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Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning

, 2013, and ending

, 20

Name of foundation

HAMILTON EUGENE B TRUST

A Employer identification number

01-6023382

Number and street (or P.O. box number if mail is not delivered to street address)

P O BOX 1802

Room/suite

B Telephone number (see instructions)

888-866-3275

City or town, state or province, country, and ZIP or foreign postal code

PROVIDENCE, RI 02901-1802

C If exemption application is pending, check here ☐

G Check all that apply:

☐ Initial return☐ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name changeD 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization:

☐ Section 501(c)(3) exempt private foundation☒ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at

end of year (from Part II, col (c), line

16) ▶ \$ 147,092.

J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) _____

(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

(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 (attach schedule)

2 Check ☒ if the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

3,263.

3,210.

STMT 1

5a Gross rents

b Net rental income or (loss)

9,118.

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a 149,082.

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

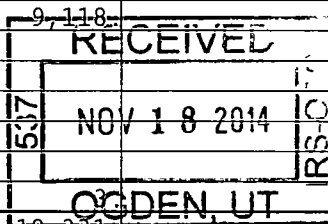
b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

12,381.



STMT 2

13 Compensation of officers, directors, trustees, etc.

2,538.

1,523.

1,015.

14 Other employee salaries and wages

NONE

NONE

15 Pension plans, employee benefits

NONE

NONE

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions) STMT 3

318.

117.

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

NONE

NONE

22 Printing and publications

NONE

NONE

23 Other expenses (attach schedule) STMT 4

60.

24 Total operating and administrative expenses

Add lines 13 through 23

2,856.

1,700.

NONE

1,015.

25 Contributions, gifts, grants paid

5,003.

5,003.

26 Total expenses and disbursements Add lines 24 and 25

7,859.

1,700.

NONE

6,018.

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

4,522.

b Net investment income (if negative, enter -0-)

10,631.

c Adjusted net income (if negative, enter -0-)

P
we
20

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	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	5,622.	6,932.	6,932.	
	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 (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶	NONE			
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)	STMT 5	129,245.	126,631.	134,566.
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule) ▶					
12	Investments - mortgage loans					
13	Investments - other (attach schedule)	STMT 6		5,685.	5,594.	
14	Land, buildings, and equipment basis					
	Less accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		134,867.	139,248.	147,092.	
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 (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)			NONE		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ 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 and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	134,867.	139,248.		
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)	134,867.	139,248.		
	31	Total liabilities and net assets/fund balances (see instructions)	134,867.	139,248.		

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	134,867.
2	Enter amount from Part I, line 27a	2	4,522.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	600.
4	Add lines 1, 2, and 3	4	139,989.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	741.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	139,248.

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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 PUBLICLY TRADED SECURITIES					
b OTHER GAINS AND LOSSES					
c					
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 10,888.		10,121.	767.		
b 138,194.		129,843.	8,351.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			767.		
b			8,351.		
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	9,118.	
If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):			3		
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8					

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))
2012	6,787.	128,838.	0.052679
2011	7,751.	128,604.	0.060270
2010	4,983.	124,014.	0.040181
2009	4,310.	109,860.	0.039232
2008	6,099.	129,315.	0.047164
2 Total of line 1, column (d)			0.239526
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			0.047905
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			138,581.
5 Multiply line 4 by line 3			6,639.
6 Enter 1% of net investment income (1% of Part I, line 27b)			106.
7 Add lines 5 and 6			6,745.
8 Enter qualifying distributions from Part XII, line 4			6,018.

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.

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 ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		1	213.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b			
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	
3 Add lines 1 and 2		3	213.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	213.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	182.	
b Exempt foreign organizations - tax withheld at source	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868)	6c	31.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		213.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2014 estimated tax ☐ NONE Refunded ☐ ☐	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ (2) On foundation managers ☐ \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ ME		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV.		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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)	11		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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► <u>N/A</u>				
14	The books are in care of ► <u>US TRUST FIDUCIARY TAX SERVICES</u> Telephone no ► <u>(888) 866-3275</u>			
	Located at ► <u>PO BOX 1802, PROVIDENCE, RI</u> ZIP+4 ► <u>02901</u>			
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 ► <u>15</u>			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
				X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►				

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? ☐ Yes ☒ No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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) ☐ Yes ☒ 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)? ☐ ►	1b	X
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 2013? ☐ ►	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ Yes ☒ 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)	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? ☐ Yes ☒ No		
b If "Yes," did it have excess business holdings in 2013 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 2013)	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 2013?	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)? (see instructions) ☒ 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)? ☐ **5b** ☒Organizations relying on a current notice regarding disaster assistance check here ☐**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).

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 **6b** ☒

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 **7b** ☐**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 (see instructions).

(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
BANK OF AMERICA, NA PO BOX 1802, PROVIDENCE, RI 02901	TRUSTEE 1	2,538.	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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		NONE	NONE	NONE

Total number of other employees paid over \$50,000 ☐ **NONE**

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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 (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
Total number of others receiving over \$50,000 for professional services		NONE

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 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	

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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	135,150.
b	Average of monthly cash balances	1b	5,541.
c	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	140,691.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	140,691.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,110.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	138,581.
6	Minimum investment return. Enter 5% of line 5	6	6,929.

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	6,929.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	213.
b	Income tax for 2013. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	213.
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	6,716.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	6,716.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,716.

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	6,018.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	6,018.
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 (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	6,018.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				6,716.
2 Undistributed income, if any, as of the end of 2013.				
a Enter amount for 2012 only			269.	
b Total for prior years. 20 <u>11</u> , 20 <u> </u> , 20 <u> </u>		NONE		
3 Excess distributions carryover, if any, to 2013				
a From 2008	NONE			
b From 2009	NONE			
c From 2010	NONE			
d From 2011	NONE			
e From 2012	NONE			
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>6,018.</u>				
a Applied to 2012, but not more than line 2a			269.	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2013 distributable amount				5,749.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
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		NONE		
d Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				967.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9				
a Excess from 2009	NONE			
b Excess from 2010	NONE			
c Excess from 2011	NONE			
d Excess from 2012	NONE			
e Excess from 2013	NONE			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, 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	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
2a 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 address of the person to whom applications should be addressed:

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:

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
a Paid during the year SEE STATEMENT 23				5,003.
Total			3a	5,003.
b Approved for future payment				
Total			3b	

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Karen J. Kiser
Signature of officer or trustee
BANK OF AMERICA, N.A.

11/13/2014
Date

SVP Tax
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS	42.	42.
FOREIGN DIVIDENDS	765.	765.
NONDIVIDEND DISTRIBUTIONS	99.	
DOMESTIC DIVIDENDS	976.	976.
OTHER INTEREST	285.	285.
FOREIGN INTEREST	11.	11.
U.S. GOVERNMENT INTEREST (FEDERAL TAXABLE	26.	26.
NON-TAXABLE FOREIGN INCOME	-46.	
US GOVERNMENT INTEREST REPORTED AS QUALI	19.	19.
NONQUALIFIED FOREIGN DIVIDENDS	190.	190.
NONQUALIFIED DOMESTIC DIVIDENDS	896.	896.
TOTAL	3,263.	3,210.

FORM 990PF, PART I - OTHER INCOME
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP INCOME		3.
	-----	-----
TOTALS	=====	3. =====

FORM 990PF, PART I - TAXES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FOREIGN TAXES	88.	88.
EXCISE TAX - PRIOR YEAR	56.	
EXCISE TAX ESTIMATES	145.	
FOREIGN TAXES ON QUALIFIED FOR	18.	18.
FOREIGN TAXES ON NONQUALIFIED	11.	11.
	-----	-----
TOTALS	318.	117.
	=====	=====

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
	-----	-----
PARTNERSHIP EXPENSES		60.
TOTALS	-----	-----
	=====	=====

