EXTENDED TO NOVEMBER 15, 2018

Form 990-PF Department of the Treasury Internal Revenue Service Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

For calendar year 2017 or tax year beginning Name of foundation A Employer identification number CHRIS & JEAN EGAN FOUNDATION 72-1555517 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O C. EGAN 116 FLANDERS RD 2000 (508) 898-3800 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here WESTBOROUGH, MA 01581 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Address change Foreign organizations meeting the 85% test, check here and attach computation Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated O W Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 483, 739. (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (b) Net investment (d) Disbursements (c) Adjusted net expenses per books for charitable purpose (cash basis only) income Contributions, gifts, grants, etc., received Ο. N/A 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 430 70. STATEMENT Dividends and interest from securities 9,465.9,447. STATEMENT 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 9,356. b Gross sales price for all assets on line 6a 77,870. 7 Capital gain net income (from Part IV, line 2) 9,356. 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) OGDEN 11 Other income **?**) 12 Total. Add lines 1 through 11 19.251. 18,873. 13 Compensation of officers, directors, trustees, etc AUG 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 2,275. 1,706. 569. c Other professional fees 17 Interest 18 Taxes STMT 4 2,271.110.Ō. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 2,878. 35. 24 Total operating and administrative expenses. Add lines 13 through 23 7,424 1,817. 604. 25 Contributions, gifts, grants paid 253,600. 253,600. 26 Total expenses and disbursements. Add lines 24 and 25 261,024 1,817 254,204 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements <241,773. b Net investment income (if negative, enter -0-) 17,056. c Adjusted net income (if negative, enter -0-) N/A

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

Form **990-PF** (2017)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	Ella di	
Pa	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash - non-interest-bearing	35,321.	1,498.	1,498.
		Savings and temporary cash investments	146,161.	3,233.	3,233.
- 1		Accounts receivable ▶			
l		Less: allowance for doubtful accounts			
		Pledges receivable			
		Less; allowance for doubtful accounts			
		- · · · · · · · · · · · · · · · · · · ·			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
l		Less; allowance for doubtful accounts			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
تخ	10a	Investments - U.S. and state government obligations			
	i	Investments - corporate stock STMT 6	450,924.	385,342.	477,706.
		Investments - corporate bonds			
		_			
- 1	• • •	Investments - land, buildings, and equipment basis			
	4.0	Less accumulated depreciation			
		Investments - mortgage loans			<u> </u>
		Investments - other			
	14	Land, buildings, and equipment; basis	460	-1955 - 1955-115. " 12.115. " 12.115. " 1	<u></u>
		Less accumulated depreciation		1 200	1 202
	15	Other assets (describe STATEMENT 7)	742.	1,302.	1,302.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	633,148.	391,375.	483,739.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	"		
Ē	21	Mortgages and other notes payable			
Lia		Other liabilities (describe	· · · · · · · · · · · · · · · · · · ·		
		Other habilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here			25 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					7×
S	۰۰	and complete lines 24 through 26, and lines 30 and 31.			*
lances		Unrestricted			* * * * * * * * * * * * * * * * * * * *
		Temporarily restricted			(*)
E E	26	Permanently restricted			, ,
Š		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.	_	•	
ts o	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Ba	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
As	29	Retained earnings, accumulated income, endowment, or other funds	633,148.	391,375.	
det	30	Total net assets or fund balances	633,148.	391,375.	
_					
	31	Total liabilities and net assets/fund balances	633,148.	391,375.	
		Analysis of Changes in Not Assets or Fund F	Palanoes		
LP	art	Analysis of Changes in Net Assets or Fund E	Dalaites		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	633,148.
	•	r amount from Part I, line 27a		2	<241,773.>
-		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	391,375.
		reases 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, o	column (b), line 30	6	391,375.
_			1 12		

Form **990-PF** (2017)

