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Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

Forc	alendar year 2010, or tax year beginning		, and ending		
G C	heck all that apply. Initial return	Initial return of a for	mer public charity	Final return	
	Amended return	Address chang	e	Name change	
Nan	ne of foundation			A Employer identification	number
<u></u>	CHRIS & JEAN EGAN FOUN			72-1555517	
Num	ther and street (or P O box number if mail is not delivered to street a		l l	B Telephone number	2000
	C/O CHRISTOPHER EGAN 1	116 FLANDERS	RD 2000	(508) 898-	3800
City	or town, state, and ZIP code			C If exemption application is p	
	WESTBOROUGH, MA 01581			D 1. Foreign organizations	s, check here
H C	heck type of organization: X Section 501(c)(3) exe	• •		Foreign organizations me check here and attach co	imputation lest,
<u> </u>	3 300t.10 (2)(1)	Other taxable private foundate		E If private foundation sta	
	ur market value of all assets at end of year J Accounting		Accrual	under section 507(b)(1)	(A), check here
		er (specify)	vesia l	F If the foundation is in a	1 1
<b>_</b>				under section 507(b)(1)	1 440
Pa	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	( <b>0</b> ) Disbursements for charitable purposes (cash basis only)
_	1 Contributions, gifts, grants, etc., received	190,000.	··-	N/A	(casir basis only)
	2 Check If the foundation is not required to attach Sch. B	230,000.			
	niterest on savings and temporary				
	d Dividends and interest from securities				
	5a Gross rents			<u> </u>	
	b Net rental income of Joses				
	84 Net gain of loss from sale of assets not or line 10				
ě	Gross sales price for all assets on line 6a		-		
Revenue	7 Cantal gain net income (from Part V, line 20)		0.		
æ	8 Ner short-term capital gain				
	9 Income modifications				
	10a and allowances				
	D Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	190,000.	0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages		<del>.</del>		
က္	15 Pension plans, employee benefits				<u> </u>
nse	16a Legal fees	934.	0.		934.
sesuedx	b Accounting fees STMT 1	934.			334.
ш	C Other professional fees				+
Ę	17 Interest				
Operating and Administrative	18 Taxes 19 Depreciation and depletion	-		<del>                                     </del>	<u> </u>
Ē	19 Depreciation and depletion				<del> </del>
P P	20 Occupancy 21 Travel, conferences, and meetings				<del> </del>
Þ	21 Travel, conferences, and meetings 22 Printing and publications		<del></del>	<del>                                     </del>	<del> </del>
ā	23 Other expenses STMT 2	320.	0.		320.
ţį	24 Total operating and administrative		•		
ē	expenses. Add lines 13 through 23	1,254.	0.		1,254.
Ö	25 Contributions, gifts, grants paid	190,105.		<u> </u>	1,254. 190,105.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	191,359.	0.	,	191,359.
_	27 Subtract line 26 from line 12.				·
	Excess of revenue over expenses and disbursements	<1,359.	>		
	b Net investment income (if negative, enter -0-)		0.	,	
	c Adjusted net income (if negative, enter -0-)			N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2010)

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Pa	<b>P</b>	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
га	1 L I	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\neg \Gamma$	1	Cash - non-interest-bearing	6,864.	5,505.	5,505.
		Savings and temporary cash investments			
		Accounts reĉeivable ▶			
		Less: allowance for doubtful accounts			
- [		Pledges receivable ►			
1		Less; allowance for doubtful accounts			
		Grants receivable			
		<u> </u>	<u>"</u>		
-	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
ا ا		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			_
⋖∣	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			<del></del>
		Investments land, buildings, and equipment basis			
		Less accumulated depreciation			
-	12	Investments - mortgage loans			
- 1		Investments - other			<del></del>
		Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	IJ	Outlet assets (describe)			
	10	Total assets (to be completed by all filers)	6,864.	5,505.	5,505.
_	_	Total assets (to be completed by all filers)	0,004.	٠, ٥٥٥٠	3,303.
		Accounts payable and accrued expenses			
		Grants payable			
<u>s</u>	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
_		Mortgages and other notes payable			
<b>-</b>	22	Other liabilities (describe )			
		·			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
$\Box$		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
×Ι		Temporarily restricted			
		Permanently restricted			
[ 멸		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund B		and complete lines 27 through 31.			
5	97	•	0.	0.	
\$			0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	6,864.	5,505.	
<u>ا پر</u>	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	6,864.	5,505.	
1					
$\perp$	31	Total liabilities and net assets/fund balances	6,864.	5,505.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
				<u> </u>	
1 1	ota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		_
(	mu	st agree with end-of-year figure reported on prior year's return)		1	6,864.
2 E	Ente	r amount from Part I, line 27a		2	<1,359.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	5,505.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	5,505.
<u> </u>		The access of ford balances at one of your (line 1 million mo o) I alt in the			

023511 12-07-10

(a) List and describ	e the kind(s) of property sold (e.g house; or common stock, 200 shs	, real estate,	Income	( <b>b)</b> H(	ow acc Purch Donat	quired ase tion	(c) Date a		(d) Date sold (mo., day, yr.)
1a	<u> </u>	· ·		ᡰ᠊ᢆ	Jona			-	
b NON	E			1					
C	<del> </del>								
d							_		
0									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cos plus e:	t or other basis xpense of sale				(h) Gain or (loss) (e) plus (f) minus (g)		
8									
b									
С				$\rightarrow$					
d				_					
e			10101100						<u> </u>
Complete only for assets showing		·		_				ol (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any					ot less tha (from col.	
a				-1					
b									
<u>c</u>									
d		l							
е									
2 Capital gain net income or (net capi	If gain, also ente If (loss), enter -0	r in Part I, line )- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss	•			΄ Γ					
If gain, also enter in Part I, line 8, co	,	110 (0).		J					
If (loss), enter -0- in Part I, line 8	(0).			- }	3				
Part V   Qualification Un	der Section 4940(e) for	r Reduced	Tax on Net	t Inve	estm	ent In	come	_	
(For optional use by domestic private f	oundations subject to the section	4940(a) tax on	net investment ii	ncome	)				
					•				
If section 4940(d)(2) applies, leave this	s part blank								
Was the foundation liable for the section	on 4942 tax on the distributable an	nount of any ve	ar in the base be	riod?					Yes X No
If "Yes," the foundation does not qualify									
1 Enter the appropriate amount in ea				ies.					
(a)	(b)			(c)				Dust	(d) bution ratio
Base periód years Calendar year (or tax year beginning		stributions	Net value of no		ıtable-ı	use assets	3	Distri (col. (b) di	oution ratio vided by col. (c))
2009		6,897.			1	3,691		,	11.459864
2008		5,313.				3,123			14.509446
2007		22,685.				608			37.310855
2006		3,898.			2	3,142			2.761127
2005		55,125.				6,86			.847265
		, ,				,,,,,,,	+		
2 Total of line 1, column (d)							2		66.888557
3 Average distribution ratio for the 5-	wear hase period - divide the total	on line 2 by 5	or by the numbe	r of vea	are		<u>  -</u>	<del></del>	
the foundation has been in existent		on line 2 by 3,	or by the numbe	1 01 900	113		3	ŀ	13.377711
the location has been in existent	ce ii iess iiiaii 5 years								13.377711
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X,	, line 5					4		11,570.
							1	i	454 500
5 Multiply line 4 by line 3							5	ļ <u> </u>	154,780.
0 Fate 40/ -4 t	- /40/ -4 D4   I 07h)								0
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		0.
7 Add lines 5 and 6							7		154,780.
8 Enter qualifying distributions from	•						8	<u> </u>	191,359.
If line 8 is equal to or greater than See the Part VI instructions	tine 7, check the box in Part VI, lini	e 1b, and comp	olete that part usi	ng a 1%	% tax r	ate			

		(2010) CHR	IS &	JEAN	EGAN	FOU	NDATION	., .	- 1- <i>1</i> -1			<u> 1555</u>			age 4
	t VI	Excise Tax Ba								<del>1940(e),</del> oı	· 4948	- see i	nstru	ctio	<u>15)</u>
1a	Exempt	operating foundations								Ì	1				
		ruling or determination					copy of letter if nec								_
b i	Domest	tic foundations that me	et the sect	tion 4940(e)	) rednitewe	nts in Pa	rt V, check here 🕨	<b>- ∐X</b> a	and enter 1%	. }	1	<u> </u>			0.
		1, line 27b								•					
		r domestic foundations								l (b). 丿					_
2	Tax und	der section 511 (domes	stic section	1 4947(a)(1	) trusts and	i taxable i	foundations only Ot	hers ente	er -0-)		2	ļ			<u>0.</u>
-		es 1 and 2									3				0.
		A (income) tax (dome			•		-	thers ent	ter -0-)		4				0.
5	Tax bas	sed on investment inc	ome. Subt	tract line 4 f	rom line 3	If zero or	less, enter -0-				5	1			0.
		/Payments:													
		stimated tax payments				to 2010		6a							
		t foreign organizations						6b			_				
	•	d with application for e			e (Form 886	38)		6c			_				
	•	withholding erroneous	-					8d			┙.				^
		redits and payments. A									7	<u> </u>			0.
		ny <b>penalty</b> for underpa						ched		_	8	<del>                                     </del>		-	
		e. If the total of lines 5									9	<del>                                     </del>			0.
		yment. If line 7 is more					amount overpaid			1	10	<del> </del>			
		ne amount of line 10 to								Refunded	<u>11</u>	<u> </u>			
		-A Statement												Yes	No
	-	the tax year, did the fo	undation a	ittempt to in	muence any	/ national	i, state, or local legis	iation or	did it partic	pate or interve	ene in		<b> </b>	165	X
		litical campaign?	45 -				·	/	4	f d-6	_		1a		X
		pend more than \$100 c											15		
		answer is "Yes" to 1a	· ·			•	or the activities and	z copies	s or any me	iteriais publis	riea or				
		uted by the foundati				ivides							1c		х
		: foundation file Form 1 he amount (if any) of ta		•		on 4055)	umpoeed during the	VOSE					"		<del>-</del> -
u		ne amount (if any) of the the foundation.		cai expendi			oundation managers			(	).				
		he reimbursement (if ai		the found:			-	_	imposed on		<u></u>				
		ers. > \$	ny) paid by	0.	addi daring	, the your	Tor political expense	ituro iux i	imposou on	Touridadon					
	-	e foundation engaged ii	n anv activ		ive not prev	nously be	en reported to the II	RS?					2		х
		s," attach a detailed (	-			.000, 00	on repertor to the h						┢		
		e foundation made any	•			to the IF	RS. in its governing i	instrumei	nt. articles o	f incorporatio	n. or				
•		, or other similar instru							,		, -		<sub>3</sub>		x
4a		foundation have unrel											4a		X
		" has it filed a tax returi		-							1	A\N	4b		
		iere a liquidation, termi				l contract	tion during the year?	,					5		Х
	If "Yes	s," attach the statem	ent requi	red by Gei	neral Instru	uction T	-								
6	Are the	requirements of section	on 508(e)	(relating to	sections 49	41 throu	gh 4945) satisfied e	ither.							
	● By la	inguage in the governir	ng instrum	ent, or											
	By st	tate legislation that effe	ctively am	ends the go	overning ins	trument	so that no mandator	y direction	ons that con	flict with the s	tate law				
	rema	ain in the governing ins	trument?										6	X	
7	Did the	e foundation have at lea	st \$5,000	ın assets at	any time d	uring the	year?						7	X	
		s," complete Part II, c											1		Ì
8a	Enter t	he states to which the f	foundation	reports or	with which	ıt ıs regis	stered (see instruction	ons) 🕨							1
	MA														
þ		inswer is "Yes" to line 7						Attorney (	General (or o	designate)				l	
		n state as required by G					•						86	Х	
9		foundation claiming sta	-	-	-					1942(j)(5) for	calendar				۱
	•	010 or the taxable year		•									9	<u> </u>	X
10	Did an	y persons become sub	stantıal co	ntributors o	luring the ta	ıx year? ı	If "Yes," attach a sched	ule listing t	their names ar	d addresses			10	Ц	X

X

3b

4a

N/A

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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

orm 990-PF (2010) CHRIS & JEAN EGAN FOUND			<u>72-15555</u>	<u> 17                                     </u>
Part VII-B   Statements Regarding Activities for Which	n Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	tion 4945(e))?	Y	es 🗶 No	1 1
(2) Influence the outcome of any specific public election (see section 4955)	), or to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpos	ses?	Ye	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organiza	tion described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or t	or		
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see ins	structions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance chec	k here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	n from the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 49	945-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly,				
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870	•			
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Y6	s X No	1 1
b if "Yes," did the foundation receive any proceeds or have any net income attr			N/A	7b
Part VIII Information About Officers, Directors, Tru		nagers, Highly		
Part VIII Paid Employees, and Contractors	·			
1 List all officers, directors, trustees, foundation managers and the				
Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
CHRISTOPHER EGAN	TRUSTEE			
116 FLANDERS RD., STE 2000				
WESTBOROUGH, MA 01581	2.50	0.	0.	0.
JEAN EGAN	TRUSTEE			
116 FLANDERS RD., STE 2000				
WESTBOROUGH, MA 01581	2.50	0.	0.	0.
		1		
	_		ĺ	
	$\neg$			
	7		Į	
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	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	allowances
NONE				
	7			
			I	
			]	
				<del></del>
	7			
	<u> </u>	1		
Total number of other employees paid over \$50,000			▶	0
			Form	990-PF (2010)

Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	<del></del>
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<u> </u>	
11011	-	
		-
	-	
	<u> </u>	<u> </u>
	<del>-</del>	
	<del>-</del>	· · · · · · · · · · · · · · · · · · ·
	-	
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	real information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc.	Expenses
1 N/A		
0		
2		
3		·
3		
A		
4		
	· · · · · · · · · · · · · · · · · · ·	
Part IX-B Summary of Program-Related Investments		<del> </del>
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 NONE		
HONE	.,	
		0.
2		
All other program-related investments. See instructions.		
An units program-related investments, are instructions.		
<u> </u>		
Tetal Add lines 1 through 2		0.
Total. Add lines 1 through 3		Form <b>990-PF</b> (2010)
		101111

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	11,746.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,746.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,746.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	176.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,570.
6	Minimum investment return. Enter 5% of line 5	6	579.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	579.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)	1	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	579.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	579.
6	Deduction from distributable amount (see instructions)	8	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	579.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		101 250
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	191,359.
þ	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	101 250
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	191,359.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	income Enter 1% of Part I, line 27b	5	104 350
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	191,359.
	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.	qualifies for t	ne section

Part XIII Undistributed Income (see instructions)

(a) (b) (c) Corpus Years prior to 2009 2009	( <b>d</b> ) 2010
1 Distributable amount for 2010 from Part XI,	····
line 7	5 <u>79.</u>
2 Undistributed income, if any, as of the end of 2010	
a Enter amount for 2009 only	
b Total for prior years:	
3 Excess distributions carryover, if any, to 2010:	
a From 2005 61, 282.	
bFrom 2006 62,741.	
c From 2007 22,655.	
d From 2008 45, 157.	
eFrom 2009 156, 212.	
f Total of lines 3a through e 348,047.	<del></del>
4 Qualifying distributions for 2010 from	
Part XII, line 4:  \$ 191,359.  a Applied to 2009, but not more than line 2a	
27-philod to 2000; 00t mot mile 0 and mile 20	
b Applied to undistributed income of prior  vears (Electron required - see instructions)	
Jours (Electronic regards of the Electronic)	
c Treated as distributions out of corpus (Election required - see instructions)	
	579.
d Applied to 2010 distributable amount  e Remaining amount distributed out of corpus  190,780.	375.
	0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 538, 827.	
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  0 •	
d Subtract line 6c from line 6b Taxable	
amount - see instructions	
e Undistributed income for 2009. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2010. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2011	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) 0 •	
8 Excess distributions carryover from 2005	
not applied on line 5 or line 7 61,282.	<del>-</del>
9 Excess distributions carryover to 2011.	
Subtract lines 7 and 8 from line 6a 477,545.	
10 Analysis of line 9:	
a Excess from 2006 62,741.	
b Excess from 2007 22, 655.	
c Excess from 2008 45, 157.	
dExcess from 2009 156, 212.	
e Excess from 2010 190, 780.	

023581 12-07-10

Part XIV   Private Operating F	oundations (see us		A guestion 9)		33317 rage to
1 a If the foundation has received a ruling o			7., quosilon o)	11/11	<del></del>
foundation, and the ruling is effective for					
b Check box to indicate whether the found		*	n section	4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig loundation deserrated in	Prior 3 years	<u> </u>	1
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for		· · · ·		<del></del>	<del></del>
each year listed					
<b>b</b> 85% of line 2a				<del></del>	<u> </u>
c Qualifying distributions from Part XII,				<del></del>	<del></del>
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					l
exempt activities					
e Qualifying distributions made directly	· · · · · · · · · · · · · · · · · · ·				
for active conduct of exempt activities					
Subtract line 2d from line 2c				j	
3 Complete 3a, b, or c for the	<del></del>				-
alternative test relied upon; a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying		-			
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					_
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(1) Total support other than gross					
investment income (interest,					1
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				1 107 000	<u> </u>
Part XV Supplementary Info			it the foundatio	n nad \$5,000 or m	ore in assets
	<del></del>	instructions,			
Information Regarding Foundation a List any managers of the foundation when the foundation of the foundation when the foundation is a few and the foundation of the foundation of the foundation of the foundation of the few and the f	•	than 2% of the total cont	ributions received by th	e foundation before the clo	ise of any tay
year (but only if they have contributed r			noutions recoired by th		oo or any as
CHRISTOPHER EGAN					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			•
NONE					_
2 Information Regarding Contribut					
Check here ► if the foundation of					
the foundation makes gifts, grants, etc.	<del></del>			complete items 2a, b, c, an	0 a. ———————
a The name, address, and telephone num CHRISTOPHER EGAN, 50		m applications should be	aggresseg;		
116 FLANDERS RD., ST		TBOROUGH, M	IA 01581		
b The form in which applications should	e submitted and informa	tion and materials they sl	nould include:	(m) m: C	
c Any submission deadlines:	SUPPORTING	DOCUMENTATI	.UN AND TAX	STATUS	_
NONE					
<b>4</b> Any restrictions or limitations on award <b>NONE</b>	s, such as by geographic	al areas, charitable fields,	kinds of institutions, o	r other factors.	

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid during the year SEE STATEMENT 3 190,105. ▶ 3a Total **b** Approved for future payment NONE 0. **▶** 3b Total Form **990-PF** (2010)

023611 12-07-10

	Unrelated b	Unrelated business income		led by section 512, 513, or 514	(e)	
er gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	Related or exemp	
Program service revenue* •	code	Amount	code	Amount	function income	
<u> </u>			$\perp$			
b						
d						
8						
Fees and contracts from government agencies						
Nembership dues and assessments						
nterest on savings and temporary cash						
nvestments						
Dividends and interest from securities						
let rental income or (loss) from real estate;						
Debt-financed property			$\perp$			
Not debt-financed property						
let rental income or (loss) from personal						
roperty						
Ither investment income		-				
ain or (loss) from sales of assets other						
nan inventory	<u> </u>		1 1			
let income or (loss) from special events						
iross profit or (loss) from sales of inventory						
Other revenue;						
a	1		1 1			
1						
9			$\perp$			
Subtotal. Add columns (b), (d), and (e)		0	$\cdot \Box$	0.		
Total Add line 12, columns (b), (d), and (e)				13	<b></b>	
worksheet in line 13 instructions to verify calculations)				t Durnoses		
	to the Accon	anlishment at F				
	to the Accon	nplishment of E	xemp	t ruiposes		
Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
rt XVI-B Relationship of Activities	come is reported in o	olumn (e) of Part XVI-			plishment of	
Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
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Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
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Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
Relationship of Activities  e No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	
ne No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XVI-			plishment of	

Form 990-F		& JEAN EGAN FO			72-1555517	Page 13
Part X\	VII Information Re Exempt Organ	egarding Transfers To	and Transactions	and Relationships Wi	th Noncharitable	
1 Did th		rectly engage in any of the followi	ing with any other organiza	ution described in section 501(c)	of T	res No
	<del>-</del>	:)(3) organizations) or in section 5			"   <del>[</del>	
	•	lation to a noncharitable exempt o		anadiono;	Ì	:
(1) (	. •	ation to a nononanaolo oxompro	gumzadon or,		1a(1)	х
	Other assets				1a(2)	$\frac{1}{X}$
• •	transactions'				1-5(5)	
-	Sales of assets to a noncharita	able exempt organization			1b(1)	Х
		oncharitable exempt organization			1b(2)	X
	Rental of facilities, equipment,				1b(3)	X
٠,	Reimbursement arrangements				1b(4)	Х
	Loans or loan guarantees				1b(5)	Х
		embership or fundraising solicitat	ions		1b(6)	X
c Shari	ing of facilities, equipment, ma	ailing lists, other assets, or paid ei	mployees		1c	X
d If the	answer to any of the above is	s "Yes," complete the following sch	hedule. Column (b) should	always show the fair market valu	e of the goods, other asse	ts,
or se	rvices given by the reporting t	foundation. If the foundation recei	ived less than fair market v	alue in any transaction or sharing	j arrangement, show in	
colur		other assets, or services received				
(a)Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers,	, transactions, and sharing arra	ngements
		N/A				
		<u> </u>	- <del>-</del> -			
_		<u></u>				
	<u> </u>					
	ļ					
-		<u> </u>	<del></del>	<del></del>		
	<del> </del>					
	<u> </u>					<del></del>
	<del> </del>					
2a is the	a foundation directly or indire		ne or more tay-eyempt ord	anizations described		
	· · · · · · · · · · · · · · · · · · ·	er than section 501(c)(3)) or in se		umzauono 0000mbou	Yes	X No
	es," complete the following sci		oudin der .			
	(a) Name of or		(b) Type of organization	on (c) Descrip	otion of relationship	
	N/A	<u> </u>				
	·_·					<del></del>
	<del></del>					
		are that I have examined this return, incl			knowledge and belief, it is true	е, сопест,
Sign	and complete Declaration of pres	parer (other)than taxpayer or fiduciary) is				
Here		71	7/19/	TRUSTE	E	
	Signature of officer or x		Date	Title		
	Print/Type preparer's r	name Preparer's	signature	Date Check	if PTIN	
	000000	0000		フ/パン/// self-emp	loyed	P0056834
Paid	JEFFREY 1			<u> </u>		
Prepa		CHIN, BLOCK & A	NCHIN LLP	Firm's E	IN > 12-043	10.
Use O		375 BROADWAY			13-043	
	Firm's address ► N	EW YORK, NY 100	18	Phone r	no. 212-840-3	3456

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

CUDIC C TEAM ECAN FOIDINATION

**Employer identification number** 

	CHRIS & JEAN EGAN FOUNDATION	72-1555517
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See instructions
General Rule		
<del>-</del>	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of t 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate con	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one tributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit of cruelty to children or animals Complete Parts I, II, and III	
contributions f If this box is cl purpose Do n	601(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an exion complete any of the parts unless the <b>General Rule</b> applies to this organization becatable, etc., contributions of \$5,000 or more during the year	not aggregate to more than \$1,000 clusively religious, charitable, etc,
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Scho on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or o e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### CHRIS & JEAN EGAN FOUNDATION

72-1555517

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTOPHER F. EGAN  116 FLANDERS ROAD; SUITE 2000  WESTBOROUGH, MA 01581	\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010

Employer identification number

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
<b></b>		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES INCURRED FOR TAX RETURN PREPARATION SERVICES AND PLANNING	934.	0.		934.	
TO FORM 990-PF, PG 1, LN 16B	934.	0.		934.	
FORM 990-PF	OTHER E	XPENSES	(C) (D) ADJUSTED CHARIT NET INCOME PURPO  STATEMENT  (C) (D) ADJUSTED CHARIT	TATEMENT 2	
	(5)				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES	
DESCRIPTION  STATE FILING FEE OTHER EXPENSES	EXPENSES	NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE	

3

STATEMENT

FORM 990-PF

	DURING THE YEAR			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
ST. CECILIA'S PARISH 18 BELVIDERE ST. BOSTON, MA 02115		PUBLIC CHARITY	48,180.	
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SHREWSBURY, MA 01545		PUBLIC CHARITY	40,000.	
DOVE PO BOX 690267 QUINCY, MA 02269		PUBLIC CHARITY	5,500.	
EASTER SEALS MASSACHUSETTS 89 SOUTH STREET, 1ST FLOOR BOSTON, MA 02111	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	500.	
EAGLE'S NEST LEARNING CENTER 203 HIGH STREET BROOKLINE, MA 02445	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	5,000.	
HILL HOUSE 127 MOUNT VERNON STREET BOSTON, MA 02108	NOT APPLICABLE 2009-2010 ANNUAL FUND	PUBLIC CHARITY	6,750.	
PARK STREET SCHOOL/PARK STREET KIDS ONE PARK STREET BOSTON, MA 02108	NOT APPLICABLE ANNUAL FUND	PUBLIC CHARITY	25,000.	
GIRLS LEAP 971 COMMONWEALTH AVE, SUITE 22 BOSTON, MA 02215	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	250.	

GRANTS AND CONTRIBUTIONS

CHRIS & JEAN EGAN FOUNDATION			72-1555517
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGHAM, MA 01701	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	100.
SCM COMMUNITY TRANSPORATION 167 HOLLAND ST. SOMERVILLE, MA 02144		PUBLIC CHARITY	500.
PAN-MASSACHUSETTS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	1,500.
ALLIANCE TO PROTECT NANTUCKET SOUND 4 BARNSTABLE RD. HYANNIS, MA 02601	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	10,000.
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE ST WESTWOOD, MA 02090	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	5,000.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDA, MD 20814	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	500.
COMMITTEE TO LIGHT COMMONWEALTH AVENUE 234 CLARENDON STREET BOSTON, MA 02116	GENERAL FUND	PUBLIC CHARITY	1,000.
WORCESTER COMPREHENSIVE CHILD CARE 160 TACOMA STREET WORCESTER, MA 01605	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	39,725.
DANA FARBER MARATHON CHALLENGE PO BOX 849168 BOSTON, MA 02284		PUBLIC CHARITY	100.
ST. BERNARD'S PARISH ENFIELD, CT 06083	NOT APPLICABLE GENERAL FUND	PUBLIC CHARITY	500.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	<u></u>	190,105.

#### Form **8868**

(Rev January 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		<b>•</b>	· [X]
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, d	complete only Part II (on page 2 of this	form)		
Do not o	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mor				•	
	to file any of the forms listed in Part I or Part II with the exc		•		·	
	al Benefit Contracts, which must be sent to the IRS in pap	•				
	w irs gov/efile and click on e-file for Charities & Nonprofits		(eee mendenen, t et mere eetane en t		stronic ming or trus	, O
Part I			hmit original (no copies peeded)			
	ration required to file Form 990-T and requesting an auton			nolete		
Part I or		natio o me	one of the contract of the con	ibiere		
All other	r corporations (including 1120-C filers), partnerships, REM. come tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	ision of time	
Type or print				Employer identification number		
File by the	CHRIS & JEAN EGAN FOUNDATION			7	2-1555517	
due date for filing your return See	C/O CHRISTOPHER EGAN 116 FI					
instruction						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)	-		0 4
Applica	ition	Return	Application			Return
Is For		Code	is For			Code
Form 99	30	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A	-	08	
Form 99	· ·	03	Form 4720			09
Form 99		04	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (sec 45 f(a) of 450(a) trust)	06	Form 8870		·	12
1 Oilli 33	THE FOUNDATION	1 00	1 01111 8870		<del>-</del> · · · · · · · · · · · · · · · · · · ·	
• The l	books are in the care of   116 FLANDERS RO	OAD.	SUITE 2000 - WESTROE	OUG	н ма 0158	₹1
	phone No ► (508) 898-3800	,	FAX No ▶	.000	11, 111 0130	<del>, _</del>
	e organization does not have an office or place of business	n ın tha l le	•			
	s is for a Group Return, enter the organization's four digit		•			·
	If it is for part of the group, check this box					
box ▶					ers the extension is	TOF
1 Ir	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011 to file the exemption		•		Th	
_		τ organiza	tion return for the organization named a	above	The extension	
	for the organization's return for					
	► X calendar year 2010 or					
	tax year beginning	, an	id ending		_	
<b>2</b> If	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return Fina	al retur	n	
	this application is for Form 990-BL, 990-PF, 990-T, 4720, conrefundable credits. See instructions	or 6069, e	enter the tentative tax, less any	3a	\$	0.
			<b>.</b>			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				0.		
_	stimated tax payments made. Include any prior year overp		<del></del>	3b	\$	
	alance due. Subtract line 3b from line 3a Include your pa			0-	s s	0.
	y using EFTPS (Electronic Federal Tax Payment System). : n. If you are going to make an electronic fund withdrawal v			8879	_ <del>*</del>	
	For Paperwork Reduction Act Notice, see Instructions		S 5555, 555 F. S.III 6455-LO and FOIII		Form 8868 (R	
					(11	

023841 01-03-11