HAMILTON EUGENE B TRUST

01-60233382

FORM 990PF, PART II - CORPORATE STOCK
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
202671913 AGGREGATE BOND CTF	11,720.	11,521.
1261291Q8 SMALL CAP CTF		
1261292H7 INTERNATIONAL EQUITY		
202670915 LARGE CAP VALUE QUAN		
29099J109 EMERGING MARKETS STO	5,122.	5,066.
302993993 MID CAP VALUE CTF	4,773.	5,900.
323991307 MID CAP GROWTH CTF	4,081.	4,973.
993360882 LARGE CAP GROWTH CTF		
464287507 ISHARES CORE S&P MID	4,029.	4,683.
464287655 ISHARES RUSSELL 2000	2,649.	3,230.
921943858 VANGUARD FTSE DEVELO	4,489.	5,043.
922042858 VANGUARD FTSE EMERGI	5,207.	5,060.
922908553 VANGUARD REIT ETF	10,601.	9,878.
466001864 IVY ASSET STRATEGY F	4,868.	5,706.
693390841 PIMCO HIGH YIELD FD	1,445.	1,439.
714199106 PERMANENT PORTFOLIO	3,558.	3,208.
72200Q182 PIMCO ALL ASSET ALL	11,403.	10,456.
207543877 SMALL CAP GROWTH LEA	2,745.	3,290.
303995997 SMALL CAP VALUE CTF	2,879.	3,206.
45399C107 DIVIDEND INCOME COMM	14,280.	15,613.
99Z466163 HIGH QUALITY CORE CO	6,713.	7,249.
99Z466197 INTERNATIONAL FOCUSE	13,930.	15,137.
99Z501647 STRATEGIC GROWTH COM	12,139.	13,908.
	-----	-----
TOTALS	126,631.	134,566.
	=====	=====

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART II - OTHER INVESTMENTS
=====

DESCRIPTION -----	COST/ FMV C OR F -----	ENDING BOOK VALUE -----	ENDING FMV ---
73935S105 POWERSHARES DB COMMO	C	5,685.	5,594.
		-----	-----
		5,685.	5,594.
		=====	=====

TOTALS

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CTF ADJUSTMENT	143.
PARTNERSHIP ADJUSTMENT	457.

TOTAL	600.
	=====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
COST BASIS ADJUSTMENT	389.
INCOME ADJUSTMENT	348.
ROUNDING	4.

TOTAL	741.
	=====

HAMILTON EUGENE B TRUST

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
OTHER GAINS AND LOSSES					
224. POWERSHARES DB COMMODITY INDEX	02/28/2013	09/30/2013	5,764.00	5,780.00	-16.00
41. POWERSHARES DB COMMODITY INDEX					
TRACKING FUND UNIT BEN INT	05/31/2013	09/30/2013	1,055.00	1,009.00	46.00
133.349 HIGH QUALITY CORE COMMON TRUST FUND	02/28/2013	11/30/2013	1,635.00	1,455.00	180.00
174.761 STRATEGIC GROWTH COMMON TRUST FUND	05/31/2013	11/30/2013	2,065.00	1,804.00	261.00
TOTAL OTHER GAINS AND LOSSES			10,519.00	10,048.00	471.00
Totals			10,519.00	10,048.00	471.00

