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**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	)r c	alen	idar year 2014 or tax year	beginning APR	1, 2014	, and ending	MAR 31, 2015	1 opervis r abile inspection
1	lan	ne of	foundation	·	•		A Employer identification	number
				CHARITABLE F	OUNDATION			
_	_	RU				,	22-2708298	
١			•	if mail is not delivered to street	·	Room/suite	B Telephone number	
_				CE CHARLES R			<del>+ · · · · · · · · · · · · · · · · · · ·</del>	3830
				untry, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_			TON, MA 021				 	
G	U	песк	all that apply	Initial return		rmer public charity	D 1. Foreign organizations	s, cneck nere
				Final return Address change	Amended return Name change		Foreign organizations me check here and attach co	eting the 85% test,
_		hack	type of organization	X Section 501(c)(3) ex			1	
ï		٦.	ction 4947(a)(1) nonexem		Other taxable private founda	ition	E If private foundation sta under section 507(b)(1)	tus was terminated
ī	Fa		arket value of all assets at e			X Accrual	F If the foundation is in a	
·			Part II, col. (c), line 16)	·	her (specify)		under section 507(b)(1)	
	<b>•</b>				mn (d) must be on cash b	basis.)		(-),
1	Pa	rt I	Analysis of Revenue an (The total of amounts in colu- necessarily equal the amoun	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			necessarily equal the amoun	its in column (a) )	expenses per books	ıncome	income	for chantable purposes (cash basis only)
	T	1	Contributions, gifts, grant	ts, etc , received	10,000.		N/A	
		2	Check X if the foundation	The state of the s				
		3	Interest on savings and tempo cash investments					
		4	Dividends and interest fro	om securities				
			Gross rents	•				
			Net rental income or (loss)					,,
	9	oa b	Net gain or (loss) from sale of Gross sales price for all assets on line 6a	assets not on line 10				
	Revenue	7		Part IV June 2\	<del></del>	0		
1	۳	8	Net short-term capital gai					
		9	Income modifications		······································	- <del>                                     </del>		,,,,
		10a	Gross sales less returns and allowances			,	RECEIVE	
		b	Less Cost of goods sold				- Lva d	f/.
		C	Gross profit or (loss)				AUG 1 7 2015	
		11	Other income		10 000		- 2013	
	_	12	Total. Add lines 1 throug	•	10,000.	0). O-	OGDEN UT	
		13	Compensation of officers, dire		0.	U	JODLIA, UI	0.
		14	Other employee salaries a Pension plans, employee	•		· · · · · · · · · · · · · · · · · · ·		
	Ses	15 16a	Legal fees	Denents			<del> </del>	
	ens		Accounting fees					_
	Expense		Other professional fees			•"		
2	Ş	17	Interest					
	and Administrative	18	Taxes	STMT 1	125.	0		125.
,	nist L	19	Depreciation and depletio	n				77
2	֚֓֞֞֞֟֡֡֟֡֡֡֡֡֡֡֡֡	20	Occupancy					
2	Ă۱	21	Travel, conferences, and					
έ	a	22	Printing and publications		26			
<b>.</b>	Ē	23	Other expenses	STMT 2	36.		•	36.
Į	Operating	24	Total operating and adm		161.	0.		161
-	ð	25	expenses. Add lines 13 to	-	109,550.			161. 109,550.
してではでして	- 1	25 26	Contributions, gifts, grant Total expenses and disb		107,330		<del> </del>	109,000.
3		-0	Add lines 24 and 25	eroumuma.	109,711.	0.		109,711.
n-	_	27	Subtract line 26 from line	12				
			Excess of revenue over expen		-99,711.			
			Net investment income (			0 .		
		C	Adjusted net income (if no	egative, enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

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Fo		OO-PF (2014) TRUST CHARITABL	E FOONDATION	22-	2708298 Page 2
		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
1	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	406,323.	306,612.	306,612.
	3	Accounts receivable -			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	_	Investments - U S and state government obligations			-
		Investments - corporate stock	-		
		Investments - corporate stock			-
	l <sup>-</sup>				<del>_</del>
	11		1		
		Less: accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			,
	14	Land, buildings, and equipment basis			
		Less: accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	406 303	205 610	226 612
		instructions Also, see page 1, item i)	406,323.	306,612.	306,612.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted .			
<u>a</u>	25	Temporarily restricted			
Ва	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
Ö	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	406,323.	306,612.	
Net Assets or Fund Balances	30	Total net assets or fund balances	406,323.	306,612.	
_					
	31	Total liabilities and net assets/fund balances	406,323.	306,612.	
	art				
_		net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	••	1	406,323.
2	•	r amount from Part I, line 27a		2	-99 <b>,</b> 711.
		r increases not included in line 2 (itemize)		3	<u> </u>
		lines 1, 2, and 3			306,612.
		eases not included in line 2 (itemize)		5	0.
อ	וטטע	54555 HVL HICHUGU III IIIG 2 (16HHZG) 🚩		5	U.

