



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No. 1545-0052

**2016**

Open to Public Inspection

For calendar year 2016 or tax year beginning

**APR 1, 2016**

, and ending

**MAR 31, 2017**

Name of foundation

**THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST****A Employer identification number****22-2708298**

Number and street (or P.O. box number if mail is not delivered to street address)

**10 EMERSON PLACE CHARLES RIVER PARK**

Room/suite

**B Telephone number****(617) 742-3830**

City or town, state or province, country, and ZIP or foreign postal code

**BOSTON, MA 02114****C If exemption application is pending, check here** ▶ ☐**G Check all that apply**☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change**D 1. Foreign organizations, check here** ▶ ☐**2 Foreign organizations meeting the 85% test, check here and attach computation** ▶ ☐**H Check type of organization**☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation**E If private foundation status was terminated under section 507(b)(1)(A), check here** ▶ ☐**I Fair market value of all assets at end of year**

(from Part II, col. (c), line 16)

▶ \$ **567,333.****J Accounting method**☐ Cash☒ Accrual☐ Other (specify) \_\_\_\_\_**F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here** ▶ ☐**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

**(a) Revenue and expenses per books****(b) Net investment income****(c) Adjusted net income****(d) Disbursements for charitable purposes (cash basis only)**

|                                                          |                                                                                                |          |     |          |          |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------|----------|-----|----------|----------|
| Revenue                                                  | 1 Contributions, gifts, grants, etc., received                                                 | 320,000. |     | N/A      |          |
|                                                          | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |          |     |          |          |
|                                                          | 3 Interest on savings and temporary cash investments                                           |          |     |          |          |
|                                                          | 4 Dividends and interest from securities                                                       |          |     |          |          |
|                                                          | 5a Gross rents                                                                                 |          |     |          |          |
|                                                          | b Net rental income or (loss)                                                                  |          |     |          |          |
|                                                          | 6a Net gain or (loss) from sale of assets not on line 10                                       |          |     |          |          |
|                                                          | b Gross sales price for all assets on line 6a                                                  |          |     |          |          |
|                                                          | 7 Capital gain net income (from Part IV, line 2)                                               |          | 0.  |          |          |
|                                                          | 8 Net short-term capital gain                                                                  |          |     |          |          |
| 9 Income modifications                                   |                                                                                                |          |     |          |          |
| 10a Gross sales less returns and allowances              |                                                                                                |          |     |          |          |
| b Less Cost of goods sold                                |                                                                                                |          |     |          |          |
| c Gross profit or (loss)                                 |                                                                                                |          |     |          |          |
| 11 Other income                                          |                                                                                                |          |     |          |          |
| 12 Total. Add lines 1 through 11                         | 320,000.                                                                                       | 0.       |     |          |          |
| Operating and Administrative Expenses                    | 13 Compensation of officers, directors, trustees, and                                          | 0.       | 0.  |          | 0.       |
|                                                          | 14 Other employee salaries and wages                                                           |          |     |          |          |
|                                                          | 15 Pension plans, employee benefits                                                            |          |     |          |          |
|                                                          | 16a Legal fees                                                                                 |          |     |          |          |
|                                                          | b Accounting fees                                                                              |          |     |          |          |
|                                                          | c Other professional fees                                                                      |          |     |          |          |
|                                                          | 17 Interest                                                                                    |          |     |          |          |
|                                                          | 18 Taxes <b>STMT 1</b>                                                                         | 125.     | 0.  |          | 125.     |
|                                                          | 19 Depreciation and depletion                                                                  |          |     |          |          |
|                                                          | 20 Occupancy                                                                                   |          |     |          |          |
|                                                          | 21 Travel, conferences, and meetings                                                           |          |     |          |          |
|                                                          | 22 Printing and publications                                                                   |          |     |          |          |
|                                                          | 23 Other expenses <b>STMT 2</b>                                                                | 86.      | 0.  |          | 86.      |
|                                                          | 24 Total operating and administrative expenses. Add lines 13 through 23                        | 211.     | 0.  |          | 211.     |
|                                                          | 25 Contributions, gifts, grants paid                                                           | 194,190. |     |          | 194,190. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 194,401.                                                                                       | 0.       |     | 194,401. |          |
| 27 Subtract line 26 from line 12                         | 125,599.                                                                                       |          |     |          |          |
| 28a Excess of revenue over expenses and disbursements    |                                                                                                |          |     |          |          |
| 28b Net investment income (if negative, enter -0-)       |                                                                                                | 0.       |     |          |          |
| 28c Adjusted net income (if negative, enter -0-)         |                                                                                                |          | N/A |          |          |

**THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST**

Form 990-PF (2016)