HAMILTON EUGENE B TRUST
Schedule D Detail of Long-term Capital Gains and Losses

01-60233382

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
OTHER GAINS AND LOSSES					
28.682 SMALL CAP CTF	01/14/2011	01/31/2013	619.00	636.00	-17.00
133.66 SMALL CAP CTF	01/14/2011	02/28/2013	2,912.00	3,023.00	-111.00
119.643 SMALL CAP CTF	01/14/2011	05/31/2013	2,814.00	2,784.00	30.00
2.969 SMALL CAP CTF	10/31/2011	05/31/2013	70.00	62.00	8.00
34.495 INTERNATIONAL EQUITY CTF	10/31/2008	01/31/2013	722.00	446.00	276.00
407.082 INTERNATIONAL EQUITY CTF	10/31/2008	02/28/2013	8,302.00	5,405.00	2,897.00
326.177 INTERNATIONAL EQUITY CTF	10/31/2008	05/31/2013	6,825.00	4,525.00	2,300.00
68.295 INTERNATIONAL EQUITY CTF	10/31/2011	05/31/2013	1,429.00	1,360.00	69.00
53.048 LARGE CAP VALUE QUANTITATIVE	09/19/2003	01/31/2013	754.00	752.00	2.00
473.673 LARGE CAP VALUE QUANTITATIVE	09/19/2003	02/28/2013	6,826.00	6,867.00	-41.00
579.624 LARGE CAP VALUE QUANTITATIVE	11/19/2004	02/28/2013	8,353.00	9,143.00	-790.00
107.347 LARGE CAP VALUE QUANTITATIVE	11/19/2004	05/31/2013	1,673.00	1,894.00	-221.00
639.218 LARGE CAP VALUE QUANTITATIVE	10/31/2007	05/31/2013	9,962.00	11,511.00	-1,549.00
102.02 LARGE CAP VALUE QUANTITATIVE	04/30/2008	05/31/2013	1,590.00	1,725.00	-135.00
93.046 LARGE CAP VALUE QUANTITATIVE	01/14/2011	05/31/2013	1,450.00	1,681.00	-231.00
49.483 LARGE CAP VALUE QUANTITATIVE	10/31/2011	05/31/2013	771.00	821.00	-50.00
1120.46 AGGREGATE BOND CTF	01/14/2011	02/28/2013	19,074.00	18,608.00	466.00
590.433 AGGREGATE BOND CTF	01/14/2011	05/31/2013	9,933.00	9,832.00	101.00
12.61 EMERGING MARKETS STOCK COMMON					
TRUST FUND					
10.466 EMERGING MARKETS STOCK COMMON	01/14/2011	01/31/2013	624.00	641.00	-17.00
2.364 EMERGING MARKETS STOCK COMMON	01/14/2011	02/28/2013	518.00	531.00	-13.00
TRUST FUND					
32.903 EMERGING MARKETS STOCK COMMON	01/14/2011	05/31/2013	115.00	120.00	-5.00
19.675 MID CAP VALUE CTF	01/14/2011	11/30/2013	1,568.00	1,608.00	-40.00
13.389 MID CAP VALUE CTF	03/07/2003	01/31/2013	420.00	330.00	90.00
14.792 MID CAP VALUE CTF	03/07/2003	02/28/2013	289.00	225.00	64.00
10.331 MID CAP GROWTH CTF	03/07/2003	05/31/2013	342.00	259.00	83.00
16.085 MID CAP GROWTH CTF	04/22/2005	01/31/2013	209.00	196.00	13.00
15. MID CAP GROWTH CTF	04/22/2005	02/28/2013	326.00	306.00	20.00
7.338 LARGE CAP GROWTH CTF	04/22/2005	05/31/2013	324.00	290.00	34.00
10.649 LARGE CAP GROWTH CTF	03/07/2003	01/31/2013	722.00	671.00	51.00
Totals	03/07/2003	02/28/2013	1,053.00	1,003.00	50.00

JSA
3F0970 1 000

Schedule D Detail of Long-term Capital Gains and Losses

JSA
3F0970 1 000

GAINS AND LOSSES FROM PASS-THRU ENTITIES

=====

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	2,409.00	

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)		2,409.00
		=====

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	6,197.00	
PARTNERSHIPS, TRUSTS, S CORPORATIONS	-458.00	

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)		5,739.00
		=====

**Expenditure Report
Medford Council RSMM**

**Medford Council RSMM
37 Deering St.
Reading, MA 01867**

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #:

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for the Medford Council RSMM for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 206.89 ("distributed funds") received by the Medford Council RSMM. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the Medford Council RSMM has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Richard E. Manion

