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

Department of the Tressury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

	HE HAMILTON COMPANY CHARITABLE	27 2010000		
FOUNDATION 27-7018900 Organization type (check one):				
Filers of:	Section: 501(c)() (enter number) organization emidle of the section of the sect			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not 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			
•	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See Instructions.		
General Rule				
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molecte Parts I and II.	oney or property) from any one		
Special Rules				
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
contributions for u if this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not tot see exclusively for religious, charitable, etc., purposes, but these contributions did not tot sed, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	al to more than \$1,000. Iy religious, charitable, etc., received nonexclusively		
but it must answer "No" on certify that it does not meet	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	l, line 2 of its Form 990-PF, to		
LITA FOR Paperwork Redu	iction Act Notice, see the instructions for Form 890, 990-EZ, or 990-PF. Schädule B	(Furin 990, 990-E4, Of 990-PF) (2011)		

	B (Form 990, 990-EZ, or 990-PF) (2011)		Page 2	
Name of organization THE HAMILTON COMPANY CHARITABLE			Employer identification number	
FOUNDATION COMPANY CHARTIADES			27-7018900	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution	
1	THE HAROLD BROWN CHARITABLE LEAD & ANNUITY TRUST	Total Contribution	Person X	
	39 BRIGHTON AVE	\$3,603,3	 }	
	ALLSTON, MA 02134		(Complete Part II if there is a noncash contribution.)	
(a) No.	Name, address, and ZIP	(c) Total contribution	s Type of contribution	
	ALLSTON, MA 02134 Name, address, and ZIP A TIMETROPER Name, address, and ZIP	s	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)	
		\$	Person Payroll Noncash Complete Part II if there	
(a)	(b)	(c)	is a noncash contribution.)	
No.	Name, address, and ZIP + 4	Total contribution		
		\$	Person Payroll Noncash	

		ŀ
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions \$ (b) (c)

123452 01-23-12

(Complete Part II if there is a noncash contribution.)
Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Payroll Noncash

(Complete Part II if there Is a noncash contribution.)