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EXTENSIONS GRANTED THROUGH 11/16/15

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2014 calendar year, or tax year beginning an	d ending		
В	Check if applicable	C Name of organization THE JOHN E. FOGARTY FOUNDATION FOR	·	D Employer identific	ation number
	Addre	s PERSONS W/ INTELL. AND DEV. DISABILIT	ries		
	Name chang	Doing business as		+	16875
	Initial return Final return	Number and street (or P 0 box if mail is not delivered to street address) C/O T. MCANDREW, ONE TURKS HEAD PL	Room/suite 205		155-0350
Г	termin ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group ref	1,730,760.
	retum Applic tion pendir	F Name and address of principal officer MARY FOGARTY MCANI	DREW	for subordinates?	Yes X No
_	T		\ 0.5 \ \ 500	H(b) Are all subordinates ind	
) or 52:	–	ist (see instructions)
		te: ► N/A organization X Corporation Trust Association Other ►	I. Vas	H(c) Group exemption	
	art I	organization X Corporation Trust Association Other Summary	L Year	rottormation 1904 M	State of legal domicile RI
·		Briefly describe the organization's mission or most significant activities: ${f TO}$	ASSIST	INDIVIDUALS	WITH
Activities & Governance		INTELLECTUAL AND DEVELOPMENTAL DISABILITY	ries.		
rua	2	Check this box If the organization discontinued its operations or disp	osed of mor	e than 25% of its net as:	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
Ğ		Number of independent voting members of the governing body (Part VI, line 1b))	4	20
Š	Į.	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	•	5	0
iţe	1	Total number of volunteers (estimate if necessary)		6	22
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Net differenced business (axable filconie from Form 550-1, life 34		Prior Year	Current Year
		RECEIVED.	-	82,960.	133,590.
ne		Contributions and grants (Part VIII, line 1h)	-	0.	133,390.
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>		
ě	10	Investment income (Part VIII, column (A), 1 3, 4 and -4,5 2015	<u> </u>	81,856.	619,397.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<12,606.
		Total revenue - add lines 8 through 11 (must equal fart VIII; column (A), line 12)		164,816.	740,381.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		105,770.	81,241.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Se a	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
\$ \$ û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,757.	33,833.
Z	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		182,527.	115,074.
OBUNNADS expenses	19	Revenue less expenses Subtract line 18 from line 12	-	<17,711.	
054	1.0	Tievende less expenses eduction into 10 frent into 12	R	eginning of Current Year	End of Year
sets	:	Total assets (Part X, line 16)	-	2,948,701.	3,167,614.
SSS SS	i I			0.	0.
et.	21	Total liabilities (Part X, line 26)	-	2,948,701.	3,167,614.
Ser Ser	22	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,340,701.	3,107,014.
#>L_	artn	4 <u></u>	loc and states	ments, and to the best of my	knowledge and helief it is
		lities of perjury, I declare that I have examined this return, including accompanying schedu			Kilowieuge aliu bellet, it is
Con line	, correc	et, and complete Declaration of preparer (other than officer) is based on all information of $\begin{pmatrix} 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1 \end{pmatrix}$	willcii prepare		100
		ML Q-ML And Signature of officer			<u>/</u>
Sig		I, -		Date	
He	re	THOMAS MCANDREW, TREASURER			
	_	Type or print name and title	1 1		
Pai	d	Print/Type preparer's name DEBORAH A. HOPKINS Preparer's signature Preparer's signature	din	Date Check If self-employe	
Pre	parer	Firm's name KAHN, LITWIN, RENZA & CO., LTD		Firm's EIN ▶	05-0409384
	Only	Firm's address 951 NORTH MAIN STREET			
_		PROVIDENCE, RI 02904		Phone no 40	1-274-2001
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

PERSONS W/ INTELL. AND DEV. DISABILITIES

Part IV | Checklist of Required Schedules

		_	
05-6016	875	Р	age 3
		Yes	No
	1	X	
o candidates for	2	Α_	
o candidates to	3		Х
(h) election in effect			
	4		Х
assessments, or	5_		Х
have the right to			
Schedule D, Part I	6		Х
ce,	_		v
es," complete	7_		<u> </u>
s, complete	8		Х
a custodian for		-	
ation services?			
	9		Х
ments, permanent	10		Х
I, VII, VIII, IX, or X			
		-	
lete Schedule D,	11a		Х
re of its total	110		
	11b	Х	
re of its total			v
ets reported in	11c		X
ets reported in	11d		Х
Part X	11e		X
at addresses			w
D, Part X	11f		_X
complete	12a		Х
optional	12b		X
	13		X
aising, business,	14a		A
lued at \$100,000			
•	14b		X
o or for any	15		х
ssistance to	-,5	_	