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306,612.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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Form 990-PF (2014) TRUST

	DEVENDA	CHMITTADED	10	-
2119	<b>ጎጥ</b>			

Part IV Capital Gains	and Losses for Tax	on Investmen	t Income			
	ribe the kind(s) of property so trehouse, or common stock,			(b) How acquired P - Purchase D - Donation	(c) Date acquir (mo , day, yr	
1a						_
b NO	NE					
<u>c</u>						
<u>d</u>		<del></del>	<del></del>			
e	(6) Decreasing allows	- (a) Co.	et or other beers		(h) Coin or	/loss\
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (e) plus (f) m	
a						
<u>b</u>					-	
d						
<u>u</u> e						
Complete only for assets showir	ng gain in column (h) and ow	ned by the foundation	n on 12/31/69		(I) Gains (Col (h)	gain minus
	(j) Adjusted basis		ccess of col (I)		col´(k), but not les Losses (from	s than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over	col (j), if any		Losses (Ironi	
<u>a</u>						
<u>b</u>	<del>-</del>					<del></del>
<u>c</u>						
e	_					
2 Capital gain net income or (net ca	If gain, als	so enter in Part I, line enter -0- in Part I, line	7	} 2		
3 Net short-term capital gain or (los	•		•			
If gain, also enter in Part I, line 8,		(2(5) and (6)		)		
If (loss), enter -0- in Part I, line 8				ʃ   3		
Part V Qualification U	Inder Section 4940(	e) for Reduced	Tax on Net	Investment I	ncome	
(For optional use by domestic private	e foundations subject to the s	ection 4940(a) tax or	net investment in	come )		
If section 4940(d)(2) applies, leave t	his part blank					
				40		Yes X No
Was the foundation liable for the sec				1002		Yes _A_ NO
If "Yes," the foundation does not qua 1 Enter the appropriate amount in				ntries		
(a)		b)		(c)		(d) Distribution ratio
Base period years Calendar year (or tax year beginni	أغيامينيم استقميناها	ing distributions	Net value of no	ncharitable-use ass		b) divided by col (c))
2013		97,491.		169,67		.574568
2012		100,006.		192,59		.519266
2011		64,594.		44,05		1.466279
2010		52,535.	-	65,93		.796794
2009		28,385.		31,34	10.	.905712
2 Total of line 1, column (d)					2	4.262619
3 Average distribution ratio for the		e total on line 2 by 5,	or by the number	of years		050504
the foundation has been in existe	nce if less than 5 years				3	.852524
4 Enter the net value of noncharital	ole-use assets for 2014 from	Part X, line 5			4	347,890.
5 Multiply line 4 by line 3			-		5	296,585.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)				6	0.
7 Add lines 5 and 6			-		7	296,585.
8 Enter qualifying distributions from	m Part XII, line 4				8	109,711.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part	VI, line 1b, and com	plete that part usin	g a 1% tax rate		5 000 PF (0044

THE DEVEREAUX CHARITABLE FOUNDATION

	b DEVEREAGE CHARITABLE FOUNDATION					
_			27082			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in	stru	ctio	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1				0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0.
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 . 6a .					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?		L	1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	)2	L	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or			·	
	distributed by the foundation in connection with the activities.					
· с	Did the foundation file Form 1120-POL for this year?		L	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		Į.			
	managers. ▶ \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		Ļ	2		X
	If "Yes," attach a detailed description of the activities.		1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. [	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?		L	6	_X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		L	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		Į.			
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		[	9_		X
10		TMT	3	10	X	

## THE DEVEREAUX CHARITABLE FOUNDATION

orn	Form 990-PF (2014) TRUST	22-27082	98	Page 5
	Part VII-A Statements Regarding Activities (continued)			
11	11 At any time during the year, did the foundation, directly or indirectly, own a c	ontrolled entity within the meaning of		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	X
12	12 Did the foundation make a distribution to a donor advised fund over which the	e foundation or a disqualified person had advisory privileges?		
	If "Yes," attach statement (see instructions)		12	X
13	13 Did the foundation comply with the public inspection requirements for its and	nual returns and exemption application?	13 X	
	Website address ► N/A			
14	14 The books are in care of ▶ ROBERT J. DEVEREAUX		42 - 3	830
	Located at ► 10 EMERSON PLACE, CHARLES R		14	
15	15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of	Form 1041 - Check here	/-	
	and enter the amount of tax-exempt interest received or accrued during the y		N/A	
16	16 At any time during calendar year 2014, did the foundation have an interest in	or a signature or other authority over a bank,	Ye	
	securities, or other financial account in a foreign country?	Ļ	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form	114, (formerly TD F 90-22 1) If "Yes," enter the name of the		
	foreign country	Farma 4700 Mara Da Da mailand		
Pa	Part VII-B   Statements Regarding Activities for Which		1.,	
	File Form 4720 if any item is checked in the "Yes" column, unles	s an exception applies.	Ye	s No
1 a	1a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified	I I		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or ac	cept it from) Yes X No		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualif			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified			
	(5) Transfer any income or assets to a disqualified person (or make any of e	Yes X No		
	for the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception C	· — — —		
	if the foundation agreed to make a grant to or to employ the official for a	• • • • • • • • • • • • • • • • • • •		
	termination of government service, if terminating within 90 days )	Yes X No		
H	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the	• — — [		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (se	37/3	1b	f
	Organizations relying on a current notice regarding disaster assistance check	·	12	
C	c Did the foundation engage in a prior year in any of the acts described in 1a, of			
	before the first day of the tax year beginning in 2014?		16	X
2	2 Taxes on failure to distribute income (section 4942) (does not apply for year	s the foundation was a private operating foundation		
_	defined in section 4942(j)(3) or 4942(j)(5))			
a	a At the end of tax year 2014, did the foundation have any undistributed incom	e (lines 6d and 6e, Part XIII) for tax year(s) beginning		
	before 2014?	Yes X No		ŀ
	If "Yes," list the years ▶,,	,,,	1	
t	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the p	rovisions of section 4942(a)(2) (relating to incorrect		l
	valuation of assets) to the year's undistributed income? (If applying section			
	statement - see instructions )	<u> </u>	2b	
C	c If the provisions of section 4942(a)(2) are being applied to any of the years I	sted in 2a, list the years here		
	<b>&gt;</b>		3	
3a	3a Did the foundation hold more than a 2% direct or indirect interest in any bus			
	during the year?	Yes X No		
t	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any pr			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20	/- I		
	Form 4720, to determine if the foundation had excess business hold		3b	+
	4a Did the foundation invest during the year any amount in a manner that would	F.	4a	X
t	b Did the foundation make any investment in a prior year (but after December 3	The state of the s	45	x
	had not been removed from jeopardy before the first day of the tax year begi	ming in sola.	4b	1 1

2	2-2	7	Λ	O	2		O
<i>L L</i>		- /	v	O	7	7	О

<u> Page 6</u>

Part VII-B Statements Regarding Activities for Which				
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)		L Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	ider the exceptions described i	n Regulations	, .	
section 53.4945 or in a current notice regarding disaster assistance (see inst	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?	N	T/A Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.49	15-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		L Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly	<i>!</i>	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evpansa
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT J. DEVEREAUX	TRUSTEE			
	TIKOSIEE			
10 EMERSON PLACE				
10 EMERSON PLACE	0.00	0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE		0.	0.	0.
10 EMERSON PLACE BOSTON, MA 02114	0.00		0.	0.
	0.00			
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in	0.00  Cluded on line 1). If none,		(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00	enter "NONE."	(d) Contributions to employee benefit plans	
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense
10 EMERSON PLACE BOSTON, MA 02114  2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	0.00  Cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense

t	THE DEVEREAUX CHARITABLE FOUNDAT		2708298 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		2/08/298 Page 7
0 Fb. List		- INONE II	
3 Five highes	t-paid independent contractors for professional services. If none, ente (a) Name and address of each person paid more than \$50,000		(c) Compensation
NIC		(b) Type of service	(c) Compensation
NC	ONE	_	
		<del></del>	
			<u> </u>
<u> </u>			
· - · · · · · · · · · · · · · ·			
Total number of	others receiving over \$50,000 for professional services	_	▶ 0
Part IX-A	Summary of Direct Charitable Activities	•	
List the foundati	on's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the duced, etc	Expenses
1 N/			
·			
2			
3		· · ·	
	10-2-		
<u> </u>			
Part IX-B	Summary of Program-Related Investments		
	o largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1N	'A		
-			
All other progra	m-related investments. See instructions		

