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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

Department of the Treasury
Internal Revenue Service

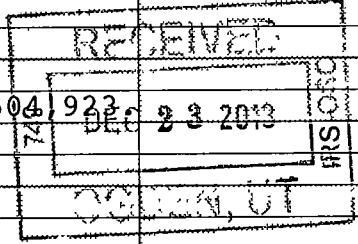
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to public inspection

For calendar year 2012 or tax year beginning **AUG 1, 2012**, and ending **JUL 31, 2013**

Name of foundation DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION		A Employer identification number 20-5672504
Number and street (or P.O. box number if mail is not delivered to street address) C/O RAMPELL & RAMPELL 223 SUNSET AVE		B Telephone number 617-227-5540
City or town, state, and ZIP code PALM BEACH, FL 33480		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return, <input type="checkbox"/> Initial return of a former public charity, <input type="checkbox"/> Final return, <input type="checkbox"/> Amended return, <input type="checkbox"/> Address change, <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation, <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust, <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 3,787,929. (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash, <input type="checkbox"/> Accrual, <input type="checkbox"/> Other (specify)		

Part I	Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	517,760.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	55,168.	55,168.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	504,923.			
	b Gross sales price for all assets on line 6a 2,393,009.				
	7 Capital gain net income (from Part IV, line 2)		504,923		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	<13,321.>	<9,682.>		STATEMENT 2
	12 Total. Add lines 1 through 11	1,064,530.	550,409.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	15,000.	15,000.		0.
	c Other professional fees STMT 4	18,252.	18,252.		0.
	17 Interest	16.	16.		0.
	18 Taxes STMT 5	3,400.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses Add lines 13 through 23	36,668.	33,268.		0.
	25 Contributions, gifts, grants paid	280,000.			280,000.
	26 Total expenses and disbursements. Add lines 24 and 25	316,668.	33,268.		280,000.
	27 Subtract line 26 from line 12	747,862.			
	a Excess of revenue over expenses and disbursements		517,141.		
	b Net investment income (if negative, enter -0-)				
	c Adjusted net income (if negative, enter -0-)			N/A	



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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	123,501.	154,318.	154,318.
	3 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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations STMT 6	239,843.	116,792.	116,792.
	b Investments - corporate stock STMT 7	763,973.	1,518,226.	1,518,226.
	c Investments - corporate bonds STMT 8	158,134.	768,264.	768,264.
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶			
	12 Investments - mortgage loans STMT 9	1,914,950.	1,230,329.	1,230,329.
	13 Investments - other			
14 Land, buildings, and equipment basis ▶ Less accumulated depreciation ▶				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers)	3,200,401.	3,787,929.	3,787,929.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ _____)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	5,480,114.	5,480,114.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	<2,279,713.>	<1,692,185.>	
30 Total net assets or fund balances	3,200,401.	3,787,929.		
31 Total liabilities and net assets/fund balances	3,200,401.	3,787,929.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,200,401.
2 Enter amount from Part I, line 27a	2	747,862.
3 Other increases not included in line 2 (itemize) ▶ _____	3	0.
4 Add lines 1, 2, and 3	4	3,948,263.
5 Decreases not included in line 2 (itemize) ▶ CHANGE IN UNREALIZED GAINS AND LOSSES	5	160,334.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,787,929.

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Part IV Capital Gains and Losses for Tax on Investment Income

(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 REALIZED CAPITAL GAIN/LOSS ON SECURITIES	P	VARIOUS	VARIOUS
b CAPITAL GAIN DISTRIBUTIONS	P	VARIOUS	VARIOUS
c CAPITAL GAIN FROM PASSTHROUGH	P	VARIOUS	VARIOUS
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,356,609.		1,888,086.	468,523.
b 4,823.			4,823.
c 31,577.			31,577.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			468,523.
b			4,823.
c			31,577.
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	504,923.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 }	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	803,500.	3,773,267.	.212945
2010	303,500.	4,040,223.	.075120
2009	352,500.	4,047,862.	.087083
2008	560,889.	4,247,484.	.132052
2007	291,306.	475,608.	.612492

2 Total of line 1, column (d)	2	1.119692
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.223938
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	3,488,420.
5 Multiply line 4 by line 3	5	781,190.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	5,171.
7 Add lines 5 and 6	7	786,361.
8 Enter qualifying distributions from Part XII, line 4	8	280,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling, or determination letter _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	10,343.
c	All other domestic foundations enter 2% of line 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-)	2	0.
3	Add lines 1 and 2	3	10,343.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	10,343.
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	3,000.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	3,000.
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	11.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	7,354.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
d		
e		
2		X
3		X
4a		X
4b		
5		X
6		X
7	X	
8a		
8b	X	
9		X
10		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A		X	
14	The books are in care of ► RAMPELL & RAMPELL, P.A. Telephone no ► 561-655-5855 Located at ► 223 SUNSET AVENUE, SUITE 200, PALM BEACH, FL ZIP+4 ► 33480			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2012, 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►		Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2012?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53 4945-5(d) N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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	(e) Expense account, other allowances
DOLA HAMILTON STEMBERG 5 LOUISBERG SQUARE BOSTON, MA 02108	TRUSTEE 8.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE FOUNDATION PROVIDES GRANTS TO QUALIFIED ORGANIZATIONS; IT DOES NOT PARTICIPATE IN ANY DIRECT CHARITABLE ACTIVITIES.	0.
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 on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,357,476.
b	Average of monthly cash balances	1b	184,067.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,541,543.
e	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	3,541,543.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	53,123.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,488,420.
6	Minimum investment return. Enter 5% of line 5	6	174,421.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1	Minimum investment return from Part X, line 6	1	174,421.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	10,343.
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	10,343.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	164,078.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	164,078.
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	164,078.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	280,000.
b	Program-related investments - total from Part IX-B	1b	0.
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	280,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	280,000.

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 4940(e) reduction of tax in those years

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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				164,078.
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	269,919.			
b From 2008	355,938.			
c From 2009	150,528.			
d From 2010	108,822.			
e From 2011	618,748.			
f Total of lines 3a through e	1,503,955.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 280,000.				
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				164,078.
e Remaining amount distributed out of corpus	115,922.			
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:	1,619,877.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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	269,919.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,349,958.			
10 Analysis of line 9				
a Excess from 2008	355,938.			
b Excess from 2009	150,528.			
c Excess from 2010	108,822.			
d Excess from 2011	618,748.			
e Excess from 2012	115,922.			

Form 990-PF (2012)

223581
12-05-12

DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION

Part XIV Private Operating Foundations (see instructions 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 for 2012, enter the date of the ruling ▶
 b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2 a Enter the lesser of the adjusted net income from Part I or the minimum 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 an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

SEE STATEMENT 10

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

Form 990-PF (2012)

20-5672504 Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><i>a Paid during the year</i></p> <p>DEXTER SCHOOL 20 NEWTON STREET BROOKLINE, MA 02445</p>	NONE	PUBLIC CHARITY	PROVIDE SCHOLARSHIPS FOR EDUCATION	215,000.
<p>HUNTINGTON THEATRE CO INC 264 HUNTINGTON AVENUE BOSTON, MA 02115</p>	NONE	PUBLIC CHARITY	SUPPORT THEATRICAL ARTS	40,000.
<p>MA GENERAL HOSPITAL 165 CAMBRIDGE STREET, SUITE 600 BOSTON, MA 02114</p>	NONE	PUBLIC CHARITY	SUPPORT MEDICAL RESEARCH AND EDUCATION	25,000.
Total				▶ 3a 280,000.
<p><i>b Approved for future payment</i></p> <p>NONE</p>				
Total				▶ 3b 0.

Form 990-PF (2012)

223611
12-05-12

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

Employer identification number

20-5672504

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

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

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

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 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 10,856.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 8,890.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 9,468.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 7,830.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,906.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 8,658.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 9,951.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,056.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,056.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,762.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,598.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 9,174.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 8,074.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,045.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,768.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,148.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

Employer identification number

20-5672504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,587.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,896.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,652.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,741.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,983.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,618.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

Employer identification number

20-5672504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,854.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,902.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,101.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,716.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 1,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 7,036.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,199.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 1,765.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,385.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,376.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,069.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,028.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 3,154.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 4,245.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,806.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

Employer identification number

20-5672504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 6,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 5,012.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,492.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,978.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,478.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 2,598.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 1,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, ME 02108	\$ 244,541.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	DOLA STEMBERG 5 LOUISBURG SQUARE BOSTON, MA 02108	\$ 15,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
1	VISA INC-CLASS A SHARES	\$ 10,856.	06/14/13
2	ALLIANCE DATA SYSTEMS CORP	\$ 8,890.	06/14/13
3	DISCOVER FINANCIAL SERVICES	\$ 9,468.	06/14/13
4	ULTIMATE SOFTWARE GROUP INC	\$ 7,830.	06/14/13
5	DEMANDWARE	\$ 6,906.	06/14/13
6	INTERCONTINENTAL EXCHANGE INC	\$ 8,658.	06/14/13

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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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
7	AFFILIATED MANAGERS GROUP INC	\$ 9,951.	06/14/13
8	DEMANDWARE	\$ 6,056.	06/14/13
9	DEMANDWARE	\$ 6,056.	06/14/13
10	LOWES COS INC	\$ 5,762.	06/14/13
11	PRECISION CASTPARTS CORP	\$ 6,598.	06/14/13
12	APPLE INC	\$ 5,591.	06/14/13

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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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
13	TRACTOR SUPPLY COMPANY	\$ 9,174.	06/14/13
14	EXPRESS SCRIPTS HOLDING CO	\$ 6,194.	06/14/13
15	IPC THE HOSPITALIST CO	\$ 8,074.	06/14/13
16	GLOBAL PAYMENTS INC	\$ 4,045.	06/14/13
17	ULTA SALON COSMETIC & FRAGRANCE INC	\$ 5,768.	06/14/13
18	FASTENAL CO	\$ 3,148.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
19	EOG RESOURCES INC	\$ 6,587.	06/14/13
20	PRAXAIR INC	\$ 5,896.	06/14/13
21	PORTFOLIO RECOVERY ASSOCIATE	\$ 4,652.	06/14/13
22	CONCUR TECHNOLOGIES INC	\$ 4,741.	06/14/13
23	INTUITIVE SURGICAL INC	\$ 4,983.	06/14/13
24	VALUECLICK INC	\$ 6,618.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
25	HFF INC-A	\$ 3,854.	06/14/13
26	VALUECLICK INC	\$ 4,902.	06/14/13
27	PORTFOLIO RECOVERY ASSOCIATE	\$ 3,101.	06/14/13
28	K12 INC	\$ 5,612.	06/14/13
29	EXPRESS SCRIPTS HOLDING CO	\$ 3,716.	06/14/13
30	BED BATH & BEYOND INC	\$ 1,635.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
31	AIR METHODS CORP	\$ 7,036.	06/14/13
32	PRECISION CASTPARTS CORP	\$ 2,199.	06/14/13
33	IRON MOUNTAIN INC	\$ 1,765.	06/14/13
34	SIGNATURE BANK	\$ 6,324.	06/14/13
35	FASTENAL CO	\$ 2,385.	06/14/13
36	HARLEY DAVIDSON INC	\$ 6,376.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
37	MEDIVATION INC	\$ 4,069.	06/14/13
38	MORNINGSTAR INC	\$ 5,987.	06/14/13
39	IPC THE HOSPITALIST CO	\$ 3,028.	06/14/13
40	HFF INC-A	\$ 3,154.	06/14/13
41	APACHE CORP	\$ 4,245.	06/14/13
42	K12 INC	\$ 2,806.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE
FOUNDATION

20-5672504

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
43	SALESFORCE COM INC	\$ 6,010.	06/14/13
44	SCHLUMBERGER LTD	\$ 5,012.	06/14/13
45	INTUITIVE SURGICAL INC	\$ 2,492.	06/14/13
46	HFF INC-A	\$ 2,978.	06/14/13
47	EXPRESS SCRIPTS HOLDING CO	\$ 2,478.	06/14/13
48	THE FRESH MARKET INC	\$ 2,598.	06/14/13

Name of organization

Employer identification number

DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION

20-5672504

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
49	GLOBAL PAYMENTS INC	\$ 1,926.	06/14/13
50	PETSMART	\$ 244,541.	08/01/12
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization DOLA HAMILTON STEMBERG CHARITABLE FOUNDATION	Employer identification number 20-5672504
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the 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 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 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 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

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ATLANTIC TRUST REAL ESTATE FUND I	2.	0.	2.
BROWN ADVISORY INV 2006 - SILVER LAKE PARTNERS III	1,961.	0.	1,961.
SCS FIXED INC STRATEGIES FND K-1	4,442.	0.	4,442.
SCS INTL EQUITY FUND	4,218.	0.	4,218.
SCS US EQUITY FUND	2,242.	0.	2,242.
STATE STREET #43605	41,514.	0.	41,514.
SUMMIT VI ADVISORS FUND	789.	0.	789.
TOTAL TO FM 990-PF, PART I, LN 4	55,168.	0.	55,168.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ATLANTIC TRUST REAL ESTATE FUND I	<1,484.>	<1,484.>	
BAIN CAPITAL VII PRIVATE INVESTORS	<239.>	<239.>	
BROWN ADVISORY 2006 - SILVER LAKE PARTNERS III	<2,702.>	<2,702.>	
SCS INTL EQUITY FUND	<2,048.>	<2,048.>	
SCS FIXED INCOME STRATEGIES FUND, LLC	<1,351.>	<1,351.>	
SCS US EQUITY FUND	<3,563.>	<3,563.>	
SUMMIT VI ADVISORS FUND	1,705.	1,705.	
SUMMIT VI ADVISORS FUND (REPORTED ON 990-T)	<3,639.>	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	<13,321.>	<9,682.>	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
RAMPELL & RAMPELL, P.A. - ACCOUNTING FEES	15,000.	15,000.		0.
TO FORM 990-PF, PG 1, LN 16B	15,000.	15,000.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SCS CAPITAL MANAGEMENT - INVESTMENT FEES	17,317.	17,317.		0.
STATE STREET BANK & TRUST - CUSTODY FEES	935.	935.		0.
TO FORM 990-PF, PG 1, LN 16C	18,252.	18,252.		0.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	3,365.	0.		0.
MA TAX	35.	0.		0.
TO FORM 990-PF, PG 1, LN 18	3,400.	0.		0.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 6

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MUNICIPAL BONDS		X	116,792.	116,792.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			116,792.	116,792.
TOTAL TO FORM 990-PF, PART II, LINE 10A			116,792.	116,792.

FORM 990-PF CORPORATE STOCK STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	1,518,226.	1,518,226.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,518,226.	1,518,226.

FORM 990-PF CORPORATE BONDS STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	768,264.	768,264.
TOTAL TO FORM 990-PF, PART II, LINE 10C	768,264.	768,264.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS	FMV	1,230,329.	1,230,329.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,230,329.	1,230,329.

FORM 990-PF

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

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DOLA HAMILTON STEMBERG
5 LOUISBURG SQUARE
BOSTON, MA 02108

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

617-227-5540

N/A

FORM AND CONTENT OF APPLICATIONS

ON THE CHARITABLE ORGANIZATION'S STATIONERY WITH INFORMATION ABOUT THE ORGANIZATION AND HOW THE GIFT WILL BE USED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ALL CHARITABLE ORGANIZATIONS SERVING MASSACHUSETTS