

**Return of Private Foundation** 

2949123704014

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.

Go to www irs.gov/Form990PF for instructions and the latest information.

For c	aleni	dar year 2017 or tax year beginning APR	1, 2017	, and ending	MAR 31, 2018	
Nam	e of	foundation			A Employer identification	number
T	ΗE	DEVEREAUX CHARITABLE F	OUNDATION			
$\mathbf{T}$	RUS	ST			22-2708298	
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
1	) I	EMERSON PLACE CHARLES R	IVER PARK		(617) 742-	3830
City	or to	wn, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
B	OS:	ron, ma 02114			_	
G C	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here
		Final return	Amended return		2	
		Address change	Name change	e	Foreign organizations me check here and attach co	emputation lest,
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation	NU	E If private foundation sta	tus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
l Fa	ır ma	rket value of all assets at end of year   J   Accounting	ng method Cash	X Accrual	F If the foundation is in a	60-month termination
(fr	om P	art II, col. (c), line 16)	her (specify)		under section 507(b)(1)	)(B), check here
	\$_	388,938 . (Part I, colun	nn (d) must be on cash basis	5)		
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	ıncome	income	(cash basis only)
	1	Contributions, gifts, grants, etc , received			N/A	
	2	Check X 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		<del></del>		
	b	Net rental income or (loss)			,	
40	6a	Net gain or (loss) from sale of assets not on line 10				
Ž	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
Œ	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	0.	0.		
	13	Compensation of officers, directors, trustees, etc	EIVEU O.	0.		0.
	14	Other employee salaries and wages	6 2018			
	15	Pension plans, employee benefits AUI	6 2018 9			
ses	16a	Legal fees W	18			
en	b	Accounting fees OGOE	A			
EX	C	Other professional fees	HULL LAND			
Хe	17	Interest				105
Operating and Administrative Expens	18	Taxes STMT 1	125.	0.		125.
nist	19	Depreciation and depletion				<u>                                     </u>
Ē	20	Occupancy			ļ	
Ad	21	Travel, conferences, and meetings				
pue	22	Printing and publications				
g	23	Other expenses STMT 2	36.	0.		36.
atir	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	161.	0.	·	161. 178,234.
0	25	Contributions, gifts, grants paid	178,234.		<u> </u>	178,234.
	26	Total expenses and disbursements.		_		
		Add lines 24 and 25	178,395.	0.		178,395.
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-178,395.			
	b	Net investment income (if negative, enter -0-)		0.		
	C	Adjusted net income (if negative, enter -0-)			N/A	
_						E OOO DE (0047)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017) TRUST

22-2708298

Page 2

Cash - non-mitrest-hearing   Cash - non-mit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
2 Savings and temporary cash investments  Accounts receivable	Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
Security receivable	1	Cash - non-interest-bearing			<del></del>
Less allowance for develotful accounts      Perclosis receivable	2	Savings and temporary cash investments	567,333.	388,938.	388,938.
Periode receivable	3	Accounts receivable			
Periode receivable	}	Less allowance for doubtful accounts			
B Recembles due from officers, directors: frustees, and other disqualified persons 7 Own water and state search of production accounts to test and state of the	4			Į.	
Secure best of the control of the		Less allowance for doubtful accounts			
disqualified persons 7 Other rotes and survementable Less allowanter for doubtful accounts 10 inventioners for sale or sue 10 inventioners - Corporate bonds 11 inventioners - Corporate bonds 12 investments - Corporate bonds 13 investments - Corporate bonds 14 Land, buildings, and equipment basis Less accumulate dependent on 15 Other assets (discrible 16 Total assets (to be completed by all filers - see the instructioner Aliso, see page 1, dem in) 17 Accounts payable and accounted expenses 18 Grants payable 19 Deterred revenue 20 Loss from offices, describer b 21 Deterred revenue 21 Deterred revenue 22 Loss from offices, describer b 22 Total liabilities (describe b 23 Total liabilities (describe b 24 Londstrond 25 Permanently restricted 26 Permanently restricted 27 Permanently restricted 28 Permanently restricted 29 Reliance damings, accumulated income, endowment, or other funds 29 Reliance damings, accumulated income, endowment, or other funds 20 Total reliabilities and net assets/fund balances 30 Total reliabilities and net assets/fund balances 31 Total reliabilities and net assets/fund balances 32 Permanently restricted 33 Total reliabilities and net assets/fund balances 34 Total reliabilities and net assets/fund balances 35 Corporative fund balances at beginning of year - Part III, column (a), line 30 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (termics) 5 Total reliabilities and net assets/fund balances 5 Corporative fund balances 7 Corporative fund balances	5	Grants receivable			
disqualified persons 7 Other rotes and survementable Less allowanter for doubtful accounts 10 inventioners for sale or sue 10 inventioners - Corporate bonds 11 inventioners - Corporate bonds 12 investments - Corporate bonds 13 investments - Corporate bonds 14 Land, buildings, and equipment basis Less accumulate dependent on 15 Other assets (discrible 16 Total assets (to be completed by all filers - see the instructioner Aliso, see page 1, dem in) 17 Accounts payable and accounted expenses 18 Grants payable 19 Deterred revenue 20 Loss from offices, describer b 21 Deterred revenue 21 Deterred revenue 22 Loss from offices, describer b 22 Total liabilities (describe b 23 Total liabilities (describe b 24 Londstrond 25 Permanently restricted 26 Permanently restricted 27 Permanently restricted 28 Permanently restricted 29 Reliance damings, accumulated income, endowment, or other funds 29 Reliance damings, accumulated income, endowment, or other funds 20 Total reliabilities and net assets/fund balances 30 Total reliabilities and net assets/fund balances 31 Total reliabilities and net assets/fund balances 32 Permanently restricted 33 Total reliabilities and net assets/fund balances 34 Total reliabilities and net assets/fund balances 35 Corporative fund balances at beginning of year - Part III, column (a), line 30 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (termics) 5 Total reliabilities and net assets/fund balances 5 Corporative fund balances 7 Corporative fund balances	6	Receivables due from officers, directors, trustees, and other			
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b Investments - corporate bonds  1 Investments - corporate bonds  11 Investments - orthogae loans  12 Investments - orthogae loans  13 Investments - orthogae loans  14 Land, buildings, and equipment basis buildings, and equipment fund  18 Total Habilities (add lines 17 through 22)  19 Deferred revenue  20 Total liabilities (add lines 17 through 22)  21 Total liabilities (add lines 17 through 23)  22 Total liabilities (add lines 17 through 24)  23 Total liabilities (add lines 17 through 25)  24 Permanently restricted  25 Temporary restricted  26 Permanently restricted  27 Equipment buildings, and equipment fund  28 Paid or acpalatisurplus, a land, build, and equipment fund  29 Relained earnings, accumulated income, endowment, or other funds.  30 Total net assets or fund balances  567, 333. 388, 938.   1 Total liabilities and net assets/fund balances  567, 333. 388, 938.  1 Total liabilities and net assets/fund balances  567, 333. 388, 938.  1 Total liabilities and net assets/fund balances  567, 333. 388, 938.  2 Enter amount from Pat I, line 27a  2 1.78, 395.  3 10 Over increases not included in line 2 (termize) buildings, line 30 over increases on tincluded in line 2 (termize) buildings, line 30 over increases on tincluded in line 2 (termize) buildings, line 30 over increases on tincluded in	Set				
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11   Investments - band bullarys, and equipment biass		•			
Less sournulated operectation   12   Investments - other   14   Land, buildings, and equipment basis					<del></del>
12   Investments - mortgage loans   13   Investments - other   14   Land, buildings, and equipment basis	1				
13   Investments - other	12	•			
14 Land, buildings, and equipment basis   Loss accordant species	- 1				
Less scourvièred dependation   15 Other assets (describe   16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item II)   567,333. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,938. 388,	\				
15 Other assets (describe   16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item i)   17 Accounts payable and accrued expenses   18 Grants payable   19 Deferred revenue   20 Lears from officers, cirrectors, funsteen, and other disqualified persons   21 Mortgages and other notes payable   22 Other liabilities (describe   23 Total Habilities (add lines 17 through 22)   24 Unrestricted   25 Femporarily restricted   26 Femmentity restricted   27 Capital stock, trust principal, or current funds   28 Paid-no r capital surplus, or land, bidg, and equipment fund   29 Retained earnings, accumulated income, endowment, or other funds.   30 Total interassets or fund balances   31 Total Habilities and net assets/fund balances   567 , 333 . 388 , 938 .     Part III	1.7			Ì	
16 Total assets (to be completed by all filters – see the instructions. Also, see page 1, item 1)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Leaves from officers, directions, frustees, and other disqualified persons  21 Mortgages and other notes payable  22 Other liabilities (describe ▶  23 Total liabilities (describe ▶  24 Unrestricted  25 Temporarly restricted  26 Permanently restricted  27 Capital stock, trust principal, or current funds  28 Pad-in or capital surplus, or land, bidg, and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds.  30 Total liabilities and net assets fund balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  20 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  3 Decreases not included in line 2 (itemize) ▶  5 Cotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  8 Pad-in and the second of year (line 4 minus line 5) - Part III, column (b), line 30  9 Part III Applications of the properties of the page at end of year (line 4 minus line 5) - Part III, column (b), line 30  1 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  1 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  1 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  1 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  1 Total net	15	·			
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The formulations that do not follow SFAS 117, check here and complete lines 24 through 25.  Temporarily restricted Foundations that do not follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  27 Capital stock, trust principal, or current funds Retained earnings, accumulated income, endowment, or other funds.  28 Retained earnings, accumulated income, endowment, or other funds.  Total inabilities and net assets or fund balances  1 Total labilities and net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  29 Tenter amount from Part I, line 27a  20 Cher increases not included in line 2 (itemize) ►  3 Decreases not included in line 2 (itemize) ►  5 Cotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  7 Total ret assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  8 Total ret assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  8 Total ret assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  8 Total ret assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30  8 Total ret assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30	.0	•	567,333.	388,938.	388,938.
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P		Losses for Tax on I			(b) i	How a	caured /	e) Data	acquired	(d) Dat	
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,	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (		
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_	Complete only for assets showing ga	in in column (h) and owned by	the foundation	on 12/31/69		-			col (h) gain		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			col (	k), but i Losses	not less thar (from col (l	1 -0-) or h)) 	
<u>a</u>			<del> </del>								<del>.</del>
_ <u>b</u>		<del></del>	<del> </del>								
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2	Capital gain net income or (net capital	loss) { If gain, also enter-fit (loss), enter-fit	er in Part I, line D- in Part I, line	7 7	}	2	_	_			
	Net short-term capital gain or (loss) as	•									
_	If gain, also enter in Part I, line 8, colu		- (-)		)						
	If (loss), enter -0- in Part I, line 8 Part V Qualification Under	er Section 4940(e) fo	r Reduced	Tay on Net	Inv	3 estn	ent Inco	me			
_	or optional use by domestic private four	<del></del>					TOTIL HICK	iiie _			<del>_</del> -
•	•					.,					
IT S	ection 4940(d)(2) applies, leave this pa	art Diank									
	is the foundation liable for the section			•	rıod?					Yes	X No
1	Yes," the foundation doesn't qualify un Enter the appropriate amount in each				ntries						
÷	(a)	(b)	motractiono bo	To Thaking any C	(c)		· · · · ·	T		(d)	-
	Base period years Calendar year (or tax year beginning in	. Admoted analytima du	stributions	Net value of no	nchai	rıtable-	use assets		Distribi (col (b) divi	ution ratio ded by col	(c))
	2016		4,401.				6,628.				15109
_	2015		74,848.				0,001.				14257
-	2014 2013		9,711. 7,491.				7,890. 9,677.				15361 74568
_	2012		0,006.				2,591.				9266
_							<u>-</u>				
	Total of line 1, column (d)							2		2.46	<u>8561</u>
	Average distribution ratio for the 5-year		on line 2 by 5 (	), or by the numbe	er of y	years				4.0	
	the foundation has been in existence if	less than 5 years				•		3		.45	3712
4	Enter the net value of noncharitable-us	se assets for 2017 from Part X,	line 5					4	<del></del>	462,	383.
5	Multiply line 4 by line 3							5	<del></del>	228,	284.
6	Enter 1% of net investment income (1	% of Part I, line 27b)						6	<del> </del>		0.
7	Add lines 5 and 6							7		228,	284.
	Enter qualifying distributions from Par							8		178,	395.
	If line 8 is equal to or greater than line See the Part VI instructions	7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 19	% tax r	ate			_	