Total. Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	353,188.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	353,188.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	353,188.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,298.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	347,890.
6	Minimum investment return. Enter 5% of line 5	6	17,395.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	17,395.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI )	]	
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,395.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	17,395.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	17,395.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	109,711.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	109,711.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	109,711.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section
	4940(e) reduction of tax in those years		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.	Corpus	reals phot to 2013	2013	2014
line 7				17,395.
2 Undistributed income, if any, as of the end of 2014			, . <b></b>	
a Enter amount for 2013 only			0.	
b Total for prior years		, , , , , , , , , , , , , , , , , , , ,		. 1344
B rotal for prior yours		0.		
3 Excess distributions carryover, if any, to 2014				***************************************
a From 2009 26,818.				
b From 2010 49,238.				
c From 2011 62,391.				
d From 2012 90,376.				
e From 2013 89,007.				
f Total of lines 3a through e	317,830.			
4 Qualifying distributions for 2014 from				······································
Part XII, line 4 ▶\$ 109,711.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior	·············		. ,	<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	1.11.1111			1.1.44
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				17,395.
e Remaining amount distributed out of corpus	92,316.		***************************************	<del>-</del>
5 Excess distributions carryover applied to 2014	0.	,	'	0.
(If an amount appears in column (d), the same amount must be shown in column (a))		······································		
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	410,146.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'		<u> </u>		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	~~~~~			······································
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	26,818.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	383,328.			
IO Analysis of line 9:		•		
a Excess from 2010 49,238.				
b Excess from 2011 62,391.				
c Excess from 2012 90,376.				
d Excess from 2013 89,007.				
e Excess from 2014 92,316.				
423581				Earm QQA_DE (2014)

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year N/A PUBLIC UNRESTRICTED / GENERAL CASA MYRNA PO BOX 180019 BOSTON, MA 02118 3,000. NEADS/ DOGS FOR DEAF AND DISABLED N/A PUBLIC UNRESTRICTED / GENERAL **AMERICANS** PO BOX 213 200. WEST BOYLSTON, MA 01583 PUBLIC UNRESTRICTED / GENERAL THE BRIDGE CENTER N/A 470 PINE STREET 100. BRIDGEWATER, MA 02324 GIRLS INC. OF WORCESTER N/A PUBLIC UNRESTRICTED / GENERAL 125 PROVIDENCE STREET WORCESTER, MA 01604 200. PUBLIC NATIONAL MS SOCIETY N/A UNRESTRICTED / GENERAL 101A FIRST AVE 720. WALTHAM, MA 02451 SEE CONTINUATION SHEET(S) ➤ 3a 109,550. Total b Approved for future payment NONE Total

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iter gross amounts unless otherwise indicated	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
	_ (a)	(b)	(C) Exclu-	(d)	Related or exemp
Program service revenue	Business code	Amount	sion	Amount	function income
a	0000				
	_		+ +		
			+ +-		
<u> </u>		·	+ +		
d			+	-	
e			+		
	_				
g Fees and contracts from government agencies					
Membership dues and assessments .			$\perp$		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					<u>-</u>
Net rental income or (loss) from personal			<del></del>		
property					
Other investment income	<u> </u>				
Gain or (loss) from sales of assets other					
han inventory .			+ +		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
	I I				
b <u> </u>					
				-	
	_				
d	_				
	_	0	•	0.	
Subtotal Add columns (b), (d), and (e)	_	0	•	0.	-
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)		0	•	0.	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations				13	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations				13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activitie	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activitie  BNO. Explain below how each activity for which in	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activitie  e No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  TOTAL ADD IN TOTAL ADDRING ADD IN TOTAL ADDRING ADD IN TOTAL ADDRING ADDRING ADDRIVED ADDRIVE	s to the Accom	nplishment of E	Exempt F	13	plishment of
inubtotal Add columns (b), (d), and (e)  iotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  if XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
inubtotal Add columns (b), (d), and (e)  iotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  if XVI-B  Relationship of Activitie  e No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activitie  B No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activitie  e No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activitie  e No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE TOTAL RELATIONSHIP OF ACTIVITIES  END. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activitie  B No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activitie  B No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  ReNo. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  ReNo. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  ReNo. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Relationship of Activitie  B No.  Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of
c d d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accom	nplishment of E	Exempt F	13	plishment of