Its Treasurer

Telephone Number: 781-944-3484

Date: 7/17/14

EXPENDITURE RESPONSIBILITY REPORT

Date of report: 2/17/14

Report period: January 1, 2013 through December 31, 2013

Name and address of organization:

Medford Council RSMN (Treas)
37 Deering St P

Reading ma 01867
Amounts and dates of distributions received during the period of 1/1/13 through 12/31/13

<u>Date</u>	<u>Amount</u>
<u>5/3/13</u>	<u>\$ 1063.98</u>
<u>12/1/13</u>	<u>11.09</u>

Describe the uses of the distributed funds. Attach additional pages, if needed):

Grand Council Scholarship Fund 500.00
Ronald H. Jones Memorial Fund 500.00
Woburn Masonic Temple Memorial Fund 100.00

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed):

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
-------------	---------------	----------------

By: Richard D. Emmons
Its Treasurer

Date: 2/17/14

**Expenditure Report
Cambridge Royal Arch Chapter**

**Cambridge Royal Arch Chapter
11 Mead Rd.
Arlington, MA 02474**

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #:

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for the Cambridge Royal Arch Chapter for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 155.17 ("distributed funds") received by the Cambridge Royal Arch Chapter. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the Cambridge Royal Arch Chapter has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Arthur M. Papas

Its TREASURER

Telephone Number: 781 046-9560

Date: 2/15/14

EXPENDITURE RESPONSIBILITY REPORT

Date of report: FEB 15, 2014

Report period: January 1, 2013 through December 31, 2013

Name and address of organization:

ROYAL ARCH MASONS OF MASSACHUSETTS
1950 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02140

Amounts and dates of distributions received during the period of 1/1/13 through 12/31/13

<u>Date</u>	<u>Amount</u>
04/04/13	\$ 155.17

Describe the uses of the distributed funds. Attach additional pages, if needed):

COLLATION

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed):

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
-------------	---------------	----------------

By: Arthur M. Pappas

Its TREASURER

Date: 2/15/14

Expenditure Report
Coeur de Lion Commandery No 34

Coeur de Lion Commandery No 34
19A Crosby Dr. Suite 110
Bedford, MA 01730

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for the Coeur de Lion Commandery No 34 for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 155.17 ("distributed funds") received by the Coeur de Lion Commandery No 34. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the Coeur de Lion Commandery No 34 has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Michael A Brown Michael A Brown
Its Recorder

Telephone Number: 781-646-2338

Date: 02/02/2014

EXPENDITURE RESPONSIBILITY REPORT

Date of report: February 2014

Report period: January 1, 2013 through December 31, 2013

Name and address of organization.

Coeur de Lion Commandery No. 34
c/o Thomas P Brady, Trustee 19A Crosby Drive Bedford, MA: 01730.

Amounts and dates of distributions received during the period of 01/01/13 through 12/31/13.

<u>Date</u>	<u>Amount</u>
2013	\$ 155.17

Describe the uses of the distributed funds. Attach additional pages, if needed)

EYE FOUNDATION

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed)

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
03/30/13	155.17	Donation
		Inspection

✓ By: Michael A Brown Michael A Brown

✓ Its Recorder

✓ Date: 02/02/2014

Expenditure Report
Simon Robinson Lodge AF & AM

Simon Robinson Lodge AF & AM
PO Box 12
Lexington, MA 02420

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #:

To Bank of America, N.A , in its capacity as Trustee.

The following constitutes the expenditure report for the Simon Robinson Lodge AF & AM for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 155.17 ("distributed funds") received by the Simon Robinson Lodge AF & AM. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the Simon Robinson Lodge AF & AM has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Robert V. Camp Jr.

Its Trustee

Telephone Number: 603-463-1211

Date: 5/12/14

EXPENDITURE RESPONSIBILITY REPORT

Date of report: 3/12/14

Report period: January 1, 2013 through December 31, 2013

Name and address of organization

SIMONE W. ROBINSON LEGAL AFFAIRS
P.O. Box 12
LAWRENCE, IA 52420

Amounts and dates of distributions received during the period of through

Date	Amount
3/13/13	\$ 346.50
5/29/13	747.42
12/14/13	500.00

Describe the uses of the distributed funds. Attach additional pages, if needed).

CONVINCED LITIGANT'S AND DEFENDANTS
USED FOR CATHARTIC AND DEFENSE PURPOSES

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed)

Date	Amount	Purpose
------	--------	---------

By: Robert Williams

Its TRUSTEE

Date: 3/12/14

Expenditure Report
North Brooklin Cemetery

North Brooklin Cemetery
140 High St.
Brooklin, ME 04616

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #:

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for the North Brooklin Cemetery for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 103.45 ("distributed funds") received by the North Brooklin Cemetery. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the North Brooklin Cemetery has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By:

Roger Hitchman

Its

President

Telephone Number: 207-359-8885

Date.

Feb 9 2014

EXPENDITURE RESPONSIBILITY REPORT

Date of report: 2/9/14

Report period: January 1, 2013 through December 31, 2013

Name and address of organization:

Name and address of organization:
~~State~~ North Brooklin Cemetery Ass.
 140 High St
 Brooklin, Me 04616

Amounts and dates of distributions received during the period of 1/13 through 12/31/13

Date	Amount
1-31-13 - 97.90	= \$ 103.45
11-19-13 - 5.55	

Describe the uses of the distributed funds. Attach additional pages, if needed):

mowing cemetery
Raking cemetery
ground work.

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed)

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
10/26/13	\$1400.00	

By: Roger H. Holinsar
Its President

Date: 2/9/14

**Expenditure Report
Rural Cemetery of Sedgewick**

**Rural Cemetery of Sedgewick
443 Reach Rd
Sargentville, ME 04673**

NAME OF TRUST: Eugene B Hamilton Trust
ACCOUNT #:

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for the Rural Cemetery of Sedgewick for the period of **January 1, 2013 through December 31, 2013** for a distribution totaling \$ 155.17 ("distributed funds") received by the Rural Cemetery of Sedgewick. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that the Rural Cemetery of Sedgewick has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant and that this organization has met its minimum required distribution for the most recently completed fiscal year. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: *Patricia T. Tolley*
Its *Secretary / Treasurer*

Telephone Number: 207-359-4414

Date: 4-15-14

EXPENDITURE RESPONSIBILITY REPORT

Date of report: 4-15-14

Report period. January 1, 2013 through December 31, 2013

Name and address of organization:

Rural Cemetery Association
C/O Pamela Tobey
443 Reach Road
Sargentville, Mo. 04673

Amounts and dates of distributions received during the period of through :

<u>Date</u>	<u>Amount</u>
1-1-13 - 12-31-13	\$ 155.17

Describe the uses of the distributed funds. Attach additional pages, if needed):

Ongoing maintenance of cemetery

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed).

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
6-11-13		Total amount of \$155.17 used towards cost of moving cemetery.

By: Pamela T. Tobey
Its Secretary/Treasurer

Date: 4.15.14

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

KATAHDIN AREA COUN BOY SCOUTS

ADDRESS:

PO BOX 1869

BANGOR, ME 04402-1869

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 207.

RECIPIENT NAME:

SWEETSER

ADDRESS:

50 MOODY ST

SACO, ME 04072-1536

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 207.

RECIPIENT NAME:

BLUE HILL PUBLIC LIBRARY

ADDRESS:

5 PARKER POINT RD

BLUE HILL, ME 04614-6003

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 204.

RECIPIENT NAME:
MAINE SEA COAST MISSION
ADDRESS:
STEPHEN RICHARDS DIR OF DEVEL
BAR HARBOR, ME 04609-1430
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 259.

RECIPIENT NAME:
CASTINE COMMUNITY HOSP
ADDRESS:
H REES JAMES PRES
CASTINE, ME 04421-0198
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 259.

RECIPIENT NAME:
FRIEND MEM PUB LIBRARY
ADDRESS:
PO BOX 57
BROOKLIN, ME 04616-0057
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 207.

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

BLUE HILL MEMORIAL HOSP

ADDRESS:

ATTN CHIEF FINANCIAL OFFICER

BLUE HILL, ME 04614-1029

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 147.

RECIPIENT NAME:

BROOKLIN CEMETERY

ADDRESS:

PO BOX 151

BROOKLIN, ME 04616-0151

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EOF

AMOUNT OF GRANT PAID 103.

RECIPIENT NAME:

NORTH BROOKLIN CEMETERY

ADDRESS:

ROGER HUTCHINSON JR PRES

BROOKLIN, ME 04616-3130

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EOF

AMOUNT OF GRANT PAID 103.

HAMILTON EUGENE B TRUST 01-6023382
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:
BANGOR THEOLOGICAL SEM
ADDRESS:
TWO COLLEGE CIRCLE, BOX 411
BANGOR, ME 04402
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 196.

RECIPIENT NAME:
THE MAINE CHILDREN'S HOM
ADDRESS:
FOR LITTLE WANDERERS
WATERVILLE, ME 04901
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 207.

RECIPIENT NAME:
FIRST CONG CHURCH OF BLUE HILL
ADDRESS:
PO BOX 444
BLUE HILL, ME 04614-0444
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 207.

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

FIRST BAPTIST CHURCH OF BROOKLIN
C/O ROXANNE SHERMAN - TREASURER

ADDRESS:

PO BOX 76
BROOKLIN, ME 04616-0076

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 155.

RECIPIENT NAME:

CAMP ALLEN

ADDRESS:

MS. MARY CONSTANCE
BEDFORD, NH 03110-6606

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 103.

RECIPIENT NAME:

MYSTIC VALLEY LODGE AF & AM
C/O ALAN HARPER JONES

ADDRESS:

SECRETARY
ARLINGTON, MA 02476-6433

RELATIONSHIP:

N/A

AMOUNT OF GRANT PAID 11.

STATEMENT 17

HAMILTON EUGENE B TRUST 01-6023382
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:
MASSACHUSETTS SPCA
ADDRESS:
ATTN MS SONYA MARQUES-CORREIA
BOSTON, MA 02130-4803
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 103.

RECIPIENT NAME:
PERKINS SCHOOL FOR THE BLIND
ADDRESS:
PAULINE DONOGHUE CONTROLLER
WATERTOWN, MA 02472-2751
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 155.

RECIPIENT NAME:
ANIMAL RESCUE LEAGUE OF BOSTON
ADDRESS:
ATTN JAY BOWEN
BOSTON, MA 02116-5221
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 103.

STATEMENT 18

HAMILTON EUGENE B TRUST 01-6023382
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:

HOME FOR LITTLE WANDERERS
ATTN CHARLES JORDAN

ADDRESS:

271 HUNTINGTON AVE
BOSTON, MA 02115-4506

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 155.

RECIPIENT NAME:

ANDOVER NEWTON THEOLOGICAL SEM

ADDRESS:

ATTN PRISCILLA DECK NT
NEWTON CENTRE, MA 02459-2243

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 207.

RECIPIENT NAME:

WALKER MISSIONARY HOMES INC

ADDRESS:

ATTN: TREASURER
AUBURNDALE, MA 02466-2256

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 103.

HAMILTON EUGENE B TRUST 01-6023382
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:
BENEVOLENT FOUNDATION
SUPREME COUNCIL
ADDRESS:
PO BOX 519
LEXINGTON, MA 02420-0519
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 166.

RECIPIENT NAME:
COEUR DE LION COMM NO 34 KT
ADDRESS:
ATTN: TOM BRADY
BEDFORD, MA 01730-1419
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
EOF
AMOUNT OF GRANT PAID 147.

RECIPIENT NAME:
COEUR DE LION COMM NO 34 KT
ADDRESS:
ATTN: TOM BRADY
BEDFORD, MA 01730-1419
RELATIONSHIP:
N/A
AMOUNT OF GRANT PAID 8.

RECIPIENT NAME:

CAMBRIDGE ROYAL ARCH CHAPTER

ADDRESS:

ATTN: TREASURER-ARTHUR PAPAS

ARLINGTON, MA 02474-2813

RELATIONSHIP:

N/A

AMOUNT OF GRANT PAID 8.

RECIPIENT NAME:

MEDFORD COUNCIL RSMM

ADDRESS:

ATTN: TREASURER-RICHARD E MONROE

READING, MA 01867-2407

RELATIONSHIP:

N/A

AMOUNT OF GRANT PAID 207.

RECIPIENT NAME:

SIMON W ROBINSON LODGE AF & AM

C/O TREASURER

ADDRESS:

PO BOX 12

LEXINGTON, MA 02420-0001

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EOF

AMOUNT OF GRANT PAID 155.

RECIPIENT NAME:

MYSTIC VALLEY LODGE AF & AM

C/O ALAN HARPER JONES

ADDRESS:

SECRETARY

ARLINGTON, MA 02476-6433

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 196.

HAMILTON EUGENE B TRUST 01-6023382
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:
CAMBRIDGE ROYAL ARCH CHAPTER
ADDRESS:
ATTN: TREASURER-ARTHUR PAPAS
ARLINGTON, MA 02474-2813
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
EOF
AMOUNT OF GRANT PAID 147.

RECIPIENT NAME:
RURAL CEMETERY OF SEDGEWICK
C/O SHARON FREETHEY
ADDRESS:
32 FOLLY RD
BROOKLIN, ME 04616-3100
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
EOF
AMOUNT OF GRANT PAID 155.

RECIPIENT NAME:
STARR COMMONWEALTH
ADDRESS:
ATTN: CHRISTOPHER SMITH
ALBION, MI 49224-9525
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 155.

HAMILTON EUGENE B TRUST

01-6023382

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

KOINONIA FOUNDATION

ADDRESS:

1530 BOLLINGER RD

WESTMINSTER, MD 21157-7213

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EOF

AMOUNT OF GRANT PAID 103.

RECIPIENT NAME:

KNIGHTS TEMPLAR EYE FOUNDATION

ADDRESS:

ATTN: ROBERT W BIGLEY

FLOWER MOUND, TX 75022-4230

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 155.

TOTAL GRANTS PAID:

5,003.

=====

FEDERAL FOOTNOTES

=====

FORM 990-PF - PART VIII, LINE 1(B) - AVERAGE HOURS PER WEEK DEVOTED TO POSITION: THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

HAMILTON EUGENE B TRUST

Employer identification number (EIN) or

01-6023382

Number, street, and room or suite no. If a P O box, see instructions

P O BOX 1802

Social security number (SSN)

City, town or post office, state, and ZIP code For a foreign address, see instructions.

PROVIDENCE, RI 02901-1802

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► US TRUST FIDUCIARY TAX SERVICES

Telephone No ► (888) 866-3275

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ **X** calendar year 2013 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	213.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	182.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	31.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

JSA

3FB054 2 000

FK4992 L775 05/07/2014 09:15:18

2 E

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HAMILTON EUGENE B TRUST	01-6023382
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	P O BOX 1802	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	PROVIDENCE, RI 02901-1802	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **US TRUST FIDUCIARY TAX SERVICES**
Telephone No. **(888) 866-3275** Fax No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/17**, 20 **14**.

5 For calendar year **2013**, or other tax year beginning, 20, and ending, 20

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME REQUESTED TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	213.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	213.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kevin J. Kiser** Title **SVP, Tax** Date **8/14/14**
Form 8868 (Rev 1-2014)