Part I	V Capital Gains a	and Lo	sses for Tax on In	vestment	Income						
) of property sold (for exar or common stock, 200 shs		te,	ΙP	How ac - Purch - Dona	nase '	c) Date ac (mo., day		(d) Date sold (mo., day, yr.)
1a MAI	RKETABLE SECT	URITI	ES					PV	ARIO	US	12/31/17
	RKETABLE SEC			_					1/09	/16	11/16/17
	AN NATIONAL							P			
d CA	PITAL GAINS I	DIVII	DENDS								
<u>e</u>						L_,					
(e	e) Gross sales price	(f)	epreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gaii (e) plus (n or (loss f) minus	(g))
<u>a</u>	46,957.				42,81						4,145.
<u>b</u>	30,109.				25,70	2.					4,407.
<u> </u>	1.										<u> </u>
d	803.										803.
<u>e</u>								<u> </u>			
Comp	plete only for assets showin								Gains (Col		
(i)	FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			cor. (k), but no Losses (f	rom col. ((h))
<u>a</u>											4,145.
b											4,407.
	<u></u>				. <u></u>						1.
_d											803.
<u>e</u>			<u>-</u>								
2 Capital	I gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-			}	2				9,356.
3 Netsh	ort-term capital gain or (los	s) as defu									
	, also enter in Part I, line 8,			iu (0).		J					
If (loss	s), enter -0- in Part I, line 8	·	•			[ال	3			N/A	
Part V	Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me		
(For optio	nal use by domestic private	foundation	ons subject to the section 4	1940(a) tax on	net investment ir	com	e.)				
If section	4940(d)(2) applies, leave th	ue nart his	nnk								
ii section	4540(u)(z) applies, leave ti	iis pai t bio	IIIK.								
	oundation liable for the sect					rıod?					Yes X No
	ne foundation doesn't qualif										
1 Enter	the appropriate amount in e	each colur	nn for each year; see the ir	istructions be	fore making any e	ntries	S		-		735
_	(a) Base period years		(b)	tht-o-o	Net value of no	(c)		una nanata		Distri	(d) bution ratio
Calend	ar year (or tax year beginnir	ng In)	Adjusted qualifying dis		Net value of fic	niciia				col. (b) dr	vided by col. (c))
	2016			4,762.				$\frac{8,122}{7,355}$.340258
	2015	-		2,723.		<u>_</u>		7,355.			.327227
	2014			8,008.				3,440.	'		.628809
	2013			6,571.				8,635	<u> </u>		.364355
	2012		29	7,905.				5,619.	\	_	5.356173
2 Total	of line 1, column (d)								2		7.016822
	ge distribution ratio for the s	Swaar bad	o poriod duudo the total	na lina 2 by 5	0 or by the numb	or of	VOSEC				7.010022
	undation has been in exister	-	•	on line 2 by 5.	o, or by the numb	61 01	years		3		1.403364
	undation has been in exister	100 11 1033	tilali o years						 		
4 Enter	the net value of noncharitab	le-use as	sets for 2017 from Part X,	line 5					4	<u>.</u> .	588,025.
5 Multin	ly line 4 by line 3								5		825,213.
		- /40/ -	Double has 0753								171.
o chier	1% of net investment incom	ie (i% 0f	raπ I, line 2/b)						6		
7 Add III	nes 5 and 6								7		825,384.
	qualifying distributions from	•							8		254,204.
	8 is equal to or greater than be Part VI instructions	line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usir	ng a 1	% tax i	rate.			

723521 01-03-18

3 3 34? Subtitle A (moome) tax (domestic section 4947(a) (1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on Investment Income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on Investment Income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on Investment Income. Subtract line 6. It zero or less, enter -0- 5 Tax based on Investment Income. Subtract line 6. It zero or less, enter -0- 5 Exempt loreign organizations - tax withheld at source. 6 0 0. 6 0 0. 6 0 0. 6 0 0. 7 Total credits and payments. Add lines 6 at brough 6d 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than line 17, enter amount owed 10 Overpayment. If line 7 is more than line 17, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 11 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 12 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 13 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 14 Tax due.	orm 990-PF (2017) CHRIS & JEAN EGAN FOUNDATION		15555			age 4
Obtained for fulling or determination letter: Catach Copy of letter if necessary-see Instructions) 1 34.1	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see in	stru	ction	ıs)
b Domestic foundations test meet the section 4940(e) requirements in Part V, check here	1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
of Part I, line 27b	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				i
and Indiver domestic foundations enter 2% of the 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 3 341 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment Incomes. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment Incomes. Subtract line 4 from line 3. If zero or less, enter -0- 5 Exempt foreign organizations - tax withheld at source 6 Dog organizations - tax withheld at source 7 Tax paid with application for extension of time to file (Form 8868) 6 Dog organizations - tax withheld at Source 7 Tax paid with application for extension of time to file (Form 8868) 6 Dog organizations - tax withheld at Source 7 Tax due, If the total of lines 5 and 8 is more than the 7, enter amount owed 9 Tax due, If the total of lines 5 and 8 is more than the 7, enter amount owed 9 Tax due, If the total of lines 5 and 8 is more than the 7, enter amount owed 9 Tax due, If the total of lines 5 and 8 is more than the 7, enter amount owed 9 Tax due, If the total of lines 5 and 8 is more than the 7, enter amount owed 10 Overpayment, If line 7 or more than the total of lines 5 and 8, enter the amount overpaid 11 Center the amount of line 10 to be, credited to 2018 estimated tax > 1, 784 . Refunded > 11 12 During the tax year, did the foundation alternpt to influence any national, state, or local legislation or did riparticipate or intervene in any political campaign? 10 Def to the spend more than 5100 during the year (either deceity or indirectly) for political episcation or did riparticipate or intervene in distributed by the foundation in expenditures (section 4955) imposed during the year? 11 Yes, attach a detailed description of the activities and copies of any materials published or distributed by the foundation with the activities. 12 If Yes, attach a detailed	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1_1_			34	41.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax paid with application for extension of time to file (Form 888) 6 Depart foreign organizations -1 was withheld at source 7 Tax paid with application for extension of time to file (Form 888) 6 Beat 0.0 7 Total credits and payments. Add lines 8a through 8d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8. more than hine 7, enter amount owed 9 Tax due. If the total of lines 5 and 8. enter the amount ower all 1. 7, 78.4. Refunded ↑ 1. 7. 84. Refunded ↑	of Part I, line 27b				-	ı
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax paid with application for extension of time to file (Form 888) 6 Depart foreign organizations -1 was withheld at source 7 Tax paid with application for extension of time to file (Form 888) 6 Beat 0.0 7 Total credits and payments. Add lines 8a through 8d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8. more than hine 7, enter amount owed 9 Tax due. If the total of lines 5 and 8. enter the amount ower all 1. 7, 78.4. Refunded ↑ 1. 7. 84. Refunded ↑	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	1				r
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		2	-			0.
Tax based on Investment Income. Subtract line 4 from line 3.1f zero or less, enter -0-6 C Credits/Payments; a 2017 estimated tax payments and 2016 overpayment credited to 2017	****	3			3	41.
5 34. 15 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 2 2017 estimated tax payments and 2016 overpayment credited to 2017 5 Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld T Total credits and payments. Add lines 5a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than time 7, enter amount ewed Tax due. If the total of lines 5 and 8 is more than time 7, enter amount ewed Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the total of lines 5 and 8, enter the amount everpaid Tax due. If the enter shall be continued to the sent shall be continued to the shall be continued to the form tax due to the shall be continued to the form tax due to the form tax due to the shall be continued to the form tax due to the form tax	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
a 2017 estimated tax payments and 2016 overpayment credited to 2017.		5			3,	41.
a 2017 estimated tax payments and 2016 overpayment credited to 2017.	•		†			
b Exempt foreign organizations - tax withheld at source						
to Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7						
d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 5 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ d Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 9 Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Deter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 10 1, 78 d . Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) or tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . e Enter the reinbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . Has the foundation engaged in any activities that have not previously been reported to the IRS? If Yes, attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes 4 Did the foundation have urrelated business gross income of \$1,000 or more during the year? If Yes, attach the statement required by General Instruction 7 A rether equirem			ì			
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ #Form 2220 is attached 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax. ► 1, 784 • Refunded ► 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 Did it poundation file Form 1120-POL for this year? 3 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 3 (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . 4 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 . 4 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 . 2 Has the foundation mapaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation male any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 and the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has if flied a tax return on Form \$90-Tfor this year? 5 Was there a liquidation, terrimatio	` ` ` ` ` ` ` ` 		1			
8 Enter any penalty for underpayment of estimated tax. Check here	· · · · · · · · · · · · · · · · · · ·	⊣ -			2 1	25.
1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 1,784. Refunded 11 1.784. In the treatment of line 10 be. Credited to 2018 estimated tax 1,784. Refunded 11 1.784. In the treatment of line 10 be. Credited to 2018 estimated tax 1,784. Refunded 11 1.784. In the treatment of line 10 be. Credited to 10 be. Credited to 2018 estimated tax 1,784. Refunded 11 1.784. Refunded 11 11 11 11 11 11 11	· · ·		 	<u> </u>	· , 1 ·	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1, 784			 			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1, 784. Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lif the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a detailed description of the activities. a the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," attach the statement required by General Instruction of the IRS, in the foundation furnished activities and the foundat	·		}	,	1 7	0 /
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11 At any time during the year, did the foundation, dentity or indirectly, own a controlled entity within the maining of section 512(b) (13)? If Yea, attach schedule. See instructions	Pa	t VII-A Statements Regarding Activities (continued)				
section \$12(0)(13)? If "Yes," attach schedule. See instructions 10 off the foundation marks a distribution to a donor advised fund over which the foundation or a dequalited person had advisory privileges? If Yes, attach statement. See instructions 10 off the foundation marks a distribution to a donor advised fund over which the foundation or a dequalited person had advisory privileges? If Yes, attach statement. See instructions 10 off the foundation comply with the public inspection requirements for its annual returns and exemption applications. 11 The books are in care of \$\times\$ THE FOUNDATION 12 Flat Poundation \$\times\$ Texture of a circuit of furing the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country. 15 Section 4947(a)(1) noncempt charitable trusts fining four memors for accured during the year 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country. 16 Yes No. 17 Florm 4720 if any item is checked in the "Yes" column, unless an exception applies. 18 Journal by easy, did the foundation (either directly or indirectly); 19 Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 19 Journal by easy, did the foundation (either directly or indirectly); 10 Financiar any income or exchange, or leasing of property with a dequalited person? 10 Frumsh goods, services, or facilities to (or accept them from) a disqualited person? 11 Flat Statements Regarding Activities for Which Form 4720 May Be Required 12 Florman for any income or exchange, or leasing of property with a dequalited person? 13 Florman goods, services, or facilities to care accept them from) a disqualited person? 14 Florman for any income or exchange, or leasing of property with a dequalited person? 15 Florman for any income or assets to a dequalited person (or income for a person directl				Yes	No	
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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X		Total True, to determine it the realization had allowed belong to the true.	<u> </u>	╁—	+ +	
had not been removed from jeopardy before the first day of the tax year beginning in 2017?			<u> 4a</u>	+-	+^-	
had not been followed from judgardy bolore the most day of the tax year beginning in the first day of the tax year beginning in the first day of the tax year beginning in the first day of the tax year beginning in the first day of the tax year beginning in the first day of the tax year beginning in the first day of the tax year beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of the tax years beginning in the first day of t				-	- · · ·	
	_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?				

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	-152	T N .
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 🗶 No	1	;
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		s X No		
any voter registration drive?	•		S X No	1	}
(3) Provide a grant to an individual for travel, study, or other similar purposes'	•		S LALIND		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		s X No	- 1	ļ
4945(d)(4)(A)? See instructions			S LAL NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		es X No		
the prevention of cruelty to children or animals?	Ior the averations described t		ו או באבו פי	Ì	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru	•	n Regulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h		•		-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	* * * *	nad			[
expenditure responsibility for the grant?			s 🖂 No	ì	1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	7.44	,,	- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on				ł
a personal benefit contract?	pay premiums on		es X No		١,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		1-	- ·	X '
If "Yes" to 6b, file Form 8870.	croomer benefit container.		-		+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	pense t, other
CHRISTOPHER EGAN	to position	`enter'-0-)	compensation	allowa	ances
	TRUSTEE			1	
116 FLANDERS RD., STE 2000 WESTBOROUGH, MA 01581	2.50	0.	0.		0.
	TRUSTEE		<u> </u>	├ ──	- • •
116 FLANDERS RD., STE 2000	IKOSIEE				
WESTBOROUGH, MA 01581	2.50	0.	0.		0.
WEDIDOROUGH, IM 01301	2.50			 	
				 	
]			
		1			
2 Compensation of five highest-paid employees (other than those inc	luded 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 and deferred compensation	(e) Ex	pense t other
	hours per week devoted to position	(C) Compensation	and deferred compensation	allow	ances
NONE					
				<u> </u>	
				<u> </u>	
		1			
				↓	
		ļ		 	
	1	1)		
	L	<u> </u>	 _	Ь	
Total number of other employees paid over \$50,000			Earn	990-PF	
			FORM	・フラひって「	(201/1

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	00,700			
line 7				29,060.
2 Undistributed income, if any, as of the end of 2017			_	
a Enter amount for 2016 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 295, 124.				
b From 2013 307,639.				
c From 2014 320, 336.				
dFrom 2015 290, 355.				
eFrom 2016 223,717.	4 427 474			1
f Total of lines 3a through e	1,437,171.			
4 Qualifying distributions for 2017 from				1
Part XII, line 4: ►\$ 254, 204.			0.	1
a Applied to 2016, but not more than line 2a			U .	
b Applied to undistributed income of prior		0.		ouzaki P#
years (Election required - see instructions)		· · ·		
c Treated as distributions out of corpus	0.	ي <u>.</u>		
(Election required - see instructions)	<u> </u>			29,060.
d Applied to 2017 distributable amount	225,144.			25/0001
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		,	,	,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,662,315.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		_	[Li dese
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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	0.			
may be required - see instructions)		<u> </u>		
8 Excess distributions carryover from 2012	295,124.			
not applied on line 5 or line 7	233,124.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,367,191.			
Subtract lines 7 and 8 from line oa 10 Analysis of line 9:	1,301,131.			-
a Excess from 2013 307,639.				
b Excess from 2014 320, 336.		-		
c Excess from 2015 290, 355.				
d Excess from 2016 223,717.				
e Excess from 2017 225, 144.				
	 			Form 000-DE (2017)

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	JEAN EGAN			72-15	55517 Page 10
Part XIV Private Operating I	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2017, enter the date of t	the ruling	▶		
b Check box to indicate whether the four	dation is a private operatir	ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	ì]	
b 85% of line 2a					
c Qualifying distributions from Part XII,					/
line 4 for each year listed					
d Amounts included in line 2c not		<u> </u>			
used directly for active conduct of				, pr	
exempt activities	1	1			
e Qualifying distributions made directly					-
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c	1				
3 Complete 3a, b, or c for the			 	<u> </u>	
alternative test relied upon:	1			Ì	
"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		1			
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	1		Ì		
c "Support" alternative test - enter:		1			
(1) Total support other than gross					
investment income (interest,	1	1/	•	1	
dividends, rents, payments on securities loans (section		/	ł		
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			i		
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	_	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2).)	·		•
CHRISTOPHER EGAN					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation	or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation h	as a 10% or greater intere:	st.	. ,		
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur		ne person to whom applic	cations should be address	sed:	
CHRISTOPHER EGAN, 5	08-898-3800				
116 FLANDERS RD., S'	re 2000, wes	TBOROUGH, M	IA 01581		
b The form in which applications should		· · · · · · · · · · · · · · · · · · ·		CMAMILC	
c Any submission deadlines;	POLLOVITING	POCOMENTALI	TAA UIIA IIO.	PIVIOS	
NONE					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields,	kinds of institutions, or o	other factors:	· — · — · —
NONE					

12490522 793149 C&JEFOUND

▶ 3b

Total

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	- 3333	-	+		
b	-				
C					
d					
e					
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	430.	
Dividends and interest from securities			14	9,465.	
Net rental income or (loss) from real estate:					· -
a Debt-financed property	<u> </u>		-		
b Not debt-financed property	ļ		-		
Net rental income or (loss) from personal					
property Other reports and the control of the contr	<u> </u>		14	 	
Other investment income			1 4 4 H		
Gain or (loss) from sales of assets other than inventory			18	9,356.	
Net income or (loss) from special events			+ 10		
Gross profit or (loss) from sales of inventory	 	· -	+-		
Other revenue:			+		
a			 		
	_	····	+-		
	_		-		
c					
d		0	• 3	19,251.	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	,	0	• 2	19,251.	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	,	0	• ***	<u> </u>	
c	.)			13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	es to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which i	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie sine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie sine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie sine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie sine No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie line No. Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of E	xemp	13	19,25

Part XVII				nd Transactions a	nd Relationsh		aritable		iye ic
1 Did the ord			of the followin	ig with any other organization	n described in section	on 501(c)		Yes	No
				g to political organizations?	m deachded in accus	511 00 1(0)		.00	
-	from the reporting found								
(1) Cash			•	•			1a(1)		X
(2) Other	assets						1a(2)		X
b Other trans	sactions:								
(1) Sales	of assets to a noncharita	able exempt organiza	ation				1b(1)		X
(2) Purch	ases of assets from a no	incharitable exempt	organization				1b(2)		X
• •	l of facilities, equipment,						1b(3)		X
(4) Reimb	oursement arrangements	3		,			1b(4)	<u> </u>	X
• •	or loan guarantees						1b(5)		X
• •	rmance of services or me	' - '	•	•			1b(6)	<u> </u>	Х
	facilities, equipment, ma						10		X
or services column (d		foundation. If the fou other assets, or ser	indation receiv	edule. Column (b) should alved less than fair market values exempt organization	e in any transaction		, show in		ents
·	(-,	1	N/A		(-,				
		 							
		 		· · · · · · · · · · · · · · · · · · ·	 				
		† · · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·	<u> </u>		 -		
						_			
		 			 				
		<u> </u>							
in section	501(c) (other than section implete the following sch	on 501(c)(3)) or in s nedule.	ection 527?	or more tax-exempt organi			Yes	X	No No
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relatio	nship		
	N/A								
									
				ļ					
				 					
Under	nenalties of nervice #2Mare	that I have examined the	ne roturn include	ng accompanying schedules and	statements, and to the	host of my knowledge			
Sign Here	lief, it is true, correct, and co	implete Declaration of p		in taxpayer) is based on all inform		has any knowledge	May the IRS return with the shown below	ne prepa v? See ii	ver
Sign	ature of officer or trustee	/		Date	Title				
-	Print/Type preparer's	ame	Preparer's s	ignature	Date	Check if PTI	N		
D-:-I	DESER IN	Page 10 1.1			<u> </u>	self- employed			_
Paid	70111461	~1000M/	<u> </u>		05/22/18		00568		
Preparer Use Only	Firm's name ► ANC	HIN, BLO	CK 48 AN	CHIN LLP		Firm's EIN ▶ 13-	U4365	40	
Cae Cilly	Firm's address ► 1 3	75 00000	17 V			 			
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NEW YORK, NY 10018

Phone no. 212-840-3456

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Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Τ		
_ 	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	Condition	
PARK STREET SCHOOL/PARK STREET KIDS	NOT APPLICABLE	PC	ANNUAL FUND	
ONE PARK STREET			1	
BOSTON, MA 02108		 	+	25,000.
PRIENDS OF THE PUBLIC GARDEN	NOT APPLICABLE	PC	GENERAL FUND	
69 BEACON STREET		[]		
BOSTON, MA 02108		<u> </u>		17,500.
BEST BUDDIES	NOT APPLICABLE	PC	GENERAL FUND	
PO BOX 51597				
BOSTON, MA 02205			 	500.
ARCHDIOCESE OF BOSTON	NOT APPLICABLE	₽C	COLLECTION FOR RETIRED	
66 BROOKS DRIVE	NOT MITBIGINESS	Ĭ	SISTERS	
BRAINTREE, MA 02184				100
		1		
ISABELLA STEWART GARDNER MUSEUM	NOT APPLICABLE	PC	GENERAL FUND	
280 THE FENWAY			1	5,000.
BOSTON, MA 02115		 		3,000.
ALS ASSOCIATION	NOT APPLICABLE	PC	PETER FRATES HOME	
1275 K STREET, NW, SUITE 250			HEALTH CARE INITIATIVE	5,000
WASHINGTON, DC 20005	 		 	3,000
THE BOSTON FOUNDATION	NOT APPLICABLE	PC	COMMITTEE TO LIGHT	
75 ARLINGTON STREET			COMMONWEALTH AVENUE	
BOSTON, MA 02116		<u> </u>	MALL FUND	1,000
BOSTON SCHOLAR ATHLETES	NOT APPLICABLE	PC	SCHOLAR ATHLETES GALA	
57 MAGAZINE STREET		1		
BOSTON, MA 02119	 	 	<u> </u>	10,000
COREY C. GRIFFIN CHARITABLE	NOT APPLICABLE	PC	GENERAL FUND	
POUNDATION		[22121312 1 0110	
205 NEWBURY STREET, SUITE 119		1		
FRAMINGHAM, MA 01701		<u> </u>		5,000
BELMONT HILL SCHOOL	NOT APPLICABLE	₽C	FINANCIAL AID FUND	
350 PROSPECT STREET				
BELMONT, MA 02478				2,500
Total from continuation sheets				174,600

3 Grants and Contributions Paid During the Y			L	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
A HAND UP CHARITABLE POUNDATION	NOT APPLICABLE	PC	GENERAL FUND	
83 ORCHARD HILL PARK DRIVE				1 00
LEOMINSTER, MA 01453	 	 	 	1,00
BEAUHAWKS FOUNDATION	NOT APPLICABLE	PC	GENERAL FUND	
127 BROOKS STREET	Ì			
PLYMPTON, MA 02367	<u> </u>	<u> </u>		25,00
BELMONT HILL SCHOOL 350 PROSPECT STREET	NOT APPLICABLE	PC	ANNUAL FUND	
BELMONT, MA 02478				17,50
CURRY COLLEGE	NOT APPLICABLE	₽C	JUSTIN HUGHES ENDOWED	
1071 BLUE HILL AVENUE			SCHOLARSHIP FUND	
MILTON, MA 02186		<u> </u>		1,50
HOME FOR LITTLE WANDERERS	NOT APPLICABLE	₽C	VOICES & VISIONS	
10 GUEST STREET	NOT MITELEADED	ſ	VOICES & VIBIONS	
BOSTON, MA 02135				34,50
LONGFELLOW'S WAYSIDE INN	NOT APPLICABLE	PC	WAYSIDE INN HISTORICAL	
72 WAYSIDE INN ROAD SUDBURY , MA 01776		1	PRESERVATION FUND	25
50550XI , IM 01770			++	
MASSACHUSETTS WONDERFUND	NOT APPLICABLE	₽C	GENERAL FUND	
600 WASHINGTON STREET				
BOSTON, MA 02111		 		12,50
POWER LAUNCH	NOT APPLICABLE	₽C	GENERAL FUND	
133 FEDERAL STREET #803	NOT ALIBICABLE		DEMINICE FORD	
BOSTON, MA 02210	 	-	 	1,00
RHODE ISLANDERS SPONSORING EDUCATION	NOT APPLICABLE	₽C	GENERAL FUND	
1155 WESTMINSTER STREET, SUITE 106 PROVIDENCE, RI 02909		}		1,00
THE TENED , ME VEYO		 	+	
SAINT JOSEPH'S ABBEY	NOT APPLICABLE	₽C	GENERAL FUND	
167 N. SPENCER ROAD	1	1		
SPENCER, MA 01562		[50

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
				-
NICEP	NOT APPLICABLE	₽C	CHILDREN'S CHAMPION	
8 TREMONT STREET, SUITE 820			AWARD DINNER	
OSTSON, MA 02108	- 	 		8,2
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			1	
			1	
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE		REVE	(A) REVENUE PER BOOKS 65. 365.		(B) VESTMENT COME	(C) ENT ADJUSTED NET INCOME	
BNY MELLON EGAN NATIONAL LIQUI		65.					
TOTAL TO PART I, LI		70.					
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
BNY MELLON	10,268	. 80	3.	9,465.	9,44	17.	
TO PART I, LINE 4	10,268	. 80	3.	9,465.	9,44	17.	
FORM 990-PF		ACCOUNTI	NG FEE:	S		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME			
ACCOUNTING FEES INC FOR TAX RETURN PREP SERVICES AND PLANNI	ARATION	2,275.		1,706.		569.	
TO FORM 990-PF, PG	1, LN 16B	2,275.		1,706.		569.	
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FORM 990-PF	TAXES			STATEMENT 4			4
DESCRIPTION			ST-	(C) ADJUSTEI NET INCOM)		
FEDERAL EXCISE TAX ON NET INVESTMENT INCOME FOREIGN TAXES PAID	2,161. 110.		0. 110.				0.
TO FORM 990-PF, PG 1, LN 18	2,271.		110.				0.
FORM 990-PF	OTHER E	XPENSES			STA	ATEMENT	 5
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-)	(D) CHARITAI PURPOSI	
STATE FILING FEE PARTNERSHIP EXPENSES - EGAN NATIONAL LIQUID FUND LP NONDEDUCTIBLE EXPENSES -	35.	0.				35.	
EGAN NATIONAL LIQUID FUND LP TO FORM 990-PF, PG 1, LN 23	2,842.		1.			· · · · · · · · · · · · · · · · · · ·	35.
FORM 990-PF	CORPORAT	E STOCK			STA	ATEMENT	6
DESCRIPTION			вос	OK VALUE	FA]	IR MARKE' VALUE	r
901 SHS RYDEX S&P EQUAL WEIGHT ETF 989 SHS VANGUARD VALUE VIPERS 179 SHS MIDCAP SPDR TRUST SERIES 1 1,897,453 SHS BRANDES INTERNATIONAL SMALL CAP EQUITY FUND				74,377. 86,884. 49,827.	. 105,150. . 61,828.		
729.713 VANGUARD INTERNATIONAL GROWTH FUND 872 SHS VANGUARD GROWTH VIPERS				51,265. 95,843.		69,746. 122,647.	
TOTAL TO FORM 990-PF, PART II, LINE 10B				385,342.		477,706.	

FORM 990-PF	OTHER ASSETS	STATEMENT 7	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DUE FROM EGAN NATIONAL LIQUID FUND DUE FROM MELLON	59. 683.	0.	0. 1,302.
TO FORM 990-PF, PART II, LINE 15	742.	1,302.	1,302.