Form 990-PF (2	2014) TRUST	1					22-2	2708298	Pa	age 13
Part XVII			nsfers To a	and Transac	ctions a	nd Relations	hips With Nor	ncharitable	е	
1 Did the or	Exempt Organ rganization directly or indi		v of the follows	na with any other	organizatio	n described in secti	uon 501(c) of		Yes	No
	(other than section 501(c						1011 30 7(0) 01		103	140
	from the reporting found				v.g					
(1) Cash	, ,			<b>3</b>				1a(1)	1	Х
(2) Other								1a(2)		Х
<b>b</b> Other tran	sactions									
(1) Sales	of assets to a noncharita	ıble exempt organız	atıon					1b(1)	ļ	X
( <b>2</b> ) Purcl	hases of assets from a no	ncharitable exempt	organization					1b(2)		X
= =	al of facilities, equipment,		•					1b(3)		X
` '	bursement arrangements	<b>;</b>	•					1b(4)		X
• •	s or loan guarantees							1b(5)	ļ	X
	ormance of services or me		-					1b(6)		X
	of facilities, equipment, ma wer to any of the above is	-			chould alw	ove chow the foir n	narket value of the a	1c	note	
	es given by the reporting f		-			-	_		5615,	
	<b>1)</b> the value of the goods,			00 1000 (1101) 1011 1	namot valu	on any tranoaction	or onaming arranger	110116, 011044 111		
(a) Line no	(b) Amount involved			e exempt organiza	ition	(d) Description	of transfers, transaction	ns, and shanng a	rangeme	ents
-			N/A							
							·			
								<del></del>		
			•							
								<del></del> -		
								<del>.</del> .		
	ndation directly or indirec	•	•		npt organiz	ations described			TV.	٦
	501(c) of the Code (othe		c)(3)) or in sect	tion 527?				└── Yes	LA	. No
IT Yes, Co	omplete the following sch (a) Name of orç			(b) Type of org	anization		(c) Description of rel	ationship		
	N/A	-		(2) 1) po 01 019			(0) 2000paid 07.10.			
		()		1						
l and b	r penalties of perjury, I declare elief it is true correct, and co							May the IRS	discuss (	this
Sign Here	Entel 1	VOn 10 0	d 11	1001	71	VITO.		return with the	(see ins	tr)7
	nature of officer or trustee	eren	ny	Data .	1112	Title	STEE	_ X Yes	:	J No
Sigi	Print/Type preparer's na		Preparer's s	Date		Title Date	Check If	PTIN		
	I till type preparer sile	umo				200	self- employed			
Paid	ROBERT J.	BOYLE /	Kelsen	* Bodo	DOA (	08/05/15		P00176	973	
Preparer	Firm's name ► DAR		RLINO &	CO, LI		, ,	Firm's EIN ► 04			
Use Only		0-								
	Firm's address ► 75	FEDERAL	STREET					·	-	
_	BO	STON, MA	02110	_			Phone no 617	7-426-7	300	

Form **990-PF** (2014)

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
CALVARY CHAPEL ACADEMY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
PO BOX 409 ROCKLAND, MA 02370				2,00
ROCKLAND, MA 02370				2,00
CATHOLIC CHARITIES NORTH	N/A	PUBLIC	UNRESTRICTED / GENERAL	
17 N COMMON STREET				
YNN, MA 01902				3,70
BILLY WEBBER GOLF TOURNAMENT	N/A	PUBLIC	UNRESTRICTED / GENERAL	
PO BOX 269	P1/ 43			
MILFORD, MA 01757			ļ.	62
WEST DOVER FIREFIGHTERS ASSOC.	N/A	PUBLIC	UNRESTRICTED / GENERAL	
PO BOX 1076-D WEST DOVER, VT 05356				50
WEST DOVER, VI 05356				
IRISH SPORTS YOUTH LEAGUE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
200 NEW BOSTON ROAD				
CANTON, MA 02021				60
LIANT DADE DUME. OF DD	N/A	PUBLIC	UNRESTRICTED / GENERAL	
LYNN BABE RUTH - GLBR PO BOX 501	N/A	POBLIC	UNRESTRICTED / GENERAL	
LYNN, MA 01905				4,00
SWAMPSCOTT YOUTH BASEBALL	N/A	PUBLIC	UNRESTRICTED / GENERAL	
9 SUMNER STREET SWAMPSCOTT, MA 01907				1,50
ST. MARY'S ADVANCEMENT	N/A	PUBLIC	UNRESTRICTED / GENERAL	
35 TREMONT STREET				
LYNN, MA 01902				10,00
COTA - CHILDREN'S ORGAN TRANSPLANT	N/A	PUBLIC	UNRESTRICTED / GENERAL	
ASSOC. 2501 WEST COTA DRIVE				
BLOOMINGTON, IN 47403				10
COLLEGE OF HOLY CROSS	N/A	PUBLIC	UNRESTRICTED / GENERAL	
ONE COLLEGE STREET				<i>c</i> 00
WORCESTER, MA 01610  Total from continuation sheets		_L	<u> </u>	6,00 105,33

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient Name of Advances (April 2014)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SWAMPSCOTT HS TRACK TEAM BOOSTERS	N/A	PUBLIC	UNRESTRICTED / GENERAL	
200 ESSEX STREET				2 222
SWAMPSCOTT, MA 01907				2,000.
NAHANT HISTORICAL SOCIETY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
41 VALLEY ROAD	N/A	FORDIC	DARESTRICIED / GENERAL	
NAHANT, MA 01908				500.
CATHOLIC CHARITIES	N/A	PUBLIC	UNRESTRICTED / GENERAL	
51 SLEEPER STREET				
BOSTON, MA 02110				1,000.
SOCIETY OF JESUS / NEW ENGLAND	N/A	PUBLIC	UNRESTRICTED / GENERAL	
PROVINCE OF JESUITS				
PO BOX 9199				
WATERTOWN, MA 02471				500.
THE TROOPER MARK CHARBONNIER	N/A	PUBLIC	UNRESTRICTED / GENERAL	
SCHOLARSHIP FUND				
PO BOX 870063				
MILTON VILLAGE, MA 02187				500.
PAN MASS CHALLENGE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
77 4TH AVE NEEDHAM, MA 02494				2,500.
NEBDRAN, MA 02434				2,500.
HIGHER GROUND SPORTS & ACADEMIC DEV.	N/A	PUBLIC	UNRESTRICTED / GENERAL	
INC				
161 EASTERN AVE LYNN, MA 01902				1,250.
ST. CATHERINE OF SIENA SCHOOL	N/A	PUBLIC	UNRESTRICTED / GENERAL	
249 NAHATAN STREET			,	
NORWOOD, MA 02062				500.
NAHANT VETERAN'S ASSOC.	N/A	PUBLIC	UNRESTRICTED / GENERAL	
РО ВОХ 82				
NAHANT, MA 01908				500.
ST. MARY'S OF THE ASSUMPTION PARISH	N/A	PUBLIC	UNRESTRICTED / GENERAL	
208 SAMOSET AVE				1 500
HULL, MA 02045  Total from continuation sheets				1,500.

Part XV · Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor GLENN PETERSON SCHOLARSHIP FUND PUBLIC UNRESTRICTED / GENERAL N/A 11 GRANT ROAD SWAMPSCOTT, MA 01907 1,000. UNRESTRICTED / GENERAL ST. MARY'S HIGH SCHOOL N/A PUBLIC 35 TREMONT STREET 16,000. LYNN, MA 01902 PITRI.TC UNRESTRICTED / GENERAL YMCA LYNCH/VAN OTTERLOO N/A 245 CABOT STREET 1,500. BEVERLY, MA 01915 PUBLIC UNRESTRICTED / GENERAL DANA FARBER CANCER & JIMMY FUND N/A PO BOX 849168 6,000. BOSTON, MA 02284 PUBLIC UNRESTRICTED / GENERAL ALZHEIMERS ASSOCIATION N/A 480 PLEASANT STREET WATERTOWN MA 02472 1,000. UNRESTRICTED / GENERAL PUBLIC MHSA - MA HOUSING & SHELTER ALLIANCE N/A PO BOX 120070 BOSTON, MA 02112 100. UNRESTRICTED / GENERAL N/A PUBLIC CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE 1,100. GREENFIELD, NH 03047 N/A PUBLIC UNRESTRICTED / GENERAL ST. CATHERINE OF GENOA 179 SUMMER STREET 500. SOMERVILLE, MA 02143 PUBLIC UNRESTRICTED / GENERAL IRISH CULTURAL CENTRE OF NEW ENGLAND N/A 200 NEW BOSTON DRIVE 1,500. CANTON, MA 02021 UNRESTRICTED / GENERAL N/A PUBLIC ST. JOHN'S PREPATATORY SCHOOL 72 SPRING STREET 3,500. DANVERS, MA 01923 Total from continuation sheets

·Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient PUBLIC UNRESTRICTED / GENERAL GALWAY HOSPICE FOUNDATION N/A RENMORE AVENUE 1,000. GALWAY, IRELAND THE JIMMY FUND OPEN N/A PUBLIC UNRESTRICTED / GENERAL 18 OUIMET LANE 1,080. FOXBOROUGH, MA 02035 THE JIMMY FUND WALK N/A PUBLIC UNRESTRICTED / GENERAL 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445 500. PUBLIC UNRESTRICTED / GENERAL WOUNDED WARRIORS PROJECT N/A PO BOX 758517 TOPEKA, KS 66675 1,000. ALS - NORTH SHORE WALK TO DEFEAT PUBLIC UNRESTRICTED / GENERAL N/A 315 NORWOOD PARK SOUTH 1ST FLOOR NORWOOD, MA 02062 1,000. PUBLIC UNRESTRICTED / GENERAL N/A BISHOP FENWICK HIGH SCHOOL 99 MARGIN STREET PEABODY, MA 01960 2,500. ERYHA - EVERETT/REVERE YOUTH HOCKEY PUBLIC UNRESTRICTED / GENERAL N/A ASSOC. PO BOX 444 REVERE, MA 02151 500. IRISH PASTORAL CENTRE N/A PUBLIC UNRESTRICTED / GENERAL 15 RITA ROAD DORCHESTER, RI 02124 1,000. LEUREMIA & LYMPHOMA SOCIETY N/A PUBLIC UNRESTRICTED / GENERAL 9 ERIE DRIVE SUITE 101 NATICK, MA 01760 1,000. GONZAGA COLLEGE HIGH SCHOOL N/A PUBLIC UNRESTRICTED / GENERAL 17 EYE STREET NW WASHINGTON DC DC 20001 2,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SHIRLEY FIRE DEPT. N/A PUBLIC UNRESTRICTED / GENERAL PO BOX 716 SHIRLEY, MA 01464 100. BOLOGNESE STRONG FUND N/A PUBLIC UNRESTRICTED / GENERAL 600 LORING AVE 2,500. SALEM, MA 01907 GENERATIONS INCORPORATED PUBLIC N/A UNRESTRICTED / GENERAL 25 KINGSTON STREET 4TH FLOOR BOSTON, MA 02111 1,000. NAHANT SWIM N/A PUBLIC UNRESTRICTED / GENERAL 430 NAHANT ROAD NAHANT, MA 01908 100. MASS AUDUBON SOCIETY N/A PUBLIC UNRESTRICTED / GENERAL 208 SOUTH GREAT ROAD PO BOX 9102 LINCOLN, MA 01773 100. PUBLIC SCLERODERMA FOUNDATION GIVING N/A UNRESTRICTED / GENERAL 300 ROSEWOOD DR STE 105 DANVERS, MA 01923 100. COAST GUARD FOUNDATION PUBLIC UNRESTRICTED / GENERAL N/A 394 TAUGWONK ROAD 100. STONINGTON, CT 06378 MSPCA-ANGELL N/A PUBLIC UNRESTRICTED / GENERAL PO BOX 55130 BOSTON, MA 02205 100. BOYS & GIRLS CLUB OF LYNN N/A PUBLIC UNRESTRICTED / GENERAL 25 NORTH COMMON STREET LYNN, MA 01902 500. PUBLIC BOSTON POLICE RELIEF ASSOC. N/A UNRESTRICTED / GENERAL 1249 HYDE PARK AVE 100. HYDE PARK, MA 02136 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor ST. CATHERINE OF SIENA PARISH N/A PUBLIC UNRESTRICTED / GENERAL 249 NAHATAN STREET NORWOOD, MA 02062 500. UNRESTRICTED / GENERAL PINE STREET INN N/A PUBLIC 444 HARRISON AVE 250. BOSTON MA 02118 PUBLIC UNRESTRICTED / GENERAL N/A GREATER BOSTON FOOD BANK PO BOX 55860 100. BOSTON, MA 02205 UNRESTRICTED / GENERAL N/A PUBLIC AMERICAN LUNG ASSOCIATION PO BOX 7000 100. ALBERT LEA, MN 56007 DEERFIELD VALLEY RESCUE PUBLIC UNRESTRICTED / GENERAL PO BOX 854 WILMINGTON, VT 05363 150. PUBLIC UNRESTRICTED / GENERAL N/A MASS HOUSING & SHELTER ALLIANCE PO BOX 120070 BOSTON, MA 02112 100. PUBLIC UNRESTRICTED / GENERAL MAKE-A-WISH FOUNDATION N/A 4742 N. 24TH STREET SUITE 400 500. PHOENIX, AZ 85016 CATHOLIC UNIVERSITY OF AMERICA N/A PUBLIC UNRESTRICTED / GENERAL 620 MICHIGAN AVE NE 1,000. WASHINGTON DC DC 20064 PUBLIC UNRESTRICTED / GENERAL GLENN PETERSON SCHOLARSHIP FUND N/A 11 GRANT ROAD SWAMPSCOTT, MA 01907 1,000. PUBLIC UNRESTRICTED / GENERAL LYNN YOUTH HOCKEY N/A PO BOX 8001 1,000. LYNN, MA 01904 Total from continuation sheets

Part XV · Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC UNRESTRICTED / GENERAL NP PIONEERS TO COOPERSTOWN N/A 238 WOODBINE CIR NEW PROVIDENCE, NJ 07974 1,000. UNRESTRICTED / GENERAL PUBLIC SPECIAL OLYMPICS N/A PO BOX 467 DANVERS, MA 01923 500. PUBLIC UNRESTRICTED / GENERAL N/A THE JESUITS PO BOX 9199 WATERTOWN, MA 02471 5,000. PUBLIC UNRESTRICTED / GENERAL HOPE FUNDRAISER / BCH N/A 300 LONGWOOD AVE 250. BOSTON, MA 02115 MASS GENERAL HOSPITAL N/A PUBLIC UNRESTRICTED / GENERAL 100 CAMBRIDGE STREET STE 1310 500. BOSTON, MA 02114 N/A PUBLIC UNRESTRICTED / GENERAL ROXBURY YOUTHWORKS INC 841 PARKER STREET SUITE 104/106 250. ROXBURY CROSSING, MA 02120 BETHANY HEALTH CARE N/A PUBLIC UNRESTRICTED / GENERAL 97 BETHANY ROAD 2,500. FRAMINGHAM, MA 01702 HULL LIFESAVING MUSEUM N/A PUBLIC UNRESTRICTED / GENERAL PO BOX 221 250. HULL, MA 02045 N/A PUBLIC UNRESTRICTED / GENERAL NAHANT LITTLE LEAGUE 68 WHARF STREET NAHANT MA 01908 500. N/A PUBLIC UNRESTRICTED / GENERAL SALEM STATE ATHLETICS / BASEBALL 307 LINWOOD STREET 1,000. LYNN, MA 01905 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient PUBLIC UNRESTRICTED / GENERAL PERKINS SCHOOL FOR THE BLIND N/A 175 N. BEACON STREET 500. WATERTOWN, MA 02472 PUBLIC UNRESTRICTED / GENERAL TAUNTON POLICE ASSOCIATION N/A 23 SUMMER STREET 125. TAUNTON, MA 02780 Total from continuation sheets

FORM 990-PF	TAX	ES	S	STATEMENT 1			
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE			
COMMONWEALTH OF MASSACHUSETTS - ANNUAL REPORT	125.	0.		125.			
TO FORM 990-PF, PG 1, LN 18	125.	0.		125.			
FORM 990-PF OTHER EXPENSES				STATEMENT 2			
DESCRIPTION	<b>EXPENSES</b>	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES			
BANK FEES	36.	0.		36.			
TO FORM 990-PF, PG 1, LN 23	36.	0.		36.			
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	TATEMENT 3			
NAME OF CONTRIBUTOR	ADDR	ESS					
ROBERT J DEVEREAUX CORPORATION		10 EMERSON PLACE, CHARLES RIVER PARK BOSTON, MA 02114					
ROBERT J DEVEREAUX		10 EMERSON PLACE #12E BOSTON, MA 02114					

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. ROBERT J. DEVEREAUX, TRUSTEE OF THE DEVEREAUX C. F. 10 EMERSON PLACE, CHARLES RIVER PARK BOSTON, MA 02114

TELEPHONE NUMBER

(617) 742-3830

FORM AND CONTENT OF APPLICATIONS

A DESCRIPTION AND PURPOSE OF ORGANIZATION AND INTENDED USE OF REQUESTED GIFT

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE