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Form **990-PF**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

2012

For calendar year 2012 or tax year beginning and ending A Employer identification number Name of foundation THE HAMILTON COMPANY CHARITABLE 27-7018900 FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 617-783-0039 39 BRIGHTON AVENUE City or town, state, and ZIP code C If exemption application is pending, check here 02134 ALLSTON, MA D 1 Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year | J | Accounting method F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 7,331,232. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 4,089,042. N/A Contributions, gifts, grants, etc., received 2 if the foundation is not required to attach Sch. B. 12,730 Interest on savings and temporary cash investments 12,730. 4 Dividends and interest from securities 192,830. 192,830 5a Gross rents 153,693. h Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 205,560 4,294,602. 12 Total. Add lines 1 through 11 24,000. 0. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits Expenses $4,\overline{477}$ Ō. 4,477. 16a Legal fees 600. 600. 0. **b** Accounting fees c Other professional fees Administrative 17 Interest Ō. 24,121. 24,121. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 12,535. 10,089. 0. 23 Other expenses Operating 24 Total operating and administrative 65,733. 39,287. 0. expenses Add lines 13 through 23 441,450. 441,450. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 507,183. 39,287. 441,450. Add lines 24 and 25 27 Subtract line 26 from line 12 3,787,419. 3 Excess of revenue over expenses and disbursements 166,273. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

27-7018900

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	End of year		
P	art	Datatice Streets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	235,942.	3,933,464.	3,933,464.		
		Accounts receivable					
	-	Less allowance for doubtful accounts					
	4	Pledges receivable					
	,	Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less allowance for doubtful accounts					
s	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		- 			
Asi	-	Investments - U.S. and state government obligations					
		Investments - corporate stock					
		Investments - corporate stock					
	''	CMMM 0 5	2.612.563.	2,698,946.	2,698,946.		
	12	Less accumulated depreciation STMT 8 Investments - mortgage loans	2,012,303.	2,030,310.	2,000,010.		
	13	Investments - other STMT 9	557,024.	698,822.	698,822.		
	ļ -	Land, buildings, and equipment basis	337,021.	0307022.	0307022.		
	14	Less accumulated depreciation					
	15						
	10	Other assets (describe					
	4.0	Total access (to be accessed about the all filess)	3,405,529.	7 331 232	7,331,232.		
		Total assets (to be completed by all filers)	3,403,323.	6,563.	7,331,232.		
	17	. ,		0,303.			
	18	Grants payable					
Liabilities	19	Deferred revenue					
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons					
Lia	21	Mortgages and other notes payable					
	22	Other liabilities (describe					
		Total liabilities (add lines 17 through 00)	0.	6,563.			
_	23	Total liabilities (add lines 17 through 22)	0.	0,303.			
		Foundations that follow SFAS 117, check here					
S		and complete lines 24 through 26 and lines 30 and 31					
ž	24	Unrestricted					
ala	25	Temporarily restricted					
D E	26	Permanently restricted Foundations that do not follow SFAS 117, check here					
Net Assets or Fund Balance		·	[
٥		and complete lines 27 through 31	0.	0.			
ets	27	Capital stock, trust principal, or current funds	0.	0.			
SSI	28	Paid-in or capital surplus, or land, bldg, and equipment fund	3,405,529.	7,324,669.			
et A	29	Retained earnings, accumulated income, endowment, or other funds	3,405,529.	7,324,669.			
ž	30	Total net assets or fund balances	3,403,329.	7,324,009.			
		The state of the s	3,405,529.	7,331,232.			
31 Total liabilities and net assets/fund balances				1,331,232.			
P	art	III Analysis of Changes in Net Assets or Fund B	alances				
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	3,405,529.		
2		r amount from Part I, line 27a		2	3,787,419.		
		r increases not included in line 2 (itemize) UNREALIZED	GAINS / LOSSES	ļ	140,800.		
		lines 1, 2, and 3	, <u></u>	4	7,333,748.		
5		eases not included in line 2 (itemize) FEDERAL TAXES	PAID	5	9,079.		
_		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	7,324,669.		
<u> </u>	. 010	2000 or rand balances at one or your time a minus min of a fat if, o			Form 990-PF (2012)		

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		sses for Tax on Ir		Income	Libration			
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)		(d) Date sold (mo , day, yr)	
1a								
b	NONE							
	-		. – .					
<u>d</u>								
<u>e</u>			(-) 0			(%) 0		
(e) Gross sales price	9 (1)	Depreciation allowed (or allowable)		t or other basis xpense of sale			ın or (loss) (f) mınus (g))
a		<u> </u>						
b								
<u>C</u>			<u> </u>					
<u>d</u>								
Complete only for accet	o chowing gain in	column (h) and owned by	the foundation	on 12/21/60		/I) Coupe /Co	.l /b\ aasa a	
(i) F M V as of 12/31/		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)		(I) Gains (Co ol (k), but no Losses (1		-0-) or
a								
<u>b</u>				-				
C								
d								
е						, , , , , , , , , , , , , , , , , , , ,		
2 Capital gain net income o	or (net capital loss	If gain, also ente If (loss), enter -C	r in Part I, line)- in Part I, line	7 7	} 2			
3 Net short-term capital ga	un or (loss) as def	•						
If gain, also enter in Part			(=)		}			
If (loss), enter -0- in Part	t I, line 8				3			
Part V Qualifica						ncome		
(For optional use by domest	tic private foundati	ons subject to the section	4940(a) tax on	net investment ii	ncome)			
If section 4940(d)(2) applies	s leave this part bl	ank						
	•							
Was the foundation liable fo			• -		riod?		l l	Yes X No
If "Yes," the foundation does 1 Enter the appropriate an		section 4940(e). Do not co mn for each year, see the i			entries			
(a)	nount in each cold		Hatructions bei	ore making any e		"	 ((d)
Base period ye Calendar year (or tax yea	ears	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncharitable-use asse	ts (Distribu	itión ratio Jed by col (c))
2011	r beginning in;		32,800.		4,298,50	8.	30. (3) 0.11.	.054158
2010								
2009								
2008					· · · · · · · · · · · · · · · · · · ·			
2007			_ "					
-								
2 Total of line 1, column (d)					2		.054158
3 Average distribution ratio	o for the 5-year ba	se period - divide the total	on line 2 by 5,	or by the number	r of years			054150
the foundation has been	in existence if less	than 5 years				3		.054158
4 Enter the net value of no	ncharitahla-usa as	sets for 2012 from Part Y	line 5			4	5	5,893,981.
4 Enter the net value of no	nenantable ase as	3013 101 2012 HOIII 1 dit X,						, ,
5 Multiply line 4 by line 3						5		319,206.
6 Enter 1% of net investme	ent income (1% of	Part I, line 27b)				6		1,663.
								220 060
7 Add lines 5 and 6						7		320,869.
8 Enter qualifying distribut	ions from Part XII	, line 4				8		441,450.
If line 8 is equal to or gre								

10

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year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to			ŀ			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(2) Influence the outcome of any specific public election (see section 4955), of	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 purposes	,7	Y _E	es X No		1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y _E	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary.	, or educational purposes, or t					
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 un-	der the exceptions described i	in Regulations			1	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ıctıons)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	nere				1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined				
expenditure responsibility for the grant?	Ŋ	I/A Y6	s No			
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?		Ye	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	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 tax s	shelter transaction?	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/			
Faid Employees, and Contractors			-			
1 List all officers, directors, trustees, foundation managers and their	r	(-) Composition	(d) c			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc	e) Expe count, o llowan	nse other ces
		/				
SEE STATEMENT 11		24,000.	0.			0.
				1		
				<u> </u>		
	-			1		
				İ		
2 Compensation of five highest-paid employees (other than those inc	,	enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Companyation	(d) Contributions to employee benefit plans	(6	Expe	nse
(a) warne and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation		llowant	
NONE			_			
				\perp		
]					
						_
		<u> </u>		<u>L</u>		
Total number of other employees paid over \$50,000						0
			Form	മമറ.	DE /	2012)

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3 Five highest-paid independent contractors for professional services. If none, enti-	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T-A-Lougher of others recovered over \$50,000 for professional engines		> 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	n lines 1 and 2	Amount
2		
All other program-related investments. See instructions 3		
Total Add lines 1 through 3		0.

FOUNDATION

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	694,473.
	Average of monthly cash balances	1b	694,473. 2,590,317.
C	Fair market value of all other assets	10	2,698,947. 5,983,737.
d	Total (add lines 1a, b, and c)	1d	5,983,737.
	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	5,983,737.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	89,756.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,893,981.
6	Minimum investment return Enter 5% of line 5	6	294,699.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	ıd .certai	ın
1	Minimum investment return from Part X, line 6	1	294,699.
2a	Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012 (This does not include the tax from Part VI) 2a 1,663. 3,235.		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b 3, 235.		
C	Add lines 2a and 2b	2c	4,898.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,898. 289,801.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	289,801.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	289,801.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		441 450
а	· · · · · · · · · · · · · · · · · · ·	1a	441,450.
b	Program-related investments - total from Part IX-B	1b	
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	441 450
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	441,450.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	1 (()
_	Income Enter 1% of Part I, line 27b	5	1,663. 439,787.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years	ualities	for the section

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Part XIII Undistributed Income (see	instructions)			
,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				289,801.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011 18,711.				
f Total of lines 3a through e	18,711.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 \triangleright \$ 441,450.		***		
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				289,801.
e Remaining amount distributed out of corpus	151,649.			······································
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	170,360.			
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				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013				
Subtract lines 7 and 8 from line 6a	170,360.			
10 Analysis of line 9	,			
a Excess from 2008				

b Excess from 2009 c Excess from 2010

d Excess from 2011 e Excess from 2012 18,711. 151,649.

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Part XIV Private Operating F	oundations (see ins	structions and Part V	'II-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		=	▶ └		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
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,					
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					j
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	had \$5,000 or n	nore in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			itributions received by the	foundation before the cl	lose of any tax
year (but only if they have contributed n	nore than \$5,000) (See se	ection 507(d)(2))			
NONE					<u>-</u>
b List any managers of the foundation wh			(or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	ı			
NONE			- ·	· · · · · · · · · · · · · · · · · · ·	
2 Information Regarding Contribution					
Check here X if the foundation of					
the foundation makes gifts, grants, etc	(see instructions) to indivi	iduals or organizations	under other conditions, ci	omplete items 2a, b, c, ai	nd d
a The name, address, and telephone num	•	n to whom applications	should be addressed		
JAMESON BROWN, 617-7					
39 BRIGHTON AVE, ALL	STON, MA 02	134			·
b The form in which applications should b	e submitted and informat	ion and materials they s	should include		
NONE					
c Any submission deadlines					
NONE					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	, kinds of institutions, or	other factors	
NONE					
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FOUNDATION

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN MEDICAL ATHLETIC PUBLIC GENERAL ORGANIZATION 4405 EAST-WEST HIGHWAY, SUITE 405 BETHESDA, MD 20814 1,000. GENERAL ANIMAL RESCUE LEAGUE OF BOSTON PUBLIC 10 CHANDLER STREET BOSTON, MA 02116 3,000. BENJAMIN FRANKLIN INSTITUTE PUBLIC GENERAL 222 NORTH 20TH STREET PHILADELPHIA, PA 19103 10,000. BOSTON CHILDREN'S HOSPITAL PUBLIC GENERAL 300 LONGWOOD AVE BOSTON, MA 02115 10,000. THE BOSTON FOUNDATION PUBLIC GENERAL 75 ARLINGTON STREET, 10TH FLOOR BOSTON, MA 02116 10,000. SEE CONTINUATION SHEET(S) ► 3a Total 441,450. b Approved for future payment NONE Total

FOUNDATION

Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded	by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	Code		1000		
ab	-				
			1 - 1 -		· ·
			1 1		
e			1 -		
g Fees and contracts from government agencies					
2 Membership dues and assessments			1 1		
3 Interest on savings and temporary cash					
investments			14	12,730.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate		 			
a Debt-financed property					
b Not debt-financed property	900099	24,964.	16	128,729.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			ļļ.		
11 Other revenue					
a	1 1	.			
b	-		 		
<u> </u>	i l		+		
<u> </u>	_				
e	-	24,964.		141,459.	0.
	<u> </u>	24,004.	1 1	13	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	100,423
A				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	kempt P	Purposes	
Line No Explain below how each activity for which inc	ome is reported in co	lumn (e) of Part XVI-A	. contribute	d importantly to the accomp	dishment of
the foundation's exempt purposes (other than				a importantly to the accomp	
			·		
					
	·				
		 			
		,			
		 			
					
					
					
					
		 -			

Form 990			ATION						-7018 <u>900</u>		ige 1 3
Part 2	XVII	Information Re Exempt Organ		ansfers To	and Transactions	s and Re	lations	nips With No	oncharitable	е	
1 Did	the or	ganization directly or indi	rectly engage in a	ny of the follow	ng with any other organiz	ation describ	ed in section	on 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
		from the reporting found	ation to a noncha	ritable exempt o	rganization of						v
	Cash	anasta.							1a(1)		X
	Other	assets sactions							1a(2)		
		of assets to a noncharita	ible exempt organ	ization					1b(1)		х
		ases of assets from a no							1b(2)		Х
		l of facilities, equipment,		·					1b(3)		Х
(4)	Reiml	oursement arrangements	i						1b(4)		Х
(5)	Loans	or loan guarantees							1b(5)		Х
		rmance of services or me							1b(6)		X
	_	facilities, equipment, ma	-				46 . 4		<u> 1c</u>	<u> </u>	X
				-	edule Column (b) should ved less than fair market v				-	sets,	
) the value of the goods,				raide ili aliy t	iansaction	or snaring arrang	cincit, snow ti		
(a) Line n		(b) Amount involved			e exempt organization	(d)	Description	of transfers, transact	ions, and sharing ai	rangeme	nts
				N/A							
	\perp										
	1		<u></u>								
	+										
	+	···									
								 			
-	+								<u></u> .		
								-			
	-		ļ						<u></u>		
											
	_										
	+								<u></u>		
2a Ist	he four	idation directly or indirec	tly affiliated with	or related to, one	e or more tax-exempt org	anizations de	escribed		 		
		501(c) of the Code (othe							Yes	X	No
<u>b</u> If "\	Yes," co	mplete the following sch	edule								
		(a) Name of org	janization		(b) Type of organizatio	n	(c) Description of r	relationship		
		N/A									
				 							
									·		
	I			•	ng accompanying schedules a		•		May the IRS	discuss t	this
Sign	and be	elief, it is true, correct, and cor	mplete Declaration o	f preparer (other tha	an taxpayer) is based on all inf	N		,	return with the	e prepar	er
Here			0		₹7/8/		RUSTE	E	X Yes		No
	Sign	ature of officer or trustee		<u> </u>	Date	Title		Charle Total	L DZINI		
		Print/Type preparer's na 	arrie	Preparer's s	signature	Date	Į.	Check if self- employed	PTIN		
Paid		 KELLY A BE	דחקגקי	KELLY	A BERARDI	06/2	I	sen- employed	P01203	1 2 1	
Prepa	arer	Firm's name ► GRA				00/2	0/13	Firm's EIN ► 0			
Use (Thin shame P Old	, 51411	- Olull /				THIN SEIN P		J J	
Firm's address ▶ 34 SOUTHWEST PARK											

(781) 407-0300

WESTWOOD, MA 02090-1548

Phone no

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

THE HAMILTON COMPANY CHARITABLE

FOUNDATION

OMB No 1545-0047

2012

Employer identification number

27-7018900

▶ \$

Organization type (check one) Filers of: Section: 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 Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (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 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

religious, charitable, etc., contributions of \$5,000 or more during the year

If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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) (2012)

Name of organization
THE HAMILTON COMPANY CHARITABLE
FOUNDATION ,

Employer identification number

27-7018900

Part I	Contributors	(see instructions). Use duplicate	copies of Part I	if additional si	pace is needed
--------	--------------	-------------------	------------------	------------------	------------------	----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HAROLD BROWN CHARITABLE LEAD & ANNUITY TRUST	Total contributions	Person X
	39 BRIGHTON AVE	\$ 4,089,042.	Payroll Noncash
	ALLSTON, MA 02134		(Complete Part II if there is a noncash contribution)
(a) No.	(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)
(a) No.	(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution)

Name of organization

THE HAMILTON COMPANY CHARITABLE

FOUNDATION .

Employer identification number

27-7018900

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(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
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number THE HAMILTON COMPANY CHARITABLE 27-7018900 FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III year Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

3 Grants and Contributions Paid During the Y	ear (Continuation)			
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	Amount
BOSTON PARKS & RECREATION FUND		PUBLIC	GENERAL	
1010 MASSACHUSETTS AVENUE, 3RD FLOOR		COBBIC	SENERAL	
BOSTON, MA 02118				25,000
BOSTON PHILHARMONIC ORCHESTRA		PUBLIC	GENERAL	
295 HUNTINGTON AVE, SUITE 210				
BOSTON, MA 02116		<u> </u>		5,000
BRIGHAM & WOMEN'S HOSPITAL		PUBLIC	GENERAL	
75 FRANCIS STREET				1 000
BOSTON, MA 02115				1,000
BRIGHTON-ALLSTON HISTORICAL SOCIETY		PUBLIC	GENERAL	
P.O. BOX 35163				100
BRIGHTON, MA 02135				100
BROOKLINE ARTS CENTER		PUBLIC	GENERAL	
86 MONMOUTH STREET				1 000
BROOKLINE, MA 02446				1,000
BROOKLINE COMMUNITY FOUNDATION		PUBLIC	GENERAL	
40 WEBSTER PLACE				28 200
BROOKLINE, MA 02445				28,200
BROOKLINE COMMUNITY MENTAL HEALTH CENTER		PUBLIC	GENERAL	
41 GARRISON ROAD				
BROOKLINE, MA 02445				20,000
THE BROOKLINE EMERGENCY FOOD PANTRY		PUBLIC	GENERAL	
15 ST PAUL'S STREET				
BROOKLINE, MA 02446				1,000
CAREER COLLABORATIVE, INC.		PUBLIC	GENERAL	
77 SUMMER STREET 11TH FLOOR				
BOSTON, MA 02110				5,000
CRADLES TO CRAYONS		PUBLIC	GENERAL	
155 NORTH BEACON STREET				
BRIGHTON, MA 02135 Total from continuation sheets	<u> </u>	<u> </u>		20,000 407,450

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor GENERAL CROSSROADS FOR KIDS PUBLIC 119 MYRTLE STREET 5,000. DUXBURY, MA 02332 GENERAL DISABLED AMERICAN VETERANS PUBLIC 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076 1,000. PUBLIC GENERAL ELLIS MEMORIAL 58 BERKELEY STREET 500. BOSTON, MA 02116 ESPERANZA ACADEMY PUBLIC GENERAL 198 GARDEN STREET 15,000. LAWRENCE, MA 01840 GENERAL FARR ACADEMY PUBLIC 71 PEARL STREET CAMBRIDGE, MA 02139 1,000. FEDERATION FOR CHILDREN WITH SPECIAL PUBLIC ARR - 05/06/13 12:07PM WORKSHEET THE SCHRAFFT CENTER, 529 MAIN STREET, SUITE 1102 BOSTON, MA 02129 GRANTS AND CONTRIBUTIONS PAID 2,000. FIRST LITERACY PUBLIC GENERAL 160 BOYLSTON STREET 5,000. BOSTON, MA 02116 GENERAL PUBLIC FRANCISCAN HOSPITAL 30 WARREN STREET 30,000. BRIGHTON, MA 02135 GENERAL FRIENDSHIP CIRCLE INTERNATIONAL PUBLIC 816 EASTERN PARKWAY BROOKLYN, NY 11213 10,000. GOLF FIGHTS CANCER PUBLIC GENERAL 300 ARNOLD PALMER BOULEVARD 5,000. NORTON, MA 02766 Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the V				1
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
HAGGERTY SCHOOL		PUBLIC	GENERAL	
110 CUSHING STREET		1		
CAMBRIDGE, MA 02138				1,000.
THE HOME FOR LITTLE WANDERERS		PUBLIC	GENERAL	
271 HUNTINGTON AVE				15.000
BOSTON, MA 02115				15,000.
KIDS CLOTHES CLUB		PUBLIC	GENERAL	
120 CYPRESS STREET				
BROOKLINE, MA 02445				10,000.
LEARN, LIVE, LOVE CANCER OUTREACH		PUBLIC	GENERAL	
P.O. BOX 292 SCITUATE MA 02066				10,000.
56110.112, 121 0000				
MAB COMMUNITY SERVICES		PUBLIC	GENERAL	
200 IVY STREET				
BROOKLINE, MA 02446				20,000.
MASSACHUSETTS EYE AND EAR INFIRMARY		PUBLIC	GENERAL	
243 CHARLES ST			OZNEKAL	
BOSTON, MA 02114				1,000.
MASSACHUSETTS FRATERNAL ORDER OF		PUBLIC	GENERAL	
POLICE		į		
250 E MAIN STREET, SUITE 19				
NORTON, MA 02766				150.
MASSACHUSETTS GENERAL HOSPITAL		PUBLIC	GENERAL	
55 FRUIT STREET				
BOSTON, MA 02114				50,000.
MIT 77 MASSACHUSETTS AVENUE		PUBLIC	GENERAL	
CAMBRIDGE, MA 02142				20,000.
MOUNT AUBURN HOSPITAL		PUBLIC	GENERAL	
330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138				1 000
Total from continuation sheets				1,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				T -
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Hame and address (nome of sacross)	or substantial contributor	recipient		
MSPCA ANGELL MEMORIAL		PUBLIC	GENERAL	
350 SOUTH HUNTINGTON AVE			1	
JAMAICA PLAIN, MA 02130				1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY		PUBLIC	GENERAL	
733 THIRD AVE. 3RD FLOOR				
NEW YORK, NY 10017				1,000
NAMILUIMY DDEDADAMORY CCUOOL		PUBLIC	GENERAL	
NATIVITY PREPARATORY SCHOOL 39 LAMARTINE STREET		PUBLIC	GENERAL	
JAMAICA PLAIN, MA 02130		-		15,000
NEW ENGLAND BAPTIST HOSPITAL		PUBLIC	GENERAL	
125 PARKER HILL AVENUE				E 000
BOSTON, MA 02114				5,000
NEW ENGLAND CONSERVATORY OF MUSIC		PUBLIC	GENERAL	
290 HUNTINGTON AVE				
BOSTON, MA 02115				10,000
ONE FAMILY INC.		PUBLIC	GENERAL	
240 NEWBURY ST	0			
BOSTON, MA 02116				1,000
PERKINS SCHOOL FOR THE BLIND		PUBLIC	GENERAL	
175 N BEACON ST		TOBBIC	GENERAL	
WATERTOWN, MA 02472				10,000
PMC JIMMY FUND 77 4TH AVENUE		PUBLIC	GENERAL	
NEEDHAM, MA 02494				1,000
· · · · ·				
PRESENTATION SCHOOL FOUNDATION, INC.		PUBLIC	GENERAL	
634 WASHINGTON ST				F 000
BRIGHTON, MA 02135				5,000
ROGERSON COMMUNITIES		PUBLIC	GENERAL	
1 FLORENCE STREET				
ROSLINDALE, MA 02131		<u> </u>		5,000
Total from continuation sheets				L

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ROOM TO GROW NATIONAL, INC.		PUBLIC	GENERAL	
142 BERKELEY STREET				
BOSTON, MA 02116	<u> </u>			5,00
SCITUATE ANIMAL SHELTER		PUBLIC	GENERAL	
780 CHIEF JUSTICE CUSHING HIGHWAY				
SCITUATE, MA 02066				1,00
SCITUATE HISTORICAL SOCIETY		PUBLIC	GENERAL	
100 LIGHTHOUSE RD				
SCITUATE, MA 02066				1,00
SCITUATE LIBRARY FOUNDATION		PUBLIC	GENERAL	
85 BRANCH STREET				
SCITUATE, MA 02066				1,00
SMILE TRAIN 41 MADISON AVE		PUBLIC	GENERAL	
NEW YORK, NY 10010				50
THE PRICE CENTER		PUBLIC	GENERAL	
77 ROWE STREET				
NEWTON, MA 02466				15,00
WEST END HOUSE		PUBLIC	GENERAL	
105 ALLSTON STREET ALLSTON, MA 02134				15,00
WHEELOCK COLLEGE		PUBLIC	GENERAL	
200 RIVERWAY				
BOSTON, MA 02215		 		5,00
THE CARROLL CENTER FOR THE BLIND		PUBLIC	GENERAL	
770 CENTRE ST				
NEWTON, MA 02458				1,00
Total from continuation sheets				

FORM 990-PF INTEREST C	ON SAVINGS AND T	EMPORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				TNUOMA	
BROOKLINE BANK K-1 NEW ENGLAND REALTY	ASSOCIATES LP			6,44	34.
MORGAN STANLEY SOVEREIGN BANK				6,25	3. 50.
TOTAL TO FORM 990-PF, P	PART I, LINE 3,	COLUMN A		12,73	30 .
FORM 990-PF	RENTAL	INCOME		STATEMENT	2
KIND AND LOCATION OF PR	ROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCO)ME
			1	165,24	11.
	MENT		2	27,58	39.
PARKING LOT RENTAL ACTIVITY INVESTM TOTAL TO FORM 990-PF, P			2	192,83	
RENTAL ACTIVITY INVESTM		XPENSES		·	
RENTAL ACTIVITY INVESTM	PART I, LINE 5A	XPENSES ACTIVITY NUMBER	AMOUNT	192,83	30.
RENTAL ACTIVITY INVESTMENTAL TO FORM 990-PF, PEOPLE FORM 990-PF DESCRIPTION AMORTIZATION REAL ESTATE TAXES OTHER TAXES PROVISION FOR STATE INCLEGAL FEES ACCOUNTING FEES MANAGMENT FEES MISCELLANEOUS	PART I, LINE 5A RENTAL E	ACTIVITY	AMOUNT 167. 19,795. 2,660. 1,666. 4,477. 600. 6,610. 18.	192,83	30.
RENTAL ACTIVITY INVESTMENTAL TO FORM 990-PF, PEOCEMPTION DESCRIPTION AMORTIZATION REAL ESTATE TAXES OTHER TAXES PROVISION FOR STATE INCLEGAL FEES ACCOUNTING FEES MANAGMENT FEES MISCELLANEOUS INSURANCE	PART I, LINE 5A RENTAL E COME TAXES - SUBTOTAL - PENSE	ACTIVITY NUMBER	AMOUNT 167. 19,795. 2,660. 1,666. 4,477. 600. 6,610.	TOTAL 36,51	30.
RENTAL ACTIVITY INVESTMENTAL TO FORM 990-PF, PEORM 990-PF DESCRIPTION AMORTIZATION REAL ESTATE TAXES OTHER TAXES PROVISION FOR STATE INCLEGAL FEES ACCOUNTING FEES MANAGMENT FEES	PART I, LINE 5A RENTAL E COME TAXES - SUBTOTAL -	ACTIVITY NUMBER	AMOUNT 167. 19,795. 2,660. 1,666. 4,477. 600. 6,610. 18. 519.	192,83 STATEMENT TOTAL	30.

FORM 990-PF	LEGAL	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,477.	4,477.		0.
TO FM 990-PF, PG 1, LN 16A =	4,477.	4,477.		0.
FORM 990-PF	ACCOUNTI	NG FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	600.	600.		0.
TO FORM 990-PF, PG 1, LN 16B	600.	600.		0.
FORM 990-PF	TAX	ES	S'	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REAL ESTATE TAXES OTHER TAXES PROVISION FOR STATE INCOME	19,795. 2,660.	19,795. 2,660.		0.
TAXES	1,666.	1,666.		0.
TO FORM 990-PF, PG 1, LN 18	24,121.	24,121.		0.