1 is the organization described in section 501(c)G) or 4947(c)(1) (other than a private foundation)? If 'Yes,' complete Schedule B, Schedule B, Schedule G Contributors? 3 Is the organization required to complete Schedule B, Schedule G Contributors? 3 Is the organization eagles 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 is Section 501(c)(6) organization on page in individual control of the complete Schedule C, Part I is Section 501(c)(6) organization on page in individual control of the complete Schedule C, Part II is the organization assection 501(c)(6) (501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 69.19? If 'Yes,' complete Schedule C, Part II is 10. Of the organization maintain any does ordivered funds or any similar funds or account for the which denors have the right to provide advice on the distribution or investment of amounts in such funds or account for the which denors have the right to provide advice on the distribution or investment of amounts in such funds or account for the organization maintain and page of the organization maintain and page of the organization maintain and page of the organization funds or accountable organization funds or accountable of the organization funds or accountable of the organization funds or accountable organization funds or accountable organization funds or accountable organization funds organization funds or accountable organization funds org					
2 Is the organization required to complete Schedule (C contributors) Did the organization engage in detect or indirect optimizer optimized properties of the organization properties (C Part I) Section 501(61) agriculture and indirect organization engage in lobbying activities, or have a section 501(fit) election in effect during the tax year? If *Yes, "complete Schedule (C, Part II) Is the organization as extend 501(61), 501(61), or 501(61) organization that receives mambership dues, assessments, or similar amounts as defined in Revenue Procedule in 40 organization as extend 501(fit) election in effect during the tax year? If *Yes, "complete Schedule C, Part III of the organization amount and any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If *Yes, "complete Schedule C, Part II of the organization amentary and a manutary of the organization amount in Part X, line 21, for escrew or custodal account liability; serve as a custodan for amounts in suited in Part X or provide credit consisting, debt management, credit repair, or debt negotiation services? If *Yes," complete Schedule D, Part II of the organization directly or through a related organization, hold assets in temporanily restricted endowments, permanent endowments, or quasi-endowments? If *Yes," complete Schedule D, Part V or bid the organization experts? If *Yes, "complete Schedule D, Part V or bid the organization experts." If *Yes, "complete Schedule D, Part V or bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part V organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part X organization report an amount for land buildings and equipment in Part X, line 10? If *Yes, "complete Schedule D, Part X organization report an amount for other labilities in Part X, line 10? If *Yes, "complete Sch	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	x	
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "Yes," complete Schedule C, Part II 5 Sections 901(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(e)(4), 501(e)(5), 601(e)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III 7 Did the organization market any often advested funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation essement, including easements to preserve opes pase, the environment, historic land areas, or instance attriuctures? If "Yes," complete Schedule D, Part II 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 negliation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for intervient in the organization areas or any of the following questions is "Yes," then complete Schedule D, Part VI, IV, IV, IV, IV, IV, IV, IV, VI, VII, VII	2	·			
public office? If "Yes," complete Schedule C, Part II Section 501(6) agregatization. Dut 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 III Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Review in Provide advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization manitarian any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III Did the organization manitarian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization manitarian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 respar, or debt negoliation services? If "Yes," complete Schedule D, Part III Did the organization report an amount for leads or granization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments,					
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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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					V
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b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	00				- V
	b	it res to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(004.1)

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Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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	ļ		
	Schedule J .	23		X
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	Ì		
	complete Schedule L, Part II	26		_X_
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		X
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		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v	
	Note. All Form 990 filers are required to complete Schedule O		X	(00 4 4)
		⊦orm	99U (2014)

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Form 990 (2014)

PERSONS W/ INTELL. AND DEV. DISABILITIES

Par	t V Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V										
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	1		İ					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			É					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	9			į					
	(gambling) winnings to prize winners?			1c	,						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					Ė					
	filed for the calendar year ending with or within the year covered by this return	2a	0			İ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	Ļ	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)	•			İ					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		L	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0 .	L	3ь							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a		- [
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	ļ	4a		<u>X</u>					
b	If "Yes," enter the name of the foreign country.					Ė					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)				F					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		L	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	L	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u> </u>	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization s	olicit								
	any contributions that were not tax deductible as charitable contributions?	-	<u> </u>	6a		<u>X</u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts									
	were not tax deductible?		<u> </u>	6b							
7	Organizations that may receive deductible contributions under section 170(c).		-	- 1	Х	Ė					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?										
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?										
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		-	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f							
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1098-C7	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	ŀ			Ė					
^	sponsoring organization have excess business holdings at any time during the year?		-	8							
9	Sponsoring organizations maintaining donor advised funds.		-	ا ۔		Í					
a	Did the sponsoring organization make any taxable distributions under section 4966?	•		9a							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u> </u>	9ь		F					
10	Section 501(c)(7) organizations. Enter:	100									
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-			ĺ					
ь 11	Section 501(c)(12) organizations. Enter	100				ĺ					
	Gross Income from members or shareholders	11a				ĺ					
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	110				ŀ					
U	amounts due or received from them)	11b				l					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		─ .	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l							
	Is the organization licensed to issue qualified health plans in more than one state?		<u> </u>	13a		_					
o	Note. See the instructions for additional information the organization must report on Schedule O	٠		. 50	_						
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the										
J	organization is licensed to issue qualified health plans	13ь	ŀ								
С	Enter the amount of reserves on hand	13c				İ					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O	_	14b		Γ					

PERSONS W/ INTELL. AND DEV. DISABILITIES

05-6016875

Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			_	X							
Sec	tion 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	1a 2	0									
	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	1b 2	0									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other										
	officer, director, trustee, or key employee?		2	X								
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X							
6	6 Did the organization have members or stockholders?											
7a	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?											
b	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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following										
а	The governing body?		8a	X	L							
b	Each committee with authority to act on behalf of the governing body?		8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)										
				Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				ļ							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe										
	ın Schedule O how this was done		12c	X								
13	Did the organization have a written whistleblower policy?		13	ļ	X							
14	Did the organization have a written document retention and destruction policy?		14	ļ	Х							
15	Did the process for determining compensation of the following persons include a review and approve											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	-									
a	The organization's CEO, Executive Director, or top management official		15a		X							
b	Other officers or key employees of the organization		15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	-		,,							
	taxable entity during the year?		16a	ļ	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	inization's										
	exempt status with respect to such arrangements?		16b									
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filled ▶RI											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only) avaılat	ole								
	for public inspection. Indicate how you made these available. Check all that apply.											
		n in Schedule O)										
19	19 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											
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨										
	MARY FOGARTY MCANDREW - 401-273-0212											
	1 TURKS HEAD PL., #205, PROVIDENCE, RI 02903											

PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875

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

•	Employees, and independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part V	11

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, and 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.

X Check this box if neither the organizat (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do			nore) than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer an	dad	irecti	T T		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	žį.			nsate((W-2/1099-MISC)	(VV-2/1099-WIISC)	organization
	organizations	truste	Institutional trustee		88	uber		(11 2 1000 111100)		and related
	below	ıdual	ntton	1 55	Key employee	oyee	ا تو			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
MARY FOGARTY MCANDREW	1.00									
CHAIRPERSON		Х		Х				0.	0.	0
FRANK J. WILLIAMS	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0
ROBERT T. MURPHY	1.00									
PRESIDENT		X		Х				0.	0.	0
RAYMOND W. FOGARTY	1.00									
VICE PRESIDENT	-	Х		Х				0.	0.	0
SHEILA COLLINS	1.00									
SECRETARY		X		X				0.	0.	0
THOMAS J. MCANDREW	1.00									
TREASURER		Х		Х				0.	0.	0
PAUL P. MORAN	1.00								_	
TRUSTEE		Х						0.	0.	0
CLAIRE CANNING	1.00							_	_	_
TRUSTEE		X				<u> </u>		0.	0.	0
JOSEPH BRUM	1.00								_	
TRUSTEE		Х						0.	0.	0
CHARLES M. BORKOSKI	1.00								_	
TRUSTEE		X						0.	0.	0
CHARLES CARPENTER	1.00									_
TRUSTEE	1 00	X	_		_	<u> </u>		0.	0.	0
JOHN M. MURPHY SR.	1.00									
TRUSTEE	1 00	Х				<u> </u>	_	0.	0.	0
JEREMY A. KAPSTEIN	1.00							_	_	_
TRUSTEE		Х			<u> </u>	ļ	L	0.	0.	0
JAMES J. SKEFFINGTON	1.00	١,,						_		_
TRUSTEE	1 00	Х			<u> </u>	ļ		0.	0.	0
GIOVANNI FEROCE	1.00	١,,						_		_
TRUSTEE	1 00	Х						0.	0.	0
LARRY T. GEMMA	1.00	Ι,,							•	^
TRUSTEE	1 00	X			 	_		0.	0.	0
KATHLEEN MCDEVITT GOLDBERGER	1.00	١,,			ŀ				^	•
TRUSTEE		Х	L		L			0.	0.	0 Form 990 (201

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PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875

Fait VII Section A. Officers, Directors, Tru	1	ploy	ees			ighe	st (Compensated Employe	es (continued)				
· (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable			timate	
	hours per week					is bot or/trus		'.	compensatio	ı	ar	nount	
	(list any	-	1			Т	Τ	from the	from related organizations		com	other pensa	
	hours for	trustee or director				, .		organization	(W-2/1099-MIS			om th	
	related	8	Stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	,		anızat	
	organizations	tanst	la Eu		8	l ag		(**=***********************************		İ	-	d relat	
	below	Individual	Institutional trustee	, p	Key employee	loyee	· je				org	anızatı	ons
	line)	直	Inst	Officer	Ke.	Highest compensated employee	Former						
JOHN MAXWELL MCANDREW	1.00	}											
TRUSTEE		X					<u> </u>	0.		0.			0.
BRENDAN C. KANE	1.00									- 1			
TRUSTEE		Х					<u> </u>	0.		0.			0.
JOANNE EICHINGER	1.00												
TRUSTEE		Х						0.		0.			0.
	<u> </u>												
		j											
		L	_	<u>_</u>			L						
									•				
		<u> </u>											
											_		
									**				
			<u> </u>			<u> </u>							
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)							>	0.		0.			0.
2 Total number of individuals (including but in the control of	not limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													0
										_		Yes	No
3 Did the organization list any former officer	, director, or tru	ıste	e, ke	y er	nplo	yee	or	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J for s										L	3		X
4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	ation	and	d ot l	her compensation from	the organization				:
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual		L	4		X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services	Ī			Ė
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch	oers	son		 			5_		X
Section B. Independent Contractors			-					· · · · · · · · · · · · · · · · · · ·					
1 Complete this table for your five highest co	empensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pensa	tion	rom	
the organization Report compensation for	the calendar y	ear e	endi	ng v	/Ith e	or w	ithir	the organization's tax y	/ear				
(A)								(B)		_	(0		
Name and business	address	NC	ONE	<u> </u>			4	Description of s	ervices	Cc	mpe	nsatio	n
							_				_		
							_						
							\dashv						
							- [
							\dashv						
O Table with a feet of the latest and the latest an													
2 Total number of independent contractors (ot lir	nite	o to	_		sted	above) who received m	ore than				
\$100,000 of compensation from the organ	zation 🚩				(,			Į.				

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PERSONS W/ INTELL. AND DEV. DISABILITIES

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 102,110. 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f similar amounts not included above 31,480 21,480 Q Noncash contributions included in lines 1a-1f \$ 133,590 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 75,970. other similar amounts) 75,970. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1,464,170 assets other than inventory b Less cost or other basis and sales expenses 920,743 543,427 c Gain or (loss) d Net gain or (loss) 543,427. 543,427. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 102_110. of contributions reported on line 1c). See Part IV, line 18 57,030 69,636 b Less: direct expenses c Net income or (loss) from fundraising events <12,606. <12,606.> 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue See instructions 740,381 606,791.

Part IX	Statement	of Fu	nctional	Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	·
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	81,241.	81,241.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				~
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	7 7.45			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			-	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management Legal				
b	Accounting	4,586.		4,586.	
d	· · · · · · · · · · · · · · · · ·	1,500.		4,500.	
e	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · ·
f	Investment management fees	24,552.		24,552.	
g		21/3321		21/332.	
3	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	3,016.		3,016.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,679.		1,679.	
24	Other expenses litemize 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 0)				
а					
b					
С					
d					
	All other expenses	115 024	01 041	22 022	
25_	Total functional expenses Add lines 1 through 24e	115,074.	81,241.	33,833.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		ļ		
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		

Form 990 (2014)

PERSONS W/ INTELL. AND DEV. DISABILITIES

05-6016875

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Part X | Balance Sheet · Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 316,861 57,780. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less. accumulated depreciation 10c 11 Investments - publicly traded securities 2,890,921. 2,850,753. 12 12 Investments - other securities See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,948,701. 3,167,614. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 2,948,701. 3,167,614. 33 Total net assets or fund balances 33 2,948,701. 3,167,614. Total liabilities and net assets/fund balances

THE JOHN E. FOGARTY FOUNDATION FOR PERSONS W/ INTELL. AND DEV. DISABILIT

Form	990 (2014)	PERSONS	W/	INTELL.	AND	DEV.	. D	ISABIL	ITIES	05-6	<u>016875</u>	Pa	ge 12
Pa	t XI Reconciliation	of Net Asset	ts										
	Check if Schedule	O contains a resp	onse	or note to any	line in th	nis Part XI	<u> </u>						
1	Total revenue (must equa	al Part VIII, colum	n (A),	line 12)						1		0,3	
2	Total expenses (must equ	ual Part IX, colum	ın (A),	line 25)						2		5,0	
3	Revenue less expenses	Subtract line 2 from	om lin	e 1						3			07.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								4	2,94			
5	Net unrealized gains (loss	ses) on investmei	nts							5	<40	6,3	94.>
6	Donated services and us	e of facilities								6			
7	Investment expenses									7			
8	Prior period adjustments									8			
9	Other changes in net ass	ets or fund balan	ces (e	explain in Sche	dule O)					9			0.
10	Net assets or fund balance	ces at end of yea	r Cor	nbine lines 3 th	rough 9	(must equ	_l ual F	art X, line 33	,				
_	column (B))									10	3,16	7,6	14.
Pa	t XII Financial State	ements and F	Repo	rting									
	Check if Schedule	O contains a resp	onse	or note to any	line in th	nis Part XII	<u> </u>						
				C		_	-					Yes	No
1	Accounting method used					Accrual		Other					
	If the organization change	ed its method of	accou	inting from a pi	nor year	or checke	ed "C	Other," explai	n in Schedule	0			
2a	Were the organization's f	inancial statemer	nts co	mpiled or revie	wed by	an indeper	ender	nt accountan	t?	-	2a	ļ	X
	If "Yes," check a box below	ow to indicate wh	ether	the financial st	tatemen	ts for the y	year	were compil	ed or reviewe	on a			
	separate basis, consolida	ated basis, or bot	h:	c									
	Separate basis	Consolida	ated b	asıs 🔲	Both co	nsolidated	d and	d separate b	asıs				l
b	Were the organization's f	inancial statemer	nts au	dited by an ind	epende	nt account	ntant	?			2b		X
	If "Yes," check a box below	ow to indicate wh	ether	the financial st	tatemen	ts for the y	year	were audited	d on a separat	e basıs,			
	consolidated basis, or bo	oth		·									ļ
	Separate basis	Consolida						d separate b					
С	If "Yes" to line 2a or 2b, o								oversight of th	e audıt,			İ
	review, or compilation of	ıts financıal state	ments	s and selection	of an In	dependen	nt ac	countant?			2c	ļ	<u> </u>
	If the organization change	ed either its over	sight p	process or sele	ction pr	ocess dun	rıng t	he tax year,	explain in Sch	edule O			
3a	As a result of a federal av	ward, was the org	anıza	tion required to	underg	o an audit	t or a	audīts as set	forth in the Si	ngle Audi	t		
	Act and OMB Circular A-1	133?									3a		X
b	If "Yes," did the organization	tion undergo the	requir	ed audit or aud	dits? If ti	ne organiz	zatioi	n did not und	lergo the requ	ired audit	t		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

432012 11-07-14

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions islatuw.rs gov/form990

THE JOHN E. FOGARTY FOUNDATION FOR PERSONS W/ INTELL. AND DEV. DISABLE

Employer identification number 05_6016975

		PLKS	OND MY INT	FTT. WND DEA	 DIS 	WRITT	TIES U	3-00100/3			
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	ııs part.) Se	ee instructions.				
The o	organ	ization is not a private found	lation because it is: ((For lines 1 through 11, c	heck only	one box)					
1		A church, convention of ch	urches, or association	on of churches described	d in section	on 170(b)(1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E)							
3		A hospital or a cooperative		•	ection 170)(b)(1)(A)(ii	i).				
4	一	A medical research organiz	, -				•	the hospital's name.			
•		city, and state	and operated in co	njanistich mit a njeopital				mo moophal o mame,			
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a or	overnmental unit describ	ed in			
•		section 170(b)(1)(A)(iv). (C		lege of aniversity owner	J OI OPCIA	ico o, a g	overnmental and accord				
6			,	montal unit decombed is	oostion 1.	70/61/41/41	6.3				
7	X	A federal, state, or local go	•				• •	and the street of the street			
7	LA.	An organization that norma	-	intial part of its support i	rom a gov	rernmentai	unit or from the general	public described in			
_	$\overline{}$	section 170(b)(1)(A)(vi). (Complete Part II)									
8	뭐	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9		An organization that norma	•	· ·	-		·	- ,			
		activities related to its exen	•	•				=			
		income and unrelated busin		(less section 511 tax) fro	om busine	esses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	•								
10		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	9(a)(4).				
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3) . (Check the box in			
	_	lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	: 11e, 11f, and 11g.				
а	L_		anızatıon operated, s	supervised, or controlled	by its sup	ported org	anızatıon(s), typıcally by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or trustees of the s	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b	L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	ving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage the sup	ported			
		organization(s) You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	ith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution red	quirement and an attent	iveness			
		requirement (see instructi	-		•		•				
е		Check this box if the orga	•								
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f	Ente	r the number of supported of		,g							
Q		ide the following information	-	ed organization(s)				L,,			
) Name of supported	(n) EIN		(iv) Is the o	organizatio	ı (v) Amount ol monetary	(vi) Amount of			
		organization		(described on lines 1-9		in your document?	support (see	other support (see			
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)			
				isce instructionsii				-			
							_				
											
rota!	,										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					, , , , , , , , , , , , , , , , , , , ,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not						050 040	
	include any "unusual grants.")	61,115.	7,475.	73,100.	82,960.	133,590.	358,240.	
2	Tax revenues levied for the organ-							
	ization'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	61,115.	7,475.	73,100.	82,960.	133,590.	358,240.	
	Total. Add lines 1 through 3	01,113.	1,413.	/3,100.	62,900.	133,390.	330,240.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the	-						
	amount shown on line 11,	-]		
	column (f)						5,803.	
6	Public support. Subtract line 5 from line 4						352,437.	
	ction B. Total Support		<u> </u>				002710.0	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 4	61,115.	7,475.	73,100.	82,960.	133,590.	358,240.	
	Gross income from interest.	-	•	•				
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	59,778.	64,837.	63,281.	72,750.	75,970.	336,616.	
9	Net income from unrelated business						_	
	activities, whether or not the							
	business is regularly carried on				<u> </u>			
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						694,856.	
	Gross receipts from related activities,	•	•			12	93,125.	
13	First five years. If the Form 990 is for	J	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
<u></u>	organization, check this box and stop							
	ction C. Computation of Publ						50 72	
	Public support percentage for 2014 (I		•	olumn (f))		14	50.72 % 41.76 %	
	Public support percentage from 2013				14 := 22 1/20/ ===	15		
16a	33 1/3% support test - 2014. If the c	-		i line 13, and line 1	14 IS 33 1/3% or n	nore, cneck this bo	x and ► X	
_	stop here. The organization qualifies			no 12 or 160 and	lung 15 to 22 1/20/	Carmara abaak th		
i.	33 1/3% support test - 2013. If the c	-			IIIIe 15 IS 33 1/3%	or more, check ti	IIS DOX	
170	and stop here. The organization qual	•			.13 16a or 16b	and line 14 is 10%	or more	
17a	10% -facts-and-circumstances test	_						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
L	10% -facts-and-circumstances test	-			-	17a and line 15 ie	10% or	
	more, and if the organization meets the	-						
	organization meets the "facts-and-circ						.	
18	Private foundation. If the organization						s	
	to roundation. It the organizatio	Sie not encon_a	2000 Q11 III 10 10, 100	.,		edule A (Form 990		
							,··	

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.)

Section A. Public Support	ed below, please con	ipiete r art ii)		-	-	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , ,	1 ,-, =	1-7	1 .,	1	
membership fees received. (Do no	ot					
include any "unusual grants.")						
2 Gross receipts from admissions,					-	
merchandise sold or services per-	.					
formed, or facilities furnished in	-					
any activity that is related to the						
organization's tax-exempt purpos			ļ <u>-</u> -	_	<u> </u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-	·					
iness under section 513						
4 Tax revenues levied for the organ-	•	İ				
ization's benefit and either paid to		-				
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge		1				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a	nd					
3 received from disqualified perso						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		- 			-	
c Add lines 7a and 7b		-				
8 Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>	1	l
Section B. Total Support		T	1			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			ļ		-	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					.	
b Unrelated business taxable income						
(less section 511 taxes) from business	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gair	n					-
or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 1						
••	•					
14 First five years. If the Form 990 is	s for the organization	's iirst, second, thi	ro, iourin, or illin i	ax year as a secu	on 50 r(c)(3) organiz	ation,
check this box and stop here	uhlia Cummant Da					
Section C. Computation of Po					T T	
15 Public support percentage for 20			column (f))		15	%
16 Public support percentage from 2					16	
Section D. Computation of In	vestment Incon	<u>ne Percentage</u>			_ ₁ ₁	
17 Investment income percentage for	or 2014 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	%
18 Investment income percentage from	om 2013 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2014. If	the organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this bo	ox and stop here. Th	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2013. If	· ·	•				and
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz			•		-	▶□
	Emman and HOL OHOUN C		, _, , , , , , , , , , , , , , , , , , 	2011 2110 000 11		<u> </u>

Schedule A (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

sec	tion A. All Supporting Organizations			
_	Annual of the consequents to a constant to make the constant to the constant t	Γ	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in part VIhow the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VIhow the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part Viwhen and how the			
	organization made the determination	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VIwhat controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	İ		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	}		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in $Part\ VI$, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9ь		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the progration had exceed hydrogen had less a	100		

THE JOHN E. FOGARTY FOUNDATION FOR Schedule A (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 5

I sea the organization accepted a gift or contribution from any of the following persons?		TIV Supporting Organizations (continued)			<u> </u>
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A parties who directly or indirectly contribs, either cannot be called in part VI 11		Capporting Organizations (Continued)		Yes	No
a A person who directly or indirectly controls, either alone or together with persons described in (a) and (c) below, the governing body of a supported organizations b A family member of a person described in (a) above? c A 35% controlled entiry of a person described in (a) above? c A 35% controlled entiry of a person described in (a) or (b) above? l'Yes" to a, b, or c, provide detail in pur yi. 1 Dd the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's derectors or trustees at all times during the tax year? If "I've" describe in pry if y how the supported organization (speritived) or controlled the organization's activities. If the organization's derectors or trustees at all times during the tax year. 1 Dd the directors, trustees, or membership of one or more supported organizations have the powers to appoint and/or remove directors or trustees at all times during the tax year or controlled the organization's activities. If the organization are made in the supported organization or the third the supported organization or provinding such benefit carried ut the supported organization? If "Yes," explain in Port if his provinding such benefit carried ut the supported organization? If "Yes," explain in Port if his provinding such benefit carried ut the supposes of the supported organization or trustees of carried the supporting Organizations 2 Section C. Type III Supporting Organizations 1 Were a majority of the organization's supported organization or trustees of the supported organization or trustees of activities to year, (1) a written notice describing the type and amount of support provided during the provided organization or trustees of programization provide to each of its supported organizations, by the last day of the fifth month of the organization or the organization and provided organization or supported organization or supported organization or supported organization or supported organiza	11	Has the organization accepted a cift or contribution from any of the following persons?		1.03	-
below, the governing body of a supported organization? b A flamity member of a person described in (a) or (b) above? If "Yes" to a. b. or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect all loads a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to controlled the agrinations of substantial properties of controlled the agrinations and what conditions or resolutions, if we agrination of a first than the supported organization and what conditions or resolutions, if any, applied to superior, powers during the tax year of organization of that portacts, supervised, or controlled the apportung organization of the than the supported organization of the thin the supported organization of the thin the supported organization of the properties of the support organization of the thin the supported organization of the properties of the support organization of the supported organization of the properties of the support organization of the supported organization of the supported organization of the properties of the supported organization of the organization of the supported organization of the supported organizat					
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c. A 35% controlled entity of a person described in (s) or (b) above? If "Yes" to a, b, or c, provide detail in Port V. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at elect a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part V in him the supported organization's directors or trustees at all times during the tax year of controlled the organizations are directors, at any, applied to such powers during the tax year organization and what conditions or restrictions, at any, applied to such powers during the tax year organization and what conditions or restrictions, at any, applied to such powers during the tax year organization (s) the organization and what conditions or restrictions, at any, applied to such powers during the tax year organization (s) that operated, supported organization (s) that operated, supported organization (s) that operated comparization (s) that operated comparization (s) that operated is supported organization or controlled the supporting organization and the supported organization (s) that operated comparization (s) that operated is supported organizations or trustees of the supported organization (s) that operated organization or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization as wested organizations. By the last day of the fifth month of the organization or tax year, (1) a vertice is each of its supported organization and (3) copies of the organization or tax year, (1) a vertice is the supported organization or the power organization organization (1) while the organization and the supported organization (1) while supported organizat	h				
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Section C. Type II Supporting Organizations Yes No			2	1	[
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
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activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					İ
3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	· · · · · · · · · · · · · · · · · · ·			
trustees of each of the supported organizations? Provide details in $P_{CUT} VI$ b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a	1	Ì
	ь				
			3b		L

Schedule A (Form 990 or 990 EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Pnor Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder, Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7. а d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

THE JOHN E. FOGARTY FOUNDATION FOR Schedule A (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 8 Part VI Supplemental Information. 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).

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.rs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

Name of the organization

THE JOHN E. FOGARTY FOUNDATION FOR

Employer identification number 05-6016875

PERSONS W/ INTELL. AND DEV. DISABILITIES

Pai	organizations Maintaining Donor Advised organization answered 'Yes' to Form 990, Part IV, line		s of Accounts. Complete if the
	organization answered Tes to Form 990, Fait 14, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	e conferring
,	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the period		——————————————————————————————————————
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	-	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	lon's financial statements that describes	s the organization's accounting for
Da	conservation easements 1 III Organizations Maintaining Collections of	Art Historical Transuras or (Other Similar Assets
1 CI	Complete if the organization answered "Yes" to Form 9		other Sillinal Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		most and halance sheet works of art
10	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		ance of public service, provide, in Fatt Alli,
ь	If the organization elected, as permitted under SFAS 116 (ASC		at and halance sheet works of art, historical
·	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	deation, or research in fatherance of pr	solic service, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 11		a gain, provide
а	Revenue included in Form 990, Part VIII, line 1	to vice soo, relating to these items	> \$
	Assets included in Form 990, Part X		► \$
U	Added included in Form 550, Fall A		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	t III Organizations Maintaining C				DISAB					100/3		age 2
		-										
3	Using the organization's acquisition, accessi	on, and other record	as, cnec	k any of the	e following the	at are a	signitio	cant us	se of its	collection	item	3
	(check all that apply)		. —									
a	Public exhibition				change progr	ams						
ь	Scholarly research	•	e	Other								
c	Preservation for future generations								_			
4	Provide a description of the organization's co			-	-				e in Par	t XIII		
5	During the year, did the organization solicit o					ier simila	ar asse	ets		٦.,	_	١
D.	to be sold to raise funds rather than to be ma									Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		lete if the	organizati	on answered	"Yes" to	o Form	1 990, 1	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributio	ns or other a	ssets no	t inclu	ided		_		_
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.			_					
							L			Amount		
С	Beginning balance						L	1c				
d	Additions during the year						L	1d				
е	Distributions during the year						L	1e				
f	Ending balance					_	L	1f	····			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or o	ustodial acco	ount liab	ulity?			Yes		No
	If "Yes," explain the arrangement in Part XIII											<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line	10.					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) T	hree yea	ars back	(e) Four	years l	back
1a	Beginning of year balance		<u> </u>									
b	Contributions		<u> </u>	<u></u>								
С	Net investment earnings, gains, and losses											
d	Grants or scholarships		<u> </u>									
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses		<u> </u>									
9	End of year balance				<u> </u>	_						
2	Provide the estimated percentage of the curi	ent year end baland	ce (line 1	g, column (a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
c	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	and administe	ered for	the or	ganıza	tion	_		
	by										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?						3b		
4	Describe in Part XIII the intended uses of the		owment	funds								
Par	t VI _ Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" to Form 990	O, Part IV	, line 11a S	See Form 990	, Part X,	, line 1	10.				
	Description of property	(a) Cost or o		(b) Cos	t or other	(c) A	Accum	nulated		(d) Book	value	}
		basis (investi	ment)	basis	(other)	de	preci	ation_				
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
<u>e</u>	Other							_				
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, colur	nn (B), line	10c)				<u> </u>			0.

Schedu	le D (Form 990) 2014 PERSONS W/	INTELL. AND D	EV. DISABILITIES	05-6016875 _{Page} 3
Part '	Investments - Other Securities.			
	. Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part X, line 12.	
(a) De:	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Fina	incial derivatives			
(2) Clos	sely-held equity interests			
(3) Oth	er			
	EQUITIES AND MUTUAL FUNDS	2,382,031.	END-OF-YEAR MARK	ET VALUE
	FIXED INCOME	463,464.	END-OF-YEAR MARK	ET VALUE
	ACCRUED INTEREST	5,258.	END-OF-YEAR MARK	
(D)				
(E)				
(F)				
(G)				
(H)	of (b) must sold Form 000 Doct V and (D) line 10.)	2,850,753.		
	ol (b) must equal Form 990, Part X, col (B) line 12)	2,030,733.		
Part	Investments - Program Related.			
	Complete if the organization answered "Yes"			and of the property to the
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)_				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol (b) must equal Form 990, Part X, col (B) line 13)			7
Part				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15	
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
			· · · · · · · · · · · · · · · · · · ·	
(7)				
(8)			 .	+
(9)		4.5.1		
	Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		<u> </u>
Part :		. F 000 B : 041		0.5
	Complete if the organization answered "Yes"			25
1	(a) Description of liability		(b) Book value	
	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)	-			
(7)				
(8)	-			
(9)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 PERSONS W/ INTELL. AND DEV	. DISABILITIES	05-6016875 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	_	3
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)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	24	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII.)	4b	
0	Add lines 4a and 4b	40	- 4c
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
D ₂	t XIII Supplemental Information.	-	1.91
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
-			
-			
		-	
			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

Department of the Treasury

Part I

Information about Schedule G (Form 990 or 990 EZ) and its instructions is to the U. Its gov/form 990. THE JOHN E. FOGARTY FOUNDATION FOR Employe

Employer identification number

PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not recurred to complete this part.

or entity (fundraiser) (ii) Activity have custody from not but fundraiser to (or retained by	required to complete this part	•							
(ii) Name and address of individual or entity (fundraiser) (iii) Activity (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser islated in col. (i) (vi) Amount paid to (or retained by) from activity (vii) Amount paid to (or retained by) from activity (vii) Amount paid to (or retained by) from ac	a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with prividuals or entitles (fundraisers) pursu	ion of i ion of i fundra (includ	non-g gover ising of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees orYes			
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	(i) Name and address of individual		fundraise have custo or control		fundraiser have custody or control of		1	to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration		•	Yes	No					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			<u> </u>						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			l1						
Officerising.	3 List all states in which the organization	n is registered or licensed to solicit c	contrib	utions	or has been notified	d it is exempt from re	egistration		
	or ilcensing.				······································				
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Schedule G (Form 990 or 990-EZ) 2014

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Schedule G (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV. line 18, or reported more than \$15,000

	(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
	TOURNAMENT	(2) (2)	(4 a 4 a 1 a a b a a 2	col (c))
	(event type)	(event type)	(total number)	
1 Gross receipts	159,140.			159,140.
2 Less Contributions	102,110.			102,110.
3 Gross income (line 1 minus line 2)	57,030.			57,030.
4 Cash prizes				
5 Noncash prizes	439.			439.
6 Rent/facility costs	32,673.			32,673.
7 Food and beverages				
8 Entertainment	36.524.			36,524.
•			>	69,636.
1 Net income summary. Subtract line 10 from	- , ,		>	<12,606.
		990, Part IV, line 19, or re	eported more than	<u> </u>
\$15,000 on Form 990-EZ, line 6a.				
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes	7			
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes % No	Yes % No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through	gh 5 ın column (d)		•	
8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
~*************************************	4			
s the organization licensed to conduct gaming	activities in each of these	states?		Yes No
			ear?	Yes No
2 3 4 5 6 7 8 9 0 1 t 1 2 3 4 5 6 7 8 Fr s f W f	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through Net income summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the gaming income summary. Subtract line 10 from \$15,000 on Form 990-EZ, line 6a.	Cash prizes Noncash prizes Rent/facility costs Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) III Gaming. Complete if the organization answered "Yes" to Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) net the state(s) in which the organization conducts gaming activities in each of these "Yes," explain. Gree any of the organization's gaming licenses revoked, suspended or te "Yes," explain.	Cash prizes 102,110.	Less Contributions Gross income (line 1 minus line 2) 57,030. Cash prizes Noncash prizes A39. Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) *** (a) Bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Wolunteer labor Direct expenses summary. Subtract line 2 from line 1, column (d) Net qaming income summary. Subtract line 7 from line 1, column (d) *** Net qaming income summary. Subtract line 7 from line 1, column (d) *** Net qaming income summary. Subtract line 7 from line 1, column (d) *** Net qaming income summary. Subtract line 7 from line 1, column (d) *** *** ** ** ** ** ** ** **

THE JOHN E. FOGARTY FOUNDATION FOR Schedule G (Form 990 or 990-EZ) 2014 PERSONS W/ INTELL. AND DEV. DISABILITIES 05-6016875 Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes No to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party Address > Gaming manager information Name ▶ Gaming manager compensation ▶ \$_____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).

		THE JOHN	E. FOGARTY	FOUNDATI	ON FOR		
Schedule G	(Form 990 or 990-EZ)	PERSONS W	/ INTELL.	AND DEV.	DISABILITIE	S05-6016875 Pag	je 4
Part IV	Supplemental Infor	mation (continue	d)				
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Employer identification number ° ⊠ 05-6016875 PROGRAM FOR INDIVIDUALS Open to Públic WITH INTELLECTUAL AND Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any DEVELOPMENTAL DISABILITIES 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at mumirs and form990. (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990 AND DEV. DISABILITIES recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of 7 000 cash grant THE JOHN E. FOGARTY FOUNDATION FOR (c) IRC section if applicable 501(C)(3) PERSONS W/ INTELL. 05-0259080 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government SALVE REGINA UNIVERSITY 100 OCHRE POINT AVENUE Name of the organization NEWPORT, RI 02840 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

05-6016875

Schedule I (Form 990) (2014) PERSONS W/ INTELL. AND DEV. DISABILITIES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

432102 10-15-14

Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-FZ) and its instructions is at the Information and Information FOR Employee PERSONS W/ INTELL. AND DEV. DISABILITIES

Employer identification number

05-6016875

FORM 990, PART VI, SECTION A, LINE 2:

MARY FOGARTY MCANDREW IS THE WIFE OF THOMAS J. MCANDREW. RAYMOND FOGARTY IS THE COUSIN OF MARY FOGARTY MCANDREW. JOHN MAXWELL MCANDREW IS THE SON OF MARY FOGARTY MCANDREW AND THOMAS J. MCANDREW.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED BY THE FOUNDATION'S ACCOUNTING FIRM. REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. A REVIEW IS CONDUCTED AT A BOARD OF TRUSTEES MEETING PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A DIRECTORS. STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY, HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR. ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT EXISTS. THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE AT THE SECRETARY

STATES' OFFICE. THE ANNUAL FINANCIAL STATEMENTS ARE INCLUDED IN THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14