22-2708298

Page 2

| Part II Balance Sheets                                                                          |                                                                                           | Attached schedules and amounts in the description column should be for end-of-year amounts only |                |                       |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|-----------------------|
|                                                                                                 |                                                                                           | Beginning of year                                                                               | End of year    |                       |
|                                                                                                 |                                                                                           | (a) Book Value                                                                                  | (b) Book Value | (c) Fair Market Value |
| Assets                                                                                          | 1 Cash - non-interest-bearing                                                             |                                                                                                 |                |                       |
|                                                                                                 | 2 Savings and temporary cash investments                                                  | 441,734.                                                                                        | 567,333.       | 567,333.              |
|                                                                                                 | 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 ▶                                                    |                                                                                                 |                |                       |
|                                                                                                 | 8 Inventories for sale or use                                                             |                                                                                                 |                |                       |
|                                                                                                 | 9 Prepaid expenses and deferred charges                                                   |                                                                                                 |                |                       |
|                                                                                                 | 10a Investments - U S and state government obligations                                    |                                                                                                 |                |                       |
|                                                                                                 | b Investments - corporate stock                                                           |                                                                                                 |                |                       |
|                                                                                                 | c Investments - corporate bonds                                                           |                                                                                                 |                |                       |
|                                                                                                 | Liabilities                                                                               | 11 Investments - land, buildings, and equipment basis ▶                                         |                |                       |
| Less accumulated depreciation ▶                                                                 |                                                                                           |                                                                                                 |                |                       |
| 12 Investments - mortgage loans                                                                 |                                                                                           |                                                                                                 |                |                       |
| 13 Investments - other                                                                          |                                                                                           |                                                                                                 |                |                       |
| 14 Land, buildings, and equipment basis ▶                                                       |                                                                                           |                                                                                                 |                |                       |
| Less accumulated depreciation ▶                                                                 |                                                                                           |                                                                                                 |                |                       |
| 15 Other assets (describe ▶)                                                                    |                                                                                           |                                                                                                 |                |                       |
| 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) |                                                                                           | 441,734.                                                                                        | 567,333.       | 567,333.              |
| 17 Accounts payable and accrued expenses                                                        |                                                                                           |                                                                                                 |                |                       |
| 18 Grants payable                                                                               |                                                                                           |                                                                                                 |                |                       |
| Net Assets or Fund Balances                                                                     | 19 Deferred revenue                                                                       |                                                                                                 |                |                       |
|                                                                                                 | 20 Loans from officers, directors, trustees, and other disqualified persons               |                                                                                                 |                |                       |
|                                                                                                 | 21 Mortgages and other notes payable                                                      |                                                                                                 |                |                       |
|                                                                                                 | 22 Other liabilities (describe ▶)                                                         |                                                                                                 |                |                       |
| 23 Total liabilities (add lines 17 through 22)                                                  | 0.                                                                                        | 0.                                                                                              |                |                       |
| Net Assets or Fund Balances                                                                     | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>                   |                                                                                                 |                |                       |
|                                                                                                 | and complete lines 24 through 26 and lines 30 and 31.                                     |                                                                                                 |                |                       |
|                                                                                                 | 24 Unrestricted                                                                           |                                                                                                 |                |                       |
|                                                                                                 | 25 Temporarily restricted                                                                 |                                                                                                 |                |                       |
|                                                                                                 | 26 Permanently restricted                                                                 |                                                                                                 |                |                       |
|                                                                                                 | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> |                                                                                                 |                |                       |
|                                                                                                 | and complete lines 27 through 31.                                                         |                                                                                                 |                |                       |
|                                                                                                 | 27 Capital stock, trust principal, or current funds                                       | 0.                                                                                              | 0.             |                       |
| 28 Paid-in or capital surplus, or land, bldg, and equipment fund                                | 0.                                                                                        | 0.                                                                                              |                |                       |
| 29 Retained earnings, accumulated income, endowment, or other funds                             | 441,734.                                                                                  | 567,333.                                                                                        |                |                       |
| 30 Total net assets or fund balances                                                            | 441,734.                                                                                  | 567,333.                                                                                        |                |                       |
| 31 Total liabilities and net assets/fund balances                                               | 441,734.                                                                                  | 567,333.                                                                                        |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                 |   |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 441,734. |
| 2 Enter amount from Part I, line 27a                                                                                                                            | 2 | 125,599. |
| 3 Other increases not included in line 2 (itemize) ▶                                                                                                            | 3 | 0.       |
| 4 Add lines 1, 2, and 3                                                                                                                                         | 4 | 567,333. |
| 5 Decreases not included in line 2 (itemize) ▶                                                                                                                  | 5 | 0.       |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 567,333. |

Form 990-PF (2016)

## THE DEVEREAUX CHARITABLE FOUNDATION

Form 990-PF (2016)

TRUST

22-2708298 Page 3

**Part IV Capital Gains and Losses for Tax on Investment Income**

|                                                                                                                                   |                                            |                                                                                               |                                                                                              |                                |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) |                                            | (b) How acquired<br>P - Purchase<br>D - Donation                                              | (c) Date acquired<br>(mo, day, yr)                                                           | (d) Date sold<br>(mo, day, yr) |
| 1a                                                                                                                                |                                            |                                                                                               |                                                                                              |                                |
| b NONE                                                                                                                            |                                            |                                                                                               |                                                                                              |                                |
| c                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| d                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| e                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| (e) Gross sales price                                                                                                             | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale                                               | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                 |                                |
| a                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| b                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| c                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| d                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| e                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                       |                                            |                                                                                               | (i) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                |
| (i) F M V as of 12/31/69                                                                                                          | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col (i)<br>over col (j), if any                                                 |                                                                                              |                                |
| a                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| b                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| c                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| d                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| e                                                                                                                                 |                                            |                                                                                               |                                                                                              |                                |
| 2 Capital gain net income or (net capital loss)                                                                                   |                                            | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7             |                                                                                              | 2                              |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)                                                    |                                            | { If gain, also enter in Part I, line 8, column (c)<br>If (loss), enter -0- in Part I, line 8 |                                                                                              | 3                              |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                           | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                                                                                                                           | 174,848.                                 | 340,001.                                     | .514257                                                   |
| 2014                                                                                                                                                                           | 109,711.                                 | 347,890.                                     | .315361                                                   |
| 2013                                                                                                                                                                           | 97,491.                                  | 169,677.                                     | .574568                                                   |
| 2012                                                                                                                                                                           | 100,006.                                 | 192,591.                                     | .519266                                                   |
| 2011                                                                                                                                                                           | 64,594.                                  | 44,053.                                      | 1.466279                                                  |
| 2 Total of line 1, column (d)                                                                                                                                                  |                                          |                                              | 2 3.389731                                                |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years |                                          |                                              | 3 .677946                                                 |
| 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5                                                                                                 |                                          |                                              | 4 356,628.                                                |
| 5 Multiply line 4 by line 3                                                                                                                                                    |                                          |                                              | 5 241,775.                                                |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   |                                          |                                              | 6 0.                                                      |
| 7 Add lines 5 and 6                                                                                                                                                            |                                          |                                              | 7 241,775.                                                |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         |                                          |                                              | 8 194,401.                                                |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

## THE DEVEREAUX CHARITABLE FOUNDATION

Form 990-PF (2016)

TRUST

22-2708298

Page 4

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|    |                                                                                                                                                                                                                                   |    |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) | 1  | 0. |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                   |    |    |
| c  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            | 2  | 0. |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | 3  | 0. |
| 3  | Add lines 1 and 2                                                                                                                                                                                                                 | 4  | 0. |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | 5  | 0. |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                           |    |    |
| 6  | Credits/Payments                                                                                                                                                                                                                  |    |    |
| a  | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                                                                                                                 | 6a |    |
| b  | Exempt foreign organizations - tax withheld at source                                                                                                                                                                             | 6b |    |
| c  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                               | 6c |    |
| d  | Backup withholding erroneously withheld                                                                                                                                                                                           | 6d |    |
| 7  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                               | 7  | 0. |
| 8  | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                                       | 11 |    |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                        |     | X  |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| 1c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                        |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.                                                                                                                          |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.                                                                                                                                                                          |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                   |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                 |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                             |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                          |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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?            | 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                                                                                                                                                                                                            | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                  | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                         |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                          | X   |    |

N/A

STMT 3

Form 990-PF (2016)

**THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST**

Form 990-PF (2016)

22-2708298

Page 5

**Part VII-A Statements Regarding Activities** (continued)

|                                                                                                                                                                                                                                                                                                                                    | Yes | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                                         |     | X   |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                        |     | X   |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► N/A                                                                                                                                                                                    | X   |     |
| 14 The books are in care of ► <b>ROBERT J. DEVEREAUX CORP.</b> Telephone no ► <b>(617) 742-3830</b><br>Located at ► <b>10 EMERSON PLACE, CHARLES RIVER PARKWAY, BOSTON,</b> ZIP+4 ► <b>02114</b>                                                                                                                                   |     |     |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here<br>and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                          |     | N/A |
| 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► |     | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                 | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1a During the year did the foundation (either directly or indirectly)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?<br>(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                 |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))<br>a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?<br>If "Yes," list the years ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                 |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                 |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | X  |

Form 990-PF (2016)

## THE DEVEREAUX CHARITABLE FOUNDATION

TRUST

Form 990-PF (2016)

22-2708298

Page 6

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No  
Organizations relying on a current notice regarding disaster assistance check here ☐ N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d). ☐ N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No  
If "Yes" to 6b, file Form 8870. ☐ N/A

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address                                        | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| ROBERT J. DEVEREAUX<br>10 EMERSON PLACE<br>BOSTON, MA 02114 | TRUSTEE                                                   | 0.00                                      | 0.                                                                    | 0.                                    |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |
|                                                             |                                                           |                                           |                                                                       |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

0

Form 990-PF (2016)

Form 990-PF (2016)

## TRUST

22-2708298

Page 7

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

[illegible]

**Total number of others receiving over \$50,000 for professional services**

0

|                  |                                                |
|------------------|------------------------------------------------|
| <b>Part IX-A</b> | <b>Summary of Direct Charitable Activities</b> |
|------------------|------------------------------------------------|