## THE DEVEREAUX CHARITABLE FOUNDATION

ige 4			<u> -2708</u>					m 990-PF. (	orm
s)	ction	nstru	} - see	or 4948	Ю(b), 4940(e),	n 4940(a), 4940(b),	on Investment Income (Section 4	art VI	
					n line 1	and enter "N/A" on line 1	ribed in section 4940(d)(2), check here 🕨 🔲 a	a Exempt	1a
					instructions)	er if necessary-see instru	r (attach copy of letter i	Date of r	
0.				1	enter 1%	here 🕨 🔲 and enter	section 4940(e) requirements in Part V, check here	<b>b</b> Domesti	b
	•							of Part I,	
					ine 12, col (b)	enter 4% of Part I, line 12,	r 2% of line 27b Exempt foreign organizations, ente	c All other	C
0.	_			2	-0-)	only, others, enter -0-)	ction 4947(a)(1) trusts and taxable foundations only	. Tax unde	2
0.				3					
0.				4	-0-)	s only, others, enter -0-)	ection 4947(a)(1) trusts and taxable foundations on	Subtitle	4
0.				5	·		Subtract line 4 from line 3 If zero or less, enter -0-		
		-							
				0.	_	6a	016 overpayment credited to 2017		
				0.		6b	vithheld at source		
				0.		6c	on of time to file (Form 8868)		
				0.	· · · · · · · · · · · · · · · · · · ·	6d		d Backup v	
0.			Ī	7		<del> </del>	es 6a through 6d	•	
0.				8		0 is attached	t of estimated tax. Check here if Form 2220 is		8
0.	-			▶ 9			is more than line 7, enter amount owed		
				▶ 10		rpaid	the total of lines 5 and 8, enter the amount overpa		
				<b>▶</b> 11	Refunded	•	redited to 2018 estimated tax		
_							garding Activities		
Vo	Yes		-	vene in	I it participate or inte	cal legislation or did it part	on attempt to influence any national, state, or local		
X		1a			• •		, , ,	any polit	-
$\overline{\mathbf{x}}$		16		definition	e instructions for the	al purposes? See the instru	the year (either directly or indirectly) for political pu		h
							ittach a detailed description of the activities and cop	•	-
	ļ				•		nection with the activities		
X	[	10					OL for this year?		C
						uring the year	political expenditures (section 4955) imposed during		
				0.			O . (2) On foundation mana		Ī
					osed on foundation		id by the foundation during the year for political exp		e
							0.	managei	Ī
X	· [	2				to the IRS?	activities that have not previously been reported to t	_	2
							of the activities		-
				ion. or	articles of incorpora	verning instrument, articles	jes, not previously reported to the IRS, in its govern		3
X	•	3		,			? If "Yes," attach a conformed copy of the changes		Ť
X		4a					usiness gross income of \$1,000 or more during the	•	42
_		4b	N/A	N		, ,	orm 990-T for this year?		
X		5				he vear?	, dissolution, or substantial contraction during the y		
						• **	ed by General Instruction T.		•
	-					tisfied either	i(e) (relating to sections 4941 through 4945) satisfi		6
	Į						rument, or		•
				state law	that conflict with the	nandatory directions that co	amends the governing instrument so that no mand		
	x	6						remain ii	
						s " complete Part II cot (c)	000 in assets at any time during the year? If "Yes," c		7
*********	ΧΙ	-			col (c) and Parl XV		ood in account at any time during the year in itee, a	, Dia tile i	•
	X	7			col (c), and Part XV	s, complete raitin, cor (c)			
·.	_X	-			col (c), and Part XV		tion renorts or with which it is registered. See instri	la Enter the	g a
<b>'</b> ,	X	-			col (c), and Part XV		tion reports or with which it is registered See instru		8a
·,	X	-				nstructions		MA	
′,		7				nstructions	he foundation furnished a copy of Form 990-PF to t	MA b If the ans	
·,	X	-		rcalendar	eral (or designate)	to the Attorney General (or	the foundation furnished a copy of Form 990-PF to t al Instruction G? If "No," attach explanation	MA b If the and of each s	b
~, 		7 8b		r calendar	eral (or designate) j)(3) or 4942(j)(5) fo	to the Attorney General (or	the foundation furnished a copy of Form 990-PF to the foundation G? If "No," attach explanation a private operating foundation within the meaning of	MA If the and of each s Is the for	b
<u> </u>		7		r calendar STMT	eral (or designate) j)(3) or 4942(j)(5) fo	to the Attorney General (or ng of section 4942(j)(3) or es," complete Part XIV	the foundation furnished a copy of Form 990-PF to t al Instruction G? If "No," attach explanation	MA If the and of each s Is the for year 201	b 9

Page 5

Ľ	art 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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ROBERT J. DEVEREAUX CORP.  Telephone no ► (617)		<u>-38</u>	30
		$11\overline{4}$		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Ð,	foreign country	<u> </u>		
F	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
16	I During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No.			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		[	
	a disqualified person?		Ì	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		Į	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		Ì	
	(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)?			
	(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 )			
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 N/A	1b	1	
	Organizations relying on a current notice regarding disaster assistance, check here	- "		
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		ĺ	
	before the first day of the tax year beginning in 2017?	10	ŀ	Х
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))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is not 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	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		4	
	during the year?			
D	If "Yes," did it have excess business holdings in 2017 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,			
4	Form 4720, to determine if the foundation had excess business holdings in 2017)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
Ŋ	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 2017?	.	‡	17
		4b		<u>X</u>
	Form	1 <b>990-</b>	PF (20	U17)

Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	1	
. 5a During the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire	ectly,			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for	(35)		
the prevention of cruelty to children or animals?		<del></del>	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	N/A		
section 53 4945 or in a current notice regarding disaster assistance? See insti			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to			. — "		
expenditure responsibility for the grant?	I	Γ/A <u> </u>	s L No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		
a personal benefit contract?	annonal honofit contract?	16	S A NU	6b	х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of the foundation of the foundation.	personal benefit contract?		F	OD	<u> </u>
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax:	chaltar transaction?		s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	<del></del>
Part VIII Information About Officers, Directors, Trust		nagers. Highly		<u></u>	
Paid Employees, and Contractors	ices, i canadion me	agoro, riigiii;			
1 List all officers, directors, trustees, and foundation managers and	their compensation.			····	
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowa	ances
ROBERT J. DEVEREAUX	TRUSTEE				
10 EMERSON PLACE			_		
BOSTON, MA 02114	0.00	0.	0.		0.
	_				
	_				
		<del> </del>		<u> </u>	
	4				
	_				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Ex	репѕе
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	t, other
NONE	develor to position		comparación		
110114	_				
	1				
Total number of other employees paid over \$50,000			<b>&gt;</b>		0
			Form	990-PF	(2017)

Form **990-PF** (2017)

All other program-related investments. See instructions

Total. Add lines 1 through 3

22-2708298

Page 8

1 F	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	thi thathot value of access not accessor for accessor and all sing out chartable, atc., perposed		
a A	Average monthly fair market value of securities	1a	0.
b A	Average of monthly cash balances	1b	469,424.
c F	Fair market value of all other assets	10	
d T	Fotal (add lines 1a, b, and c)	1d	469,424.
	Reduction claimed for blockage or other factors reported on lines 1a and		
1	1c (attach detailed explanation) 1e 0	,	
	Acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	469,424.
4 (	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,041.
5 N	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	462,383.
6 1	Minimum investment return. Enter 5% of line 5	6	23,119.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here  and do not complete this part )	nd certain	
1 1	Minimum investment return from Part X, line 6	1	23,119.
	Tax on investment income for 2017 from Part VI, line 5	<u> </u>	
	Income tax for 2017 (This does not include the tax from Part VI )	1	
	Add lines 2a and 2b	2c	0.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,119.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	23,119.
	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	23,119.
Pa	rt XII Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	_178,395.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	178,395.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	178,395.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years		<del></del>

Form **990-PF** (2017)

Page 9

TRUST

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only	23,119.
line 7 2 Undistributed income, if any, as of the end of 2017	23,119.
2 Undistributed income, if any, as of the end of 2017	
a Enter amount for 2016 only	<del></del>
b Total for prior years	<del></del>
0.	
3 Excess distributions carryover, if any, to 2017	
a From 2012 90,376.	
b From 2013 89,007.	
c From 2014 92,316.	
d From 2015 157,848.	
e From 2016 176,570.	
f Total of lines 3a through e 606, 117.	
4 Qualifying distributions for 2017 from	
Part XII, line 4 ▶\$ 178, 395 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	
a Applied to 2010, but not more than time 2a	
b Applied to undistributed income of prior	
years (Liection required - See instructions)	
c Treated as distributions out of corpus  (Flection required - see instructions)  0 •	
(Election required Security Security)	23,119.
4 Applied to 2017 distribution attribution	23,113.
0	0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	<del>-</del>
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 761,393.	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c 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	
d Subtract line 6c from line 6b Taxable	
amount - see instructions	
e Undistributed income for 2016 Subtract line	
4a from line 2a Taxable amount - see instr	
f Undistributed income for 2017 Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2018	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	,
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions)	
8 Excess distributions carryover from 2012	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2018.	
Subtract lines 7 and 8 from line 6a 671,017.	
10 Analysis of line 9	
a Excess from 2013 89,007.	
b Excess from 2014 92,316.	
c Excess from 2015 157,848.	
d Excess from 2016 176,570.	
e Excess from 2017 155, 276.	<b>90-PF</b> (2017)

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Form **990-PF** (2017)

Form 990-PF (2017) TRUST

Part XV Supplementary Information (continued)

TRUST

22-2708298

Page 11

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual	rayment		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor		-	
LYNN BABE RUTH - GLBR P.O. BOX 501	N/A	PUBLIC	UNRESTRICTED / GENERAL	
LYNN, MA 01905				4,500.
SWAMPSCOTT BULLPEN CLUB 175 ASPEN ROAD SWAMPSCOTT, MA 01907	N/A	PUBLIC	UNRESTRICTED / GENERAL	750.
THE HOYT LIBRARY 284 WYOMING AVE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
KINGSTON, PA 18704				500.
MASS EYE AND EAR 243 CHARLES STREET	N/A	PUBLIC	UNRESTRICTED / GENERAL	
BOSTON, MA 02114				500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	PUBLIC	UNRESTRICTED / GENERAL	500.
	TINUATION SHEE	T(S)	<b>▶</b> 3a	178,234.
b Approved for future payment				
NONE				
•				
Total			<b>▶</b> 3b	0.
		<del> </del>	- Jul	

22-2708298 Page 12

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b					
C					
d					
8					
f					
g Fees and contracts from government agencies					
! Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate		•			<del></del>
a Debt-financed property					·····
b Not debt-financed property					
Not debt maneca property  Net rental income or (loss) from personal					
property					
7 Other investment income	-				
Gain or (loss) from sales of assets other		·			<del></del>
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue		<u> </u>	<b>†</b>		
	<u> </u>				
			<b></b>		
P			+		
C				1	
d					
d		0.		0.	
d e Subtotal Add columns (b), (d), and (e)		0.	,	0.	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0.	,	0.	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	ns)			13	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	ns)			13	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activiti	ns)	omplishment of E	kemp	13t Purposes	(
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI+B Relationship of Activitions No.  Explain below how each activity for which	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	
e  2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e  Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	
e  2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activiti  Explain below how each activity for which the foundation's exempt purposes (other	ies to the Acc	omplishment of Ex	<b>xemp</b>	t Purposes	(

Form 99	0-PF <sub>.</sub> (2017) TRUST	Γ				22-27	08298	Pa	ige 13
Part	XVII Information R	egarding Trar	sfers to a	and Transactions a	nd Relation	ships With Nonch	aritable	•	
	Exempt Organ	niz <u>ati</u> ons							
1 Did	I the organization directly or ind	irectly engage in any	of the following	ng with any other organizati	on described in se	ction 501(c)		Yes	No
(ot	her than section 501(c)(3) orga	ınızatıons) or ın secti	on 527, relatın	g to political organizations?	•		ŧ		
a Tra	insfers from the reporting found	dation to a noncharite	able exempt or	ganization of			Ę		
	Cash		·	•			1a(1)		Х
٠,	Other assets						1a(2)		Х
٠,	ner transactions								
	Sales of assets to a noncharit	able exempt organiza	ition				16(1)	1	х
	Purchases of assets from a no						1b(2)		X
	Rental of facilities, equipment		organization						X
							1b(3)		X
	Reimbursement arrangements	3					1b(4)		X
	Loans or loan guarantees	ambarabia ar fuadra	ioro a policitatio	<b></b>			1b(5)		X
	Performance of services or m						1b(6)	├	X
	aring of facilities, equipment, m			-			1 <u>c</u>	<u> </u>	
	he answer to any of the above is		-			_		sets,	
	services given by the reporting			eg less than fair market vall	ue in any transaction	on or snaring arrangement	t, snow in		
	umn (d) the value of the goods,				(4) -	<del></del>			
( <b>a</b> ) Line n	(b) Amount involved	(c) Name o		e exempt organization	(U) Descripti	on of transfers, transactions, a	nd sharing ai	rangeme	nts
			N/A						
				<del></del>					
	<del> </del>				ļ				
		<del> </del>							
			_						
			<b></b> -						
								•	
		<u></u>		<u></u>				•	
			*						
		<del>                                     </del>							
2a ist	the foundation directly or indirec	ctly affiliated with or	related to, one	or more tax-exempt organi	zations described	<del></del>			
	section 501(c) (other than section	-					Yes	X	] No
	Yes," complete the following sch								
	(a) Name of or			(b) Type of organization	1	(c) Description of relation	nship		
	N/A	<u> </u>					· · · · · ·		
				<del></del>					
					<del> </del>				
					<del> -</del>				
	Under penalties of perjury, I declare	that I have examined th	is return. Includin	ng accompanying schedules and	statements, and to th	e best of my knowledge			
Sign	and belief, it is true, correct, and co					rer has any knowledge	May the IRS of etum with th	e prepare	er i
Here	1 800, (h)	hnson		17/27/18	CATO	ictop 1º	X Yes	? Se <u>e ins</u>	itr
	Signature of officer or vuster			Date Date	Title		LAL Yes		J No
	Print/Type preparer's n		Preparer's s		Date	Check If PTIN			
			1 2 2 2 . 0 . 0 0	· g · · · · · · · · · ·	1		-		

Form **990-PF** (2017)

P00176973

Firm's EIN ► 04-2273266

Phone no 617-426-7300

**Paid** 

**Preparer** 

**Use Only** 

ROBERT J. BOYLE

Firm's name ► DARMODY,

Firm's address ▶ 75 FEDERAL STREET

BOSTON, MA 02110

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC UNRESTRICTED / GENERAL CATHOLIC CHARITIES N/A 275 WEST BROADWAY BOSTON, MA 02127 7,500. PUBLIC UNRESTRICTED / GENERAL GENERATIONS INC. N/A 25 KINGSTON STREET 4TH FL 5,000. BOSTON, MA 02111 CATHOLIC APPEAL N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 9134 2,500. CANTON, MA 02021 OXALOSIS AND HYPEROXALURIA FOUNDATION N/A PUBLIC UNRESTRICTED / GENERAL 579 ALBANY POST ROAD NEW PALTZ NY 12561 1,000. PUBLIC NATIONAL BRAIN TUMOR SOCIETY N/A UNRESTRICTED / GENERAL 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458 2,550. COPS FOR KIDS WITH CANCER PUBLIC UNRESTRICTED / GENERAL N/A P.O. BOX 850956 BRAINTREE, MA 02185 2,500. PUBLIC UNRESTRICTED / GENERAL COLLEGE OF THE HOLY CROSS N/A 1 COLLEGE STREET WORCESTER, MA 01610 7,500. JESUITS OF THE USA NORTHEAST PROVINCE N/A PUBLIC UNRESTRICTED / GENERAL 39 EAST 83RD STREET NEW YORK, NY 10028 2,600. ST. MARY'S HIGH SCHOOL N/A PUBLIC UNRESTRICTED / GENERAL 35 TREMONT STREET 11,000. LYNN, MA 01902 PUBLIC UNRESTRICTED / GENERAL NAHANT HISTORICAL SOCIETY N/A 41 VALLEY ROAD 2,500. NAHANT, MA 01908 Total from continuation sheets 171,484.

Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor RUN FOR FREEDOM N/A PUBLIC UNRESTRICTED / GENERAL 57 MUNROE ST LYNN, MA 01901 500. WALPOLE CHARITIES FUND N/A PUBLIC UNRESTRICTED / GENERAL 7 GLENWOOD AVE WALPOLE, MA 02081 500. YMCA N/A PUBLIC UNRESTRICTED / GENERAL 40 LEGGS HILL ROAD MARBLEHEAD, MA 01945 2,500. MARBLEHEAD FESTIVAL OF ARTS N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 331 MARBLEHEAD, MA 01945 500. PUBLIC RUN FOR A VET FUNDRAISER N/A UNRESTRICTED / GENERAL 1241 WASHINGTON STREET NORWOOD, MA 02062 1,500. IRISH SPORTS YOUTH LEAGUE PUBLIC N/A UNRESTRICTED / GENERAL 100 DAN ROAD 600. CANTON, MA 02021 PUBLIC ALS ASSOCIATION MA CHAPTER N/A UNRESTRICTED / GENERAL 315 NORWOOD PARK 1ST FL NORWOOD, MA 02062 3,000. IRISH PASTORAL CENTRE N/A PUBLIC UNRESTRICTED / GENERAL 15 RITA ROAD DORCHESTER, MA 02124 2,500. BOYS AND GIRLS CLUB OF LYNN N/A PUBLIC UNRESTRICTED / GENERAL 25 N COMMON STREET LYNN, MA 01902 1,500. BILLY WEBBER GOLF TOURNAMENT N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 269 MILFORD, MA 01757 1,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor ST. JOSEPH'S CATHOLIC CHURCH N/A PUBLIC UNRESTRICTED / GENERAL 68 WILLIAM CARDINAL O'CONNELL WAY BOSTON, MA 02114 14,500. PAULO MATOS MEMORIAL FOUNDATION N/A PUBLIC UNRESTRICTED / GENERAL 34 APPIAN WAY SMITHFIELD, RI\_02917 5,000. AVON WALK TO END BREAST CANCER N/A PUBLIC UNRESTRICTED / GENERAL 33 BROAD STREET BOSTON, MA 02109 1,000. BABE RUTH BASEBALL N/A PUBLIC UNRESTRICTED / GENERAL 9 SUMNER STREET SWAMPSCOTT, MA 01907 1,500. COVENANT HOUSE N/A PUBLIC UNRESTRICTED / GENERAL 460 WEST 41ST STREET NEW YORK, NY 10036 3,000. RICH ANGELO ATHLETIC SCHOLARSHIP FUND PUBLIC UNRESTRICTED / GENERAL 14 LONGBOW CIRCLE LYNNFIELD, MA 01940 500. KIPP ACADEMY LYNN COLLEGIATE N/A PUBLIC UNRESTRICTED / GENERAL 90 HIGH ROCK STREET LYNN, MA 01902 3,000. PUBLIC DAVID CAMERON SCHOLARSHIP FUND N/A UNRESTRICTED / GENERAL 129 FAYS AVE LYNN, MA 01904 250. PAN MASS CHALLENGE N/A PUBLIC UNRESTRICTED / GENERAL 77 4TH AVE NEEDHAM, MA 02494 7,034. WOBURN MEMORIAL HIGH SCHOOL YEARBOOK N/A PUBLIC UNRESTRICTED / GENERAL 88 MONTVALE AVE WOBURN, MA 01801 250. Total from continuation sheets

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor N/A PUBLIC HOME FOR OUR TROOPS UNRESTRICTED / GENERAL 37 TAUNTON GREEN BOX 2464 TAUNTON, MA 02780 1,480. BOSTON POLICE RELIEF ASSOCIATION N/A PUBLIC UNRESTRICTED / GENERAL 1249 HYDE PARK AVE HYDE PARK, MA 02136 100. GLENN PETERSON SCHOLARSHIP FUND N/A PUBLIC UNRESTRICTED / GENERAL 11 GRANT ROAD SWAMPSCOTT, MA 01907 1,000. ST. CATHERINE OF SIENA SCHOOL PUBLIC N/A UNRESTRICTED / GENERAL 249 NAHATAN STREET NORWOOD, MA 02062 500. BRIAN BLOOD MEMORIAL GOLF N/A PUBLIC UNRESTRICTED / GENERAL 201 WILSON AVE RUMFORD, RI 02916 3,000. JOHN LYNCH MEMORIAL FUND N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 623 WORCESTER, MA 01613 500. PROJECTS FOR ASIA CHARITABLE N/A PUBLIC UNRESTRICTED / GENERAL FOUNDATION 661 MAIN STREET NORWELL, MA 02061 10,000. FRIENDS OF FATIMA N/A PUBLIC UNRESTRICTED / GENERAL 32 FATIMA ROAD GILMANTON I.W., NH 03837 1,000. NAHANT FIREMAN'S RELIEF FUND N/A PUBLIC UNRESTRICTED / GENERAL 68 FLASH ROAD NAHANT, MA 01908 500. BETHANY HEALTH CARE CENTER N/A PUBLIC UNRESTRICTED / GENERAL 97 BETHANY ROAD FRAMINGHAM, MA 01702 3,000. Total from continuation sheets

Part XV, Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	if recipient is an individual,	Foundation	Durposs of areat or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JIMMY FUND OPEN	N/A	PUBLIC	UNRESTRICTED / GENERAL	
18 OUIMET LANE FOXBOROUGH, MA 02035				1,620
TORDONOSCH, 121 GEGSS				
CATHOLIC CHARITIES (NORTH)	N/A	PUBLIC	UNRESTRICTED / GENERAL	
117 N. COMMON STREET				
LYNN, MA 01902		,		5,000
NOMEG OF DOMEGAL BUILDING COR	17/2		IDIDECED / GENERAL	
HOMES OF DONEGAL FUNDRAISER 55 HALLET STREET	N/A	PUBLIC	UNRESTRICTED / GENERAL	
BOSTON, MA 02122	ļ			1,000
GLORIA GEMMA BREAST CANCER FOUNDATION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 17247				
SMITHFIELD, RI 02917	<del>                                     </del>			500
ST. THOMAS AQUINAS CHURCH 248 NAHANT ROAD	N/A	PUBLIC	UNRESTRICTED / GENERAL	
NAHANT, MA 01908				2,000
				-
CAMILLA HALL - IMMACULATA	N/A	PUBLIC	UNRESTRICTED / GENERAL	
1145 KING ROAD BOX 100				
IMMACULATA, PA 19345		<u> </u>		1,000
CYCLE FOR LIFE - CYSTIC FIBROSIS	N/A	PUBLIC	UNRESTRICTED / GENERAL	
FOUNDATION				
220 N MAIN STREET #104 NATICK MA 01760				500
LUNGEVITY'S BREATHE DEEP BOSTON	N/A	PUBLIC	UNRESTRICTED / GENERAL	
228 S. WABASH AVENUE SUITE 700				
CHICAGO, IL 60604				1,000
LUNGEVITY FOUNDATION - MATT'S MISSION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
60 THOMAS STREET				
ASHLAND, MA 01721			+	1,000
MASSACHUSETTS GENERAL HOSPITAL	N/A	DIENT TO	Thin beam towar / Christian	
MASSACHOSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540	B/A	BRBLIC	UNRESTRICTED / GENERAL	
BOSTON, MA 02114				10,000
Total from continuation sheets				

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor HOLY CROSS CLUB OF GREATER BOSTON N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 960328 BOSTON, MA 02196 300. KENNEK FOUNDATION PUBLIC N/A UNRESTRICTED / GENERAL P.O. BOX 333 MARBLEHEAD, MA 01945 2,000. SWAMPSCOTT YOUTH FOOTBALL N/A PUBLIC UNRESTRICTED / GENERAL 103 BURPEE ROAD SWAMPSCOTT, MA 01907 1,000. NP NITRO N/A PUBLIC UNRESTRICTED / GENERAL 28 BADGLEY DRIVE NEW PROVIDENCE, NJ 07974 1,000. ROSIE'S PLACE N/A PUBLIC UNRESTRICTED / GENERAL 889 HARRISON AVE BOSTON, MA 02118 500. SPECIAL OLYMPICS MA N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 467 500. DANVERS, MA 01923 WOUNDED WARRIORS PROJECT N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 758541 TOPEKA, KS 66675 500. NORTHEAST ANIMAL SHELTER N/A PUBLIC UNRESTRICTED / GENERAL 347 HIGHLAND AVE SALEM, MA 01970 500. N/A MY BROTHERS TABLE PUBLIC UNRESTRICTED / GENERAL 98 WILLOW STREET LYNN, MA 01901 1,000. PINE STREET INN N/A PUBLIC UNRESTRICTED / GENERAL 444 HARRISON AVE BOSTON, MA 02118 250. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NEADS / DOGS FOR DEAF & DISABLED N/A PUBLIC UNRESTRICTED / GENERAL AMERICANS 305 REDEMPTION ROCK TRAIL PRINCETON, MA 01541 250. BRIDGEWELL N/A PUBLIC UNRESTRICTED / GENERAL 471 BROADWAY LYNNFIELD, MA 01940 500. NAHANT SWIM N/A PUBLIC UNRESTRICTED / GENERAL P.O. BOX 57 NAHANT, MA 01908 250. MASS AUDUBON N/A PUBLIC UNRESTRICTED / GENERAL 208 SOUTH GREAT ROAD LINCOLN, MA 01773 100. GIRLS INC. OF WORCESTER N/A PUBLIC UNRESTRICTED / GENERAL 125 PROVIDENCE STREET WORCESTER, MA 01604 250. CROTCHED MOUNTAIN N/A PUBLIC UNRESTRICTED / GENERAL 1 VERNEY DRIVE GREENFIELD, MA 03047 1,000. WREATHS ACROSS AMERICA - BLUE STAR N/A PUBLIC UNRESTRICTED / GENERAL MOTHERS OF NH 11 JAMESON AVE GILFORD, NH 03249 500. WREATHS ACROSS AMERICA - AGAWAM N/A PUBLIC UNRESTRICTED / GENERAL 1390 MAIN STREET AGAWAM, MA 01001 500. WREATHS ACROSS AMERICA - BOURNE N/A PUBLIC UNRESTRICTED / GENERAL CONNERY AVE 500. BOURNE, MA 02532 SCHOOL ON WHEELS MA N/A PUBLIC UNRESTRICTED / GENERAL 100 LAUREL STREET SUITE 121 EAST BRIDGEWATER, MA 02333 250. Total from continuation sheets

Part XV Supplementary Informati 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		,		
FRIENDS OF WHITMAN HANSON CHEER	N/A	PUBLIC	UNRESTRICTED / GENERAL	
12 EVERETT STREET				
CARVER, MA 02330				100
WEST DOVER FIREFIGHTERS ASSOCIATION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 1076				
WEST DOVER, VT 05356				500
FRIENDS OF LYNN WOODS	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 8216	N/A	[ SBDIC	DIRECTRICIED / GENERAL	
LYNN, MA 01904				1,000
COAST GUARD FOUNDATION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
394 TAUGWONK ROAD		100010	DANIBIRICIDE / COMBIGNE	
STONINGTON, CT 06378				250
		ļ		
CATHOLIC UNIVERSITY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
620 MICHIGAN AVE NE	, A	T OBBIC	DANASIRICIES / GENERAL	
WASHINGTON D.C., DC 20064				1,000
NATIONAL MS SOCIETY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
101A FIRST AVE			DANADIRICIDD / GENERAL	
WALTHAM, MA 02451				250
FRIENDS OF BLUE HILLS	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 416			, , , , , , , , , , , , , , , , , , , ,	
MILTON, MA 02186		<u> </u>	<del> </del>	1,000
ST. JOHN'S PREPATATORY SCHOOL	N/A	PUBLIC	UNRESTRICTED / GENERAL	
72 SPRING STREET				
DANVERS, MA 01923				2,500
TIGGER HOUSE INC.	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 276				
RED BANK, NJ 07701		<del> </del>	-	250
AUSTIN PREP SCHOOL	N/A	PUBLIC	UNRESTRICTED / GENERAL	
101 WILLOW STREET				
READING, MA 01867				2,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CENTERBOARD	N/A	PUBLIC	UNRESTRICTED / GENERAL	
16 CITY HALL SQUARE LYNN, MA 01901				50
Jim, M. 01501				
CENTRAL PARK CONSERVANCY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
4 EAST 60TH STREET 8TH FLOOR				
NEW YORK, NY 10022		_		1,00
CIRCLE OF HOPE FOUNDATION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
P.O. BOX 421 NORWOOD, MA 02062				1,00
NOTIFICATION OF THE VECTOR OF				1,00
CAM NEELY FOUNDATION	N/A	PUBLIC	UNRESTRICTED / GENERAL	
30 WINTER PLACE #2				
BOSTON, MA 02108		_		1,00
A NIGHT FOR NURTURY	N/A	PUBLIC	UNRESTRICTED / GENERAL	
2201 WASHINGTON STREET SUITE 306				2.00
ROXBURY, MA 02119				3,00
HEALING ABUSE WORKING FOR CHANGE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
27 CONGRESS STREET SUITE 204			, , , , , , , , , , , , , , , , , , , ,	
SALEM, MA 01970				50
SEASONS HOSPICE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
MILTON, MA 02186				1,00
CASA MYRNA	N/A	PUBLIC	UNRESTRICTED / GENERAL	
38 WAREHAM STREET 2ND FLOOR				
SOSTON, MA 02118				1,50
		n		
TROOPER MARK CHARBONNIER SCHOLARSHIP P.O. BOX 870063	N/A	PUBLIC	UNRESTRICTED / GENERAL	
MILTON, MA 02187				50
NAHANT LITTLE LEAGUE	N/A	PUBLIC	UNRESTRICTED / GENERAL	
L5 INTERVALE ROAD				
NAHANT, MA 01908  Total from continuation sheets.	.1	<u> </u>	1	1,00

## THE DEVEREAUX CHARITABLE FOUNDATION

22-2708298 TRUST

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)			<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
-				
NORTH SHORE CANCER CENTER	N/A	PUBLIC	UNRESTRICTED / GENERAL	
125 NASHUA STREET SUITE 540				500
BOSTON, MA 02114		<del> </del>	<del> </del>	500.
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	<del> </del>			
		}		
Total from continuation sheets				

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

FORM 990-PF

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

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

(617) 742-3830

## FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE