial institution has an option to call the bonds after seven years (December 15, 2018) A loss on early extinguishment of debt of \$225, comprised of the write-off of the unamortized issuance costs and original issue discount was recorded and is included as a component of excess of revenue over expenses The Chester County bonds bore interest at rates between 5 40% to 5 50% for the period from July 1, 2011 through the December 2011 redemption

The Series 1995 New York and Series 1997 New Jersey Bonds are insured by the National Public Guarantee Corporation (NPGC) The Series 2006 Bonds, Series 2011, and Series 2012 Bonds are not insured All of the tax-exempt bonds (collectively, the Bonds) were issued under a Master Trust Indenture (MTI) for which Devereux, HD Foundation, DCW, and DCW Foundation are members of the Obligated Group and were issued to advance refund or refinance previously issued tax-exempt and other debt, and to finance certain capital expenditures, to fund required debt service and reserve funds

The Series 1997 New Jersey Bonds, the Series 2002 Colorado, and Series 2002, 2006 and 2011 Pennsylvania Bonds are secured by an interest in Gross Revenues, as defined, as well as mortgages on certain properties Gross Revenues represent all revenue and accounts, excluding those of the Red Hook, New York facility, pledged for the Series 1995 New York Bonds

The original issue discounts and premiums on the Bonds are being amortized using the interest method over the term of the related debt

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

Agreements related to the Revolving Credit Agreement (see Note 9) and the Series 1995, 1997, 2002, 2006, 2011 and 2012 Bonds, contain financial covenants requiring Devereux to maintain debt service coverage and liquidity ratios All such covenants were complied with at June 30, 2013

Other information relating to each of the Bonds, all of which have serial and term components, is as follows

	2012	2012	2011
	Pennsylvania	Colorado	Pennsylvania
Annual principal payment Year of final maturity Range of principal and/or	November 1	November 1	May 1 and Nov 1
	2028	2028	2027
sinking fund payments Interest payment dates	\$499 to \$674	\$167 to \$787	\$382 to \$454
	May 1 and	May 1 and	May 1 and
	November 1	November 1	November 1
Range of interest rates	2 15%	2 28%	Variable
	2006	1997	1995
	Pennsylvania	New Jersey	New York
Annual principal payment Year of final maturity Range of principal and/or	November 1	May 1	July 1
	2031	2027	2015
sinking fund payments Interest payment dates	\$855 to \$1,915	\$80 to \$165	\$1,105 to \$1,195
	May 1 and	May 1 and	January 1 and
	November 1	November 1	July 1
Range of interest rates	5 00% to 5 25%	5 45% to 5 50%	5 00%

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

Scheduled maturities of all long-term debt for the next five years ending June 30 are as follows

2014	\$ 4,087
2015	4,441
2016	4,448
2017	3,478
2018	3,573
Thereafter	39,632

Interest paid on all indebtedness amounted to \$3,592 in 2013 and \$4,135 in 2012

On July 8, 2013, Devereux entered into an agreement with a bank to borrow \$9,000 in variable rate debt (the 2013 Loan) that was used to currently refund the 1995 New York and 1997 New Jersey Bonds and finance certain capital expenditures Concurrently with the 2013 Loan, Devereux entered into an interest rate swap with a notional amount of \$8,393 that effectively fixes the interest rate at 5 03%

Fair Value

Devereux uses quoted market prices in estimating the fair value for the Revenue Bonds and the outstanding mortgage obligations' carrying value approximates the fair value. The fair value of the long-term debt at June 30, 2013 and 2012 is \$60,475 and \$66,036, respectively, and was determined using the market approach under ASC 820

9. Note Payable

Devereux has a bank Revolving Credit Agreement (Revolver) for \$39,300, which is available for working capital and letters of credit. The term of the Revolver is through November 30, 2013. The Revolver is secured by a parity lien on Gross Revenues and by mortgages on certain Devereux properties, as defined under the MTI (see Note 8). As of June 30, 2013, under the Revolver, interest on working capital loans is computed at the one-month LIBOR rate plus an applicable margin of 1 00% (1 85% June 30, 2012). At June 30, 2013 and 2012, no working capital loans were outstanding. At June 30, 2013, letters of credit aggregating \$10,309 were outstanding, substantially all of which were used to secure deductibles under insurance policies (see Note 14). Fees on outstanding letters of credit accrue at 1 00% at June 30, 2013 (1 85% at June 30, 2012). A commitment fee of 0 25% is paid on unused Revolver amounts

Notes to Consolidated Financial Statements (continued) (In Thousands)

9. Note Payable (continued)

In June 2011, Devereux entered into a financing agreement (the Loan Agreement) with a bank providing advances up to an aggregate amount of \$2,500 on a 2-year line of credit. The loans are for the purpose of acquiring and renovating real property at various locations in the State of New Jersey, to be used as group homes for intellectually and developmentally disabled individuals. Loan advances initially bear interest at the Prime rate, and within 90 days are converted to amortizing term loans with a term of either five, seven or ten years at the election of Devereux Principal is paid in monthly installments based on a 25-year amortization, and bear interest at the following rates for a five (5) or a seven (7) year term the Federal Home Loan Bank (FHLB) rate plus 225 basis points, or for a ten (10) year term the FHLB rate plus 250 basis points. The loans are secured by first mortgage liens on the properties financed. A commitment fee of 0.25% is paid on the unused amount. At June 30, 2013 and 2012, there was \$1,772 and \$1,157, respectively, in outstanding loans that are included in the mortgages payable total in Note 8.

10. Obligation to Provide Future Services and the Use of Facilities to Continuing Care Clients

Devereux is contractually obligated to provide care for life to certain clients. The obligation, which recognizes the future costs to be incurred under these continuing care contracts, was computed using the following assumptions for 2013 and 2012 annual cost of care based on actual operating costs, life expectancy based on 1959-61 U.S. Life Tables, an inflation factor based of 4.75% for 2013 and 2012 of the average annual operating cost, an interest yield of 6.0% for 2013 and 7.0% for 2012, and a reduction for any supplemental payments to be received from the clients. The obligation is further reduced to the extent Devereux receives social security (assumed to increase at an annual rate of 3.0% for 2013 and 2012) or other benefits on behalf of the clients.

As of June 30, 2013, there were 31 individuals covered by continuing care contracts

Notes to Consolidated Financial Statements (continued) (In Thousands)

10. Obligation to Provide Future Services and the Use of Facilities to Continuing Care Clients (continued)

Devereux also recognizes the present value of certain arrangements with several continuing care residents, under which Devereux is the beneficiary of the assets of trusts established on behalf of the residents

The present value of the components of the obligation follows

	June 30			
		2013	2012	
Gross liability Social security and other benefits	\$	25,136 \$ (9,362)	22,606 (3,247)	
Future trust interests		(9,220)	(9,793)	
	\$	6,554 \$	9,566	

11. Retirement Plan

Devereux has a defined contribution retirement plan which covers substantially all full-time employees, as well as part-time employees working a minimum of 1,000 hours who have completed two years of service and are active employees at the end of the plan year, administered by the Teachers Insurance and Annuity Association Prior to January 1, 2013, contributions to the plan are based on 6% of the employee's compensation plus a match of employee contributions up to 2% of compensation Effective January 1, 2013, contributions to the plan are based on 5% of the employee's compensation plus a match of employee contributions up to 2% of compensation These contributions are credited to individual annuity contracts owned by each participant and are charged to expense when earned Contribution expense was \$8,714 in 2013 and \$9,240 in 2012

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	June 30			
		2013		2012
Purchase of property and equipment	\$	743	\$	853
Behavioral health care and education services		4,077		4,713
Research		766		540
Other		1,804		2,149
For future periods		6,565		9,440
	\$	13,955	\$	17,695

During 2013 and 2012, \$6,053 and \$2,608, respectively, of temporarily restricted net assets were released from restrictions for operations, of which \$2,862 and \$720, respectively, related to the collection of previous pledges which are classified as a component of unrestricted gifts and bequests in the consolidated statements of operations and changes in net assets

13. Permanently Restricted Net Assets

Activity in Devereux's permanently restricted net assets is as follows

	June 30		
	2013	2012	
Endowment balance at beginning of year Investment income (loss) return	\$ 7,219 \$	7,261	
Investment income	125	117	
Realized/unrealized gains (losses)	434	(219)	
Total investment income (loss) return	559	(102)	
Contributions	68	512	
Appropriation of endowment assets for intended purpose	 (465)	(452)	
Endowment balance at end of year	\$ 7,381 \$	7,219	

Notes to Consolidated Financial Statements (continued) (In Thousands)

14. Commitments and Contingencies

Operating Leases

Devereux leases various equipment and facilities under operating leases expiring at various dates through 2018 Total rent expense for the years ended June 30, 2013 and 2012 was \$8,076 and \$8,516, respectively The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2013, that have initial or remaining lease terms in excess of one year

Year ending June 30	
2014	\$ 5,962
2015	4,157
2016	3,179
2017	1,743
2018	936
Thereafter	 1,712
	\$ 17,689

Workers' Compensation

Devereux maintains workers' compensation insurance with a per-claim deductible of \$750 for 2013 and \$500 for 2012 Due to this level of retention, Devereux maintains \$1,176 of cash on deposit with its insurers for the payment of future claims which is included in operating fund investments in the consolidated balance sheet. Additionally, Devereux is required to post letters of credit of \$10,309 as collateral for its obligations as of June 30, 2013 and 2012 (see Note 9). Based upon historical loss experience, management determined that a \$14,671 and \$13,416 liability for the estimated retention and costs of claims not settled as of June 30, 2013 and 2012, respectively, be recorded as a component of reserves under insurance programs and other liabilities in the consolidated balance sheets. In 2013, Devereux recorded a \$1,900 charge related to prior year losses as a change in estimate in the current year statement of operations.

Notes to Consolidated Financial Statements (continued) (In Thousands)

14. Commitments and Contingencies (continued)

Professional and General Liability

Devereux is insured under a claims-made policy for professional and an occurrence policy for general liability Devereux retained \$8,000 for 2013 and 2012 in aggregate deductibles related to the combination of professional and general liability coverage Due to this level of retention, Devereux is required to post \$4,000 of collateral, which was met with an insurance trust holding treasury securities valued at \$4,000 as of June 30, 2013 Based upon historical loss experience, management determined that a \$4,625 and \$5,341 liability for the estimated retention and cost of claims and incidents not settled as of June 30, 2013 and 2012, respectively, be recorded as a component of reserves under insurance programs and other liabilities in the consolidated balance sheets Devereux plans to continue to obtain adequate professional and general liability insurance

Litigation

Devereux and DCW are contingently liable in connection with certain claims and contracts arising in the normal course of its activities. After consultation with legal counsel, management believes these matters will be resolved without material adverse effect on Devereux's future financial position or results from operations

Devereux is not a party to, nor are any of its properties the subject of, any material pending legal proceedings other than ordinary, routine litigation incidental to the business

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