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

|   |     |  |
|---|-----|--|
| 1 | N/A |  |
|   |     |  |
|   |     |  |
| 2 |     |  |
|   |     |  |
|   |     |  |
| 3 |     |  |
|   |     |  |
|   |     |  |
| 4 |     |  |
|   |     |  |
|   |     |  |

|                  |                                               |
|------------------|-----------------------------------------------|
| <b>Part IX-B</b> | <b>Summary of Program-Related Investments</b> |
|------------------|-----------------------------------------------|

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

|                                                        |     |  |
|--------------------------------------------------------|-----|--|
| 1                                                      | N/A |  |
|                                                        |     |  |
|                                                        |     |  |
| 2                                                      |     |  |
|                                                        |     |  |
|                                                        |     |  |
| All other program-related investments See instructions |     |  |
| 3                                                      |     |  |
|                                                        |     |  |
|                                                        |     |  |
|                                                        |     |  |
|                                                        |     |  |
|                                                        |     |  |

**Total.** Add lines 1 through 3

0.

Form **990-PF** (2016)

**THE DEVEREAUX CHARITABLE FOUNDATION**  
**TRUST**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                            |           |          |
|----------|------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |           |          |
| <b>a</b> | Average monthly fair market value of securities                                                            | <b>1a</b> | 0.       |
| <b>b</b> | Average of monthly cash balances                                                                           | <b>1b</b> | 362,059. |
| <b>c</b> | Fair market value of all other assets                                                                      | <b>1c</b> |          |
| <b>d</b> | Total (add lines 1a, b, and c)                                                                             | <b>1d</b> | 362,059. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | <b>1e</b> | 0.       |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                       | <b>2</b>  | 0.       |
| <b>3</b> | Subtract line 2 from line 1d                                                                               | <b>3</b>  | 362,059. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | <b>4</b>  | 5,431.   |
| <b>5</b> | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       | <b>5</b>  | 356,628. |
| <b>6</b> | Minimum investment return. Enter 5% of line 5                                                              | <b>6</b>  | 17,831.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

|           |                                                                                                    |           |         |
|-----------|----------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                      | <b>1</b>  | 17,831. |
| <b>2a</b> | Tax on investment income for 2016 from Part VI, line 5                                             | <b>2a</b> |         |
| <b>b</b>  | Income tax for 2016 (This does not include the tax from Part VI)                                   | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b                                                                                | <b>2c</b> | 0.      |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                              | <b>3</b>  | 17,831. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                          | <b>4</b>  | 0.      |
| <b>5</b>  | Add lines 3 and 4                                                                                  | <b>5</b>  | 17,831. |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                             | <b>6</b>  | 0.      |
| <b>7</b>  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 17,831. |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                   |           |          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                         |           |          |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | <b>1a</b> | 194,401. |
| <b>b</b> | Program-related investments - total from Part IX-B                                                                                | <b>1b</b> | 0.       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | <b>2</b>  |          |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                               |           |          |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                    | <b>3a</b> |          |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                             | <b>3b</b> |          |
| <b>4</b> | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                        | <b>4</b>  | 194,401. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | <b>5</b>  | 0.       |
| <b>6</b> | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                    | <b>6</b>  | 194,401. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST**

Form 990-PF (2016)

22-2708298 Page 9

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2016 from Part XI, line 7                                                                                                                       |               |                            |             | 17,831.     |
| <b>2</b> Undistributed income, if any, as of the end of 2016                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2015 only                                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Total for prior years                                                                                                                                                    |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2016                                                                                                                          |               |                            |             |             |
| <b>a</b> From 2011                                                                                                                                                                | 62,391.       |                            |             |             |
| <b>b</b> From 2012                                                                                                                                                                | 90,376.       |                            |             |             |
| <b>c</b> From 2013                                                                                                                                                                | 89,007.       |                            |             |             |
| <b>d</b> From 2014                                                                                                                                                                | 92,316.       |                            |             |             |
| <b>e</b> From 2015                                                                                                                                                                | 157,848.      |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 491,938.      |                            |             |             |
| <b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$                                                                                                             | 194,401.      |                            |             |             |
| <b>a</b> Applied to 2015, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| <b>d</b> Applied to 2016 distributable amount                                                                                                                                     | 176,570.      |                            |             | 17,831.     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             | 0.          |
| <b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   | 668,508.      |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          |               |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0.                         |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions                                                                                                          |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see instr                                                                                   |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017                                                                |               |                            |             | 0.          |
| <b>7</b> 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.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7                                                                                                 | 62,391.       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a                                                                                              | 606,117.      |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| <b>a</b> Excess from 2012                                                                                                                                                         | 90,376.       |                            |             |             |
| <b>b</b> Excess from 2013                                                                                                                                                         | 89,007.       |                            |             |             |
| <b>c</b> Excess from 2014                                                                                                                                                         | 92,316.       |                            |             |             |
| <b>d</b> Excess from 2015                                                                                                                                                         | 157,848.      |                            |             |             |
| <b>e</b> Excess from 2016                                                                                                                                                         | 176,570.      |                            |             |             |



THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

Form 990-PF (2016)

22-2708298 Page 11

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------|
| Name and address (home or business)                                            |                                                                                                           |                                |                                  |          |
| a Paid during the year                                                         |                                                                                                           |                                |                                  |          |
| BOSTON COLLEGE HIGH SCHOOL<br>150 WILLIAM T. MORRISEY BLVD<br>BOSTON, MA 02125 | N/A                                                                                                       | PUBLIC                         | UNRESTRICTED / GENERAL           | 2,500.   |
| CATHOLIC UNIVERSITY<br>P.O. BOX 20077<br>WASHINGTON, DC 91481                  | N/A                                                                                                       | PUBLIC                         | UNRESTRICTED / GENERAL           | 2,000.   |
| THE CATHOLIC APPEAL<br>P.O. BOX 9134<br>CANTON, MA 02021                       | N/A                                                                                                       | PUBLIC                         | UNRESTRICTED / GENERAL           | 1,500.   |
| SHREWSBURY LITTLE LEAGUE<br>P.O. BOX 197<br>SHREWSBURY, MA 01545               | N/A                                                                                                       | PUBLIC                         | UNRESTRICTED / GENERAL           | 1,000.   |
| PLAINVILLE ATHLETIC LEAGUE<br>P.O. BOX 1626<br>PLAINVILLE, MA 02762            | N/A                                                                                                       | PUBLIC                         | UNRESTRICTED / GENERAL           | 2,000.   |
| Total                                                                          |                                                                                                           |                                | SEE CONTINUATION SHEET(S) ▶ 3a   | 194,190. |
| b Approved for future payment                                                  |                                                                                                           |                                |                                  |          |
| NONE                                                                           |                                                                                                           |                                |                                  |          |
|                                                                                |                                                                                                           |                                |                                  |          |
|                                                                                |                                                                                                           |                                |                                  |          |
| Total                                                                          |                                                                                                           |                                | ▶ 3b                             | 0.       |

Form 990-PF (2016)



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- |          |                                                                                                                                                                                                                                                                                                                                                                                              | Yes          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |              |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                            |              |
|          | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | <b>1a(1)</b> |
|          | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | <b>1a(2)</b> |
| <b>b</b> | Other transactions                                                                                                                                                                                                                                                                                                                                                                           |              |
|          | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b> |
|          | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | <b>1b(2)</b> |
|          | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | <b>1b(3)</b> |
|          | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | <b>1b(4)</b> |
|          | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(5)</b> |
|          | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | <b>1b(6)</b> |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | <b>1c</b>    |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |              |

|       | Yes | No |
|-------|-----|----|
| 1a(1) |     | X  |
| 1a(2) |     | X  |
| 1b(1) |     | X  |
| 1b(2) |     | X  |
| 1b(3) |     | X  |
| 1b(4) |     | X  |
| 1b(5) |     | X  |
| 1b(6) |     | X  |
| 1c    |     | X  |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

Title

## TRUSTEE

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

|      |  |
|------|--|
| Date |  |
|------|--|

Check ☐ self-employed

|      |
|------|
| PTIN |
|------|

ROBERT J. BOYLE

Firm's name ► DARMODY, MERLINO & CO., LLP

07/27/17

P00176973

Firm's address ► 75 FEDERAL STREET  
BOSTON, MA 02110

Phone no 617-426-7300

Form **990-PF** (2016)

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| CANTON LITTLE LEAGUE<br>P.O. BOX 241<br>CANTON, MA 02021                                | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,000.   |
| EVERETT LITTLE LEAGUE<br>P.O. BOX 490032<br>EVERETT, MA 02149                           | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,000.   |
| ST. JOHN'S PREPATATORY SCHOOL<br>72 SPRING STREET<br>DANVERS, MA 01923                  | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 8,000.   |
| NEW ENGLAND AMPUTEE ASSOCIATION<br>185 STERLING ROAD<br>LANCASTER, MA 01523             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.     |
| ST. MARY'S HIGH SCHOOL<br>35 TREMONT STREET<br>LYNN, MA 01902                           | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 30,000.  |
| NEUROFIBROMATOSIS / NF2 MASS GENERAL<br>125 NASHUA STREET SUITE 540<br>BOSTON, RI 02114 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000.   |
| ST. MARY'S BOYS BASKETBALL<br>35 TREMONT STREET<br>LYNN, MA 01902                       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.     |
| BILLY WEBBER GOLF TOURNAMENT<br>P.O. BOX 269<br>MILFORD, MA 01757                       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000.   |
| ALS ASSOC. MA CHAPTER<br>315 NORWOOD PARK 1ST FL<br>NORWOOD, MA 02062                   | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,500.   |
| BISHOP FENWICK HIGH SCHOOL<br>99 MARGIN STREET<br>PEABODY, MA 01960                     | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000.   |
| Total from continuation sheets                                                          |                                                                                                                    |                                      |                                     | 185,190. |

**THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST**

22-2708298

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| RUN FOR FREEDOM<br>57 MUNROE ST<br>LYNN, MA 01901                          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 400.   |
| MASSACHUSETTS GENERAL HOSPITAL<br>15 PARKMAN STREET<br>BOSTON, MA 02114    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 6,500. |
| NAHANT HISTORICAL SOCIETY<br>41 VALLEY ROAD<br>NAHANT, MA 01908            | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| CATHOLIC CHARITIES NORTH<br>117 NORTH COMMON ST<br>LYNN, MA 01902          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000. |
| IRISH SPORTS YOUTH LEAGUE<br>200 NEW BOSTON DRIVE<br>CANTON, MA 02021      | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 100.   |
| ELEMENT CARE<br>37 FRIEND ST<br>LYNN, MA 01902                             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| MARBLEHEAD FESTIVAL OF ARTS<br>P.O. BOX 331<br>MARBLEHEAD, MA 01945        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| SHOE CITY LIONS CLUB<br>P.O. BOX 8173<br>LYNN, MA 01904                    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| GREAT CYCLE CHALLENGE<br>7301 OHMS LANE SUITE 355<br>MINNEAPOLIS, MN 55439 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| BRIAN BLOOD MEMORIAL FUND<br>201 WILSON AVE<br>RUMFORD, RI 02916           | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| <b>Total from continuation sheets</b>                                      |                                                                                                                    |                                      |                                     |        |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| MAKE-A-WISH<br>1 BULLFINCH PLACE 201<br>BOSTON, MA 02114                              | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| CHESTNUT HILL BENEVOLENT ASSOC.<br>910 BOYLSTON STREET<br>CHESTNUT HILL, MA 02467     | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| ST. JOSEPH'S CATHOLIC CHURCH<br>68 WILLIAM CARDINAL O'CONNELL WAY<br>BOSTON, MA 02114 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 12,000. |
| LYNN BABE RUTH - GLBR<br>P.O. BOX 501<br>LYNN, MA 01905                               | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 7,500.  |
| PAN MASS CHALLENGE<br>77 4TH AVE<br>NEEDHAM, MA 02494                                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 4,000.  |
| DAVID CAMERON SCHOLARSHIP FUND<br>129 FAYS AVE<br>LYNN, MA 01904                      | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.    |
| HOME FOR OUR TROOPS<br>37 TAUNTON GREEN BOX 2464<br>TAUNTON, MA 02780                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,480.  |
| ST. CATHERINE OF SIENA SCHOOL<br>249 NAHATAN STREET<br>NORWOOD, MA 02062              | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| JESUITS USA NORTHEAST PROVINCE<br>39 EAST 83RD STREET<br>NEW YORK, NY 10028           | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,300.  |
| HIGHER GROUND SPORTS AND ACADEMIC<br>DEV.<br>2 OCEAN STREET<br>NAHANT, MA 01908       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,500.  |
| Total from continuation sheets                                                        |                                                                                                                    |                                      |                                     |         |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| <div>Recipient</div> <div>Name and address (home or business)</div>              | <div>If recipient is an individual,<br/>show any relationship to<br/>any foundation manager<br/>or substantial contributor</div> | <div>Foundation<br/>status of<br/>recipient</div> | <div>Purpose of grant or<br/>contribution</div> | <div>Amount</div> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|-------------------|
| SALEM WITCHES GOLF<br>53 GALLOWS HILL ROAD<br>SALEM, MA 01970                    | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 500.              |
| FITCHBURG STATE UNIVERSITY FOUNDATION<br>160 PEARL STREET<br>FITCHBURG, MA 01420 | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 500.              |
| XAVERIAN BROTHERS GENERALATE<br>4409 FREDERIC AVENUE<br>BALTIMORE, MD 21229      | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 1,000.            |
| CROTCHED MOUNTAIN<br>1 VERNEY DRIVE<br>GREENFIELD, NH 03047                      | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 2,000.            |
| BETHANY HEALTH CARE CENTER<br>97 BETHANY ROAD<br>FRAMINGHAM, MA 01702            | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 3,000.            |
| JIMMY FUND OPEN<br>18 OUIMET LANE<br>FOXBOROUGH, MA 02035                        | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 2,160.            |
| IRISH CULTURAL CENTRE OF NEW ENGLAND<br>200 NEW BOSTON DRIVE<br>CANTON, MA 02021 | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 1,500.            |
| GENERATIONS INC.<br>25 KINGSTON STREET 4TH FL<br>BOSTON, MA 02111                | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 1,000.            |
| FRIENDS OF FATIMA<br>32 FATIMA ROAD<br>GILMANTON, NH 03837                       | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 1,000.            |
| BOSTON POLICE RELIEF ASSOC.<br>1249 HYDE PARK AVE<br>HYDE PARK, MA 02136         | N/A                                                                                                                              | PUBLIC                                            | UNRESTRICTED / GENERAL                          | 100.              |
| Total from continuation sheets                                                   |                                                                                                                                  |                                                   |                                                 |                   |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| EMMANUEL COLLEGE<br>400 FENWAY<br>BOSTON, MA 02115                                    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000. |
| EAST COAST MINUTEMEN<br>2 OCEAN STREET<br>NAHANT, MA 01908                            | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,500. |
| FULL HOUSE ALL STARS BOOSTER CLUB<br>3 BERT DRIVE SUITE 4<br>W. BRIDGEWATER, MA 02379 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| NATIONAL BRAIN TUMOR SOCIETY<br>55 CHAPEL STREET SUITE 200<br>NEWTON, MA 02458        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| IRISH PASTORAL CENTRE<br>15 RITA ROAD<br>DORCHESTER, MA 02124                         | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| ST. CAMILLUS HEALTH CENTER<br>447 HILL STREET<br>WHITINSVILLE, MA 01588               | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| ST. THOMAS AQUINAS CHURCH<br>248 NAHANT ROAD<br>NAHANT, MA 01908                      | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| NAHANT PRESERVATION TRUST<br>P.O. BOX 30<br>NAHANT, MA 01908                          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| LUNGEVITY'S BREATH DEEP BOSTON<br>228 S. WABASH AVE SUITE 700<br>CHICAGO, IL 60604    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,500. |
| COLLEGE BOUND DORCHESTER<br>18 SAMOSET STREET<br>BOSTON, MA 02124                     | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| Total from continuation sheets                                                        |                                                                                                                    |                                      |                                     |        |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| SPECIAL OLYMPICS MA<br>P.O. BOX 467<br>DANVERS, MA 01923               | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| NATIONAL MS SOCIETY<br>101A FIRST AVE<br>WALTHAM, MA 02451             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| BOYS AND GIRLS CLUB OF LYNN<br>P.O. BOX 325<br>LYNN, MA 01905          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| WOUNDED WARRIORS PROJECT<br>P.O. BOX 758541<br>TOPEKA, KS 66675        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| SHREWSBURY LITTLE LEAGUE<br>P.O. BOX 197<br>SHREWSBURY, MA 01545       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| GIRLS INC OF WORCESTER<br>125 PROVIDENCE STREET<br>WORCESTER, MA 01604 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| PINE STREET INN<br>444 HARRISON AVE<br>BOSTON, MA 02118                | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| NORTHEAST ANIMAL SHELTER<br>347 HIGHLAND AVE<br>SALEM, MA 01970        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| MY BROTHERS TABLE<br>98 WILLOW STREET<br>LYNN, MA 01901                | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| LYNCH/VAN OTTERLOO YMCA<br>40 LEGGS HILL ROAD<br>MARBLEHEAD, MA 01945  | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,500. |
| Total from continuation sheets                                         |                                                                                                                    |                                      |                                     |        |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| ROSIE'S PLACE<br>889 HARRISON AVE<br>BOSTON, MA 02118                                             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| MA HOUSING AND SHELTER ALLIANCE<br>7 BULLFINCH PL #201<br>BOSTON, MA 02114                        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 100.   |
| AMERICAN LUNG ASSOCIATION<br>1661 WORCESTER ROAD<br>FRAMINGHAM, MA 01701                          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 100.   |
| BRIDGEWELL<br>471 BROADWAY<br>LYNNFIELD, MA 01940                                                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000. |
| NEADS / DOGS FOR DEAF & DISABLED<br>AMERICANS<br>305 REDEMPTION ROCK TRAIL<br>PRINCETON, MA 01541 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| MSPCA / ANGELL<br>350 SOUTH HUNTINGTON AVENUE<br>BOSTON, MA 02130                                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| GBFB - THE GREATER BOSTON FOOD BANK<br>P.O. BOX 55860<br>BOSTON, MA 02205                         | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 100.   |
| NAHANT SWIM<br>P.O. BOX 57<br>NAHANT, MA 01908                                                    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| DEERFIELD VALLEY RESCUE<br>P.O. BOX 854<br>WILMINGTON, VT 05363                                   | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| COAST GUARD FOUNDATION<br>394 TAUGWONK ROAD<br>STONINGTON, CT 06378                               | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| Total from continuation sheets                                                                    |                                                                                                                    |                                      |                                     |        |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| BIG BLUE BASKETBALL BOOSTERS<br>3 OAKRIDGE ROAD<br>SWAMPSCOTT, MA 01908            | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,000.  |
| PROJECTS FOR ASIA CHARITABLE<br>FOUNDATION<br>661 MAIN STREET<br>NORWELL, MA 02061 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000.  |
| HOLY CROSS CLUB OF GREATER BOSTON<br>P.O. BOX 960328<br>BOSTON, MA 02196           | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.    |
| THE JIMMY FUND<br>10 BROOKLINE PLACE<br>BROOKLINE, MA 02445                        | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 10,000. |
| KENNEK FOUNDATION<br>P.O. BOX 333<br>MARBLEHEAD, MA 01945                          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,000.  |
| COLLEGE OF THE HOLY CROSS<br>1 COLLEGE STREET<br>WORCESTER, MA 01610               | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000.  |
| CENTERBOARD<br>16 CITY HALL PLAZA<br>LYNN, MA 01901                                | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| A NIGHT OF NURTURY<br>95 BERKELEY ST SUITE 306<br>BOSTON, MA 02116                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 3,000.  |
| MICHELE DURGIN MEMORIAL SCHOLARSHIP<br>235 O'CALLAGHAN WAY<br>LYNN, MA 01905       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| LITTLE SISTERS OF THE POOR<br>186 HIGHLAND AVE<br>SOMERVILLE, MA 02146             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.    |
| Total from continuation sheets                                                     |                                                                                                                    |                                      |                                     |         |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| NAHANT COUNCIL ON AGING<br>334 NAHANT ROAD<br>NAHANT, MA 01908                      | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| CARING FOR A CURE<br>55 FRUIT STREET<br>BOSTON, MA 02114                            | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| MGH CANCER CENTER<br>55 FRUIT STREET<br>BOSTON, MA 02114                            | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| CELEBRITIES FOR CHARITY<br>P.O. BOX 1993<br>NORTH ANDOVER, MA 01810                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| BURKE PARENTS ASSOC<br>22374 LORAIN ROAD<br>FAIRVIEW PARK, OH 44126                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| AMERICAN HEART ASSOC<br>300 5TH AVENUE<br>WALTHAM, MA 02451                         | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| THE JESUITS<br>P.O. BOX 9199<br>WATERTOWN, MA 02471                                 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000. |
| INNER-CITY SCHOLARSHIP FUND<br>67 BATTERYMARCH STREET 6TH FLOOR<br>BOSTON, MA 02110 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 5,000. |
| CASA MYRNA<br>38 WAREHAM STREET 2ND FLOOR<br>BOSTON, MA 02118                       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,500. |
| SHREWSBURY SCHOLARSHIP FUND<br>100 MAPLE AVE<br>SHREWSBURY, MA 01545                | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 250.   |
| Total from continuation sheets                                                      |                                                                                                                    |                                      |                                     |        |

THE DEVEREAUX CHARITABLE FOUNDATION  
TRUST

22-2708298

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| SISTERS OF ST. JOSEPH OF BOSTON<br>637 CAMBRIDGE STREET<br>BRIGHTON, MA 02135 | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 3,000. |
| TROOPER MARK CHARBONNIER SCHOLARSHIP<br>P.O. BOX 870063<br>MILTON, MA 02187   | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 500.   |
| APT FIGHTING CHANCE FOUNDATION<br>10 GLENDALE ROAD<br>MARBLEHEAD, MA 01945    | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,000. |
| CRIMSON TIDE POP WARNER<br>62 LIBERTY STREET<br>EVERETT, MA 02149             | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 2,000. |
| MGH MARATHON TEAM<br>125 NASHUA STREET SUITE 540<br>BOSTON, MA 02114          | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 1,500. |
| MASS AUDUBON<br>P.O. BOX 9102 208 SOUTH GREAT ROAD<br>LINCOLN, MA 01773       | N/A                                                                                                                | PUBLIC                               | UNRESTRICTED / GENERAL              | 100.   |
|                                                                               |                                                                                                                    |                                      |                                     |        |
|                                                                               |                                                                                                                    |                                      |                                     |        |
|                                                                               |                                                                                                                    |                                      |                                     |        |
|                                                                               |                                                                                                                    |                                      |                                     |        |
|                                                                               |                                                                                                                    |                                      |                                     |        |
| Total from continuation sheets                                                |                                                                                                                    |                                      |                                     |        |

---



---

|             |       |           |   |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 1 |
|-------------|-------|-----------|---|

---

| DESCRIPTION                                         | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| COMMONWEALTH OF<br>MASSACHUSETTS - ANNUAL<br>REPORT | 125.                         | 0.                                |                               | 125.                          |
| TO FORM 990-PF, PG 1, LN 18                         | 125.                         | 0.                                |                               | 125.                          |

---



---



---



---

|             |                |           |   |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 2 |
|-------------|----------------|-----------|---|

---

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| BANK FEES                   | 36.                          | 0.                                |                               | 36.                           |
| MISC. EXPENSES              | 50.                          | 0.                                |                               | 50.                           |
| TO FORM 990-PF, PG 1, LN 23 | 86.                          | 0.                                |                               | 86.                           |

---



---



---



---

|             |                                                         |           |   |
|-------------|---------------------------------------------------------|-----------|---|
| FORM 990-PF | LIST OF SUBSTANTIAL CONTRIBUTORS<br>PART VII-A, LINE 10 | STATEMENT | 3 |
|-------------|---------------------------------------------------------|-----------|---|

---

| NAME OF CONTRIBUTOR            | ADDRESS                                                  |
|--------------------------------|----------------------------------------------------------|
| ROBERT J DEVEREAUX CORPORATION | 10 EMERSON PLACE, CHARLES RIVER PARK<br>BOSTON, MA 02114 |
| ROBERT J DEVEREAUX             | 10 EMERSON PLACE #12E<br>BOSTON, MA 02114                |

FORM 990-PF

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

STATEMENT 4

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