FORM 990-PF	ОТ	HER E	XPENSES		<u>.</u>		STATEM	ENT	7
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVES MENT INCO		(C ADJU NET I	STED	CHAI	(D) RITAE RPOSE	
INVESTMENT EXPENSE		150.	1	150.					0.
BANK FEES		625.		0.					0.
PROFESSIONAL FEES		744.		0.					0.
OFFICE EXPENSE		974.		0.					0.
MISCELLANEOUS EXPENSES	_	103.		0.					0.
MANAGMENT FEES	ь	,610. 18.	0,0	510. 18.					0.
MISCELLANEOUS INSURANCE		519.	F	519.					0.
INVESTMENT INTEREST EXPENSE	2	,625.		525.					0.
AMORTIZATION	_	167.		67.					0.
TO FORM 990-PF, PG 1, LN 23	12	,535.	10,0	089.			-		0.
FORM 990-PF DEPRECIATION O	F ASSE	TS HE	LD FOR INV	/ESTM	1ENT		STATEMI	ENT	8
FORM 990-PF DEPRECIATION O	F ASSE	CO	LD FOR INV ST OR R BASIS	ACC	MENT CUMULAT PRECIAT		STATEM! BOOK		
DESCRIPTION ————————————————————————————————————	F ASSE	CO OTHE	ST OR R BASIS ,610,063.	ACC	CUMULAT	ION 0.	воок	VALU	JE 53.
	F ASSE	CO OTHE	ST OR R BASIS	ACC	CUMULAT	ION	воок	VALU	JE 53.
DESCRIPTION ————————————————————————————————————		CO OTHE	ST OR R BASIS ,610,063.	ACC	CUMULAT	ION 0.	BOOK 2,61	VALU	JE 53.
DESCRIPTION PARKING LOT ORGANIZATIONAL COSTS	LN 11	CO OTHE 2	ST OR R BASIS ,610,063. 2,500.	ACC	CUMULAT	0. 167.	BOOK 2,61	VALU 10,06 2,33	JE 53.
DESCRIPTION PARKING LOT ORGANIZATIONAL COSTS TOTAL TO FM 990-PF, PART II, FORM 990-PF	LN 11	CO OTHE 2 2 R INV	ST OR R BASIS ,610,063. 2,500.	ACC	CUMULAT	10N 0. 167. 167.	BOOK 2,63	VALU 10,06 2,33 12,39 ENT	JE 53.
DESCRIPTION PARKING LOT ORGANIZATIONAL COSTS TOTAL TO FM 990-PF, PART II,	LN 11	CO OTHE 2 2 R INV	ST OR R BASIS ,610,063. 2,500. ,612,563. ESTMENTS LUATION	ACC	CUMULAT	O. 167. 167.	BOOK 2,62 2,62 STATEME FAIR MA VALUE	VALU 10,06 2,33 12,39 ENT	JE 53.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

	UTORS	STATI	EMENT 10
ADDRESS			
		STATI	EMENT 11
TITLE AND AVRG HRS/WK	COMPEN- SATION	BEN PLAN	EXPENSE
TRUSTEE 5.00	8,000.	0.	0.
TRUSTEE 1.00	8,000.	0.	0.
TRUSTEE 2.00	0.	0.	0.
TRUSTEE 1.00	0.	0.	0.
TRUSTEE 1.00	8,000.	0.	0.
	ADDRESS 39 BRIGHTON A ALLSTON, MA 0 LIST OF OFFICERS, D AND FOUNDATION MANA TITLE AND AVRG HRS/WK TRUSTEE 1.00 TRUSTEE 2.00 TRUSTEE 1.00 TRUSTEE 1.00	ADDRESS 39 BRIGHTON AVE ALLSTON, MA 02134 LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS TITLE AND COMPEN- AVRG HRS/WK SATION TRUSTEE 1.00 8,000. TRUSTEE 2.00 0. TRUSTEE 1.00 0. TRUSTEE 1.00 0.	ADDRESS 39 BRIGHTON AVE ALLSTON, MA 02134 LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS TITLE AND COMPENBEN PLAN CONTRIB TRUSTEE 5.00 8,000. 0. TRUSTEE 1.00 8,000. 0. TRUSTEE 1.00 0. 0. TRUSTEE 1.00 0. 0. TRUSTEE 1.00 0. 0.

0.

0.

24,000.

2012 DEPRECIATION AND AMORTIZATION REPORT

PARKI	PARKING LOT						RENT	1							٠
Asset No	Description	Date Acquired	Method	Lıfe	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
	1 PARKING LOT	12/21/11	ī	•		2,610,063.	•			2,610,063.			0		
	2 ORGANIZATIONAL COSTS	12/21/11		180M	HY43	2,500.				2,500.			167.	167.	
	* TOTAL 990-PF RENTAL DEPR & AMORT					2,612,563.	•••			2,612,563.	0		167.	167.	
228111 05-01-12						(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comm	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone	