

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93491134017764

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.
► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For	cale	ndar year 2013, or tax yea	ar beginning 01-	01-2013 , and	deno	ling 12-31-	2013	_
	e of fou					A Employer id	entification numbe	er
TH	E HAMIL	TON COMPANY CHARITABLE FOUNDATION				27-7018900		
Num	her and	street (or P O box number if mail is not o	delivered to street address	s) Room/suite		B Telephone nu	mber (see instructioi	ns)
		ON AVENUE	delivered to street dudress	, Room, sake		(617) 783-0039)	
Citi								g shock boro
		, state or province, country, and ZIP or for A 02134	reign postal code			C II exemption	application is pendin	g, check here 🕨
G C	heck a	Il that apply Initial return Final return	Initial return of Amended return	f a former public chai	rity		ganizations, check h	•
		Address change	_	111			rganızatıons meeting e and attach comput	
H C ł	neck ty	pe of organization Section 50		ate foundation			undation status was t n 507(b)(1)(A), chec	
<u> </u>	ection	4947(a)(1) nonexempt charitable				under sectio	11 307(b)(1)(A), chec	K Hele F I
			Accounting method	Cash ▼ Acci	ual		ation is in a 60-mont	. —
		rom Part II, col. (c), \$ 12,581,886	O ther (specify) Part I, column (d) must	the on cash hasis)		under sectio	n 507(b)(1)(B), ched	ck nere
	rt I	Analysis of Revenue and						(d) Disbursements
		total of amounts in columns (b), (c), a necessarily equal the amounts in colun instructions))	and (d) may not	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , r schedule)	received (attach	5,485,973				
	2	Check ► ☐ If the foundation is no	o t required to attach					
	3	Sch B Interest on savings and temporar	v cash investments	19,603		19,603		
Reveilue	4	Dividends and interest from secur	·	25,000				
	5a	Gross rents		66,159		66,159		
	ь	Net rental income or (loss)	47,010					
	6a	Net gain or (loss) from sale of ass	ets not on line 10					
	ь	Gross sales price for all assets or	n line 6a					
ě	7	Capital gain net income (from Par	+ IV line 2)			0		
	8	Net short-term capital gain	ŀ			-		
	9	Income modifications	1					
	-	Gross sales less returns and						
		allowances						
	b	Less Cost of goods sold						
	c	Gross profit or (loss) (attach sche	·					
	11	Other income (attach schedule)		5,571,735		9E 762		
	12	Total. Add lines 1 through 11 . Compensation of officers, director		3,371,733		85,762 0		0
	13 14	Other employee salaries and wage	· ·	30,000		· ·		
ş	15	Pension plans, employee benefits	ŀ					
υSΨ		Legal fees (attach schedule).						
Expenses		Accounting fees (attach schedule		300		300		0
	c	Other professional fees (attach so	chedule)					
tiv€	17	Interest						
stra	18	Taxes (attach schedule) (see inst	tructions)	13,228		13,228		0
Admını strative	19	Depreciation (attach schedule) ar	nd depletion					
틭	20	Occupancy						
<u>а</u>	21	Travel, conferences, and meeting						
and	22	Printing and publications				5.624		
	23	Other expenses (attach schedule	1	11,980		5,621		0
Operating	24	Total operating and administrativ	•	63,508		19,149		0
8	25	Add lines 13 through 23 Contributions, gifts, grants paid.	ŀ	63,308		13,143		604,300
	25 26		ľ	667,808		19,149		604,300
		Total expenses and disbursements 25	s. Aud IIIIes 24 and	23.7530		,,		23.,230
	27	Subtract line 26 from line 12						
	a .	Excess of revenue over expenses	1	4,903,927		66.645		
	b	Net investment income (if negative	· · · · · · · · · · · · · · · · · · ·			66,613		
	C	Adjusted net income (if negative,	enter -0-)					I

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(_,	(_,	Cay a sur a
	2	Savings and temporary cash investments	3,933,464	8,219,210	8,219,210
	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			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
A SS	10a	Investments—U S and state government obligations (attach schedule)			
_		Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
	C	Investments—land, buildings, and equipment basis 3,326,506			
	11	Less accumulated depreciation (attach schedule) 334	2,698,946	3,326,172	3,326,172
	12	Investments—mortgage loans	2,090,940 &	5,320,172	3,320,172
	12	Investments—other (attach schedule)	698,822 🥰	1,036,504	1,036,504
	13	Land, buildings, and equipment basis	090,022 &	1,030,304	1,030,304
	14	Less accumulated depreciation (attach schedule)			
	4-				
	15	Other assets (describe) Total assets (to be completed by all filers—see the			
	16		7,331,232	12,581,886	12,581,886
	47	Instructions Also, see page 1, item I)	6,563	2,806	
	17 18	Accounts payable and accrued expenses	0,303	2,000	
۸.	19	Deferred revenue			
Ittes	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>=</u>	21	Mortgages and other notes payable (attach schedule)			
Lla	22	Other liabilities (describe			
	22	Other habilities (describe F			
	23	Total liabilities (add lines 17 through 22)	6,563	2,806	
		Foundations that follow SFAS 117, check here 🕨 🦵			
		and complete lines 24 through 26 and lines 30 and 31.			
æ	24	Unrestricted			
and	25	Temporarily restricted			
33	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🔽			
Fur		and complete lines 27 through 31.			
0.	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	7,324,669	12,579,080	
Ą	30	Total net assets or fund balances (see page 17 of the			
Net		ınstructions)	7,324,669	12,579,080	
_	31	Total liabilities and net assets/fund balances (see page 17 of			
		the instructions)	7,331,232	12,581,886	
Pa	rt II	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 agr	ee	
-		with end-of-year figure reported on prior year's return)			7,324,669
2		Enter amount from Part I, line 27a		<u> </u>	4,903,927
3		Other increases not included in line 2 (itemize)		% 3	360,321
4		Add lines 1, 2, and 3		4	12,588,917
5		Decreases not included in line 2 (itemize)		<u>1</u> 953 5	9,837
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), line	e 30 . 6	12,579,080

• •	be the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs M	' I P—Piirchasa	(c)	Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Depreciation allowed	1 127			or (loss)
	(or allowable)	plus expense of sale		(e) plus (f)) mınus (g)
			_		
C					
d e					
	s showing gain in column (h) and owne	ad by the foundation on 1 2/31/69		(I) Cours (Col.	(h) =========
	(i) Adjusted basis	(k) Excess of col (i)	c		(h) gain minus less than -0-) oi
(i) FM V as of 12/31/6	as of 12/31/69	over col (j), ıf any			om col (h))
a					
b					
С					
d					
е					
2 Capital gain net in	come or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7	}		
· -	į.		J 2	2	
	oital gain or (loss) as defined in sectio				
If gain, also enter i in Part I, line 8	ın Part I, line 8, column (c) (see instru	ictions) If (loss), enter -0-	}		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	3	
	s, leave this part blank the section 4942 tax on the distributa not qualify under section 4940(e) Do		period	?	┌ Yes ┌ No
1 Enter the appropriate ar	mount in each column for each year, se	ee page 18 of the instructions befor	e makı	ng 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 (col (b) divided	
2012	439,787	5,893,981			0 074616
2011	232,800	4,298,508			0 054158
2010					
2009	_				
2000		<u> </u>			
2 Takal at line 4	umn (d)				0 1 2 0 7 7
•	umn (d).		2		0 12877
	s the foundation has been in existence		3		0 06438
4 Enter the net value	e of noncharitable-use assets for 2013	3 from Part X, line 5	4		9,411,35
5 Multiply line 4 by l	ıne 3		5		605,96
6 Enter 1% of net in	vestment income (1% of Part I, line 2)	7b)	6		66
7 Add lines 5 and 6.			7		606,63
8 Enter qualifying dis	stributions from Part XII, line 4		8		604,30
	or greater than line 7, check the box i		at part	usıng a 1% tax	rate See

	990-PF (2013)			age 4
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here F 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		:	1,332
	here Fand 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-)			0
3	Add lines 1 and 2		:	1,332
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		:	1,332
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,680			
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		1	,680
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 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			348
11	Enter the amount of line 10 to be Credited to 2014 estimated tax 348 Refunded 11			0
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
	the instructions for definition)?	1b		No
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$\bigs\\$ = 0 (2) On foundation managers \$\bigs\\$ = 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers 🕨 \$0	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_		
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	
ь -	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
_	If "Yes," attach the statement required by General Instruction T.			
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?	6		No
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.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MA			
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 .	8b	Yes	
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	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	<u> </u>		
	and addresses.	10	Yes	

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		No	
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		No	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes		
	Website address ►N/A				
14	The books are in care of ►JAMESON BROWN Telephone no ►(617)	783-	0039		
		705	0033		
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				
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over		Yes	No	
	a bank, securities, or other financial account in a foreign country?	16		No	
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the				
	foreign country				
Pai	t 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	
1 a	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?				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?				
	(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)				
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	46			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b			
_	Organizations relying on a current notice regarding disaster assistance check here				
С	that were not corrected before the first day of the tax year beginning in 2013?	1c		No	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		NO	
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d				
u	and 6e, Part XIII) for tax year(s) beginning before 2013?				
	If "Yes," list the years > 20				
ь	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				
	▶ 20, 20, 20				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at				
	any time during the year?				
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		No	
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		No	

5a	During the year did the foundation p	ay or incurany amount	to							
	(1) Carry on propaganda, or otherw	se attempt to influence	legisl	ation (section 49	45(e))?	No No			
	(2) Influence the outcome of any sp	ecific public election (s	see se	ction 4955), or to	carr	-y				
	on, directly or indirectly, any vo			**		·	No			
	(3) Provide a grant to an individual					☐ Yes ☐	No			
	(4) Provide a grant to an organization				scrib					
	in section 509(a)(1), (2), or (3)		•	· -			No			
	(5) Provide for any purpose other th					, , , , , , , , , , , , , , , , , , , ,				
	educational purposes, or for the						No			
b	If any answer is "Yes" to 5a(1)-(5)									
_	Regulations section 53 4945 or in							, l		
	Organizations relying on a current r	_	_			_	_	+	-+	_
c	If the answer is "Yes" to question 5					,				
Ī	tax because it maintained expendit			•		□ Yes □	- _{NO}			
	If "Yes," attach the statement require				•	, .es ,				
6a	Did the foundation, during the year,				nren	nuime on				
Ju	a personal benefit contract?						No			
h	Did the foundation, during the year,					•		.	,	lo
	If "Yes" to 6b, file Form 8870.	pa, premiumo, uncerty	o. mu	, on a perso		James Continues I	· -	+	——"	_
7a	At any time during the tax year, was	the foundation a party	to a n	robibited tay chal	tar tı	ransaction? TYes F	No			
	If yes, did the foundation receive ar							.		
	Information About									—
Pai	and Contractors	Difficers, Diffectors	, IIu	stees, rounda	LIOI	i managers, inging	raiu Lii	ıpı	yees	,
1	List all officers, directors, trustees,	foundation managers a	nd thei	ir compensation (see i	nstructions).				_
	(b) Title, and average	(c)	Compensation		(d) Contributions to	(e) Expe	nca	accour	
	(a) Name and address	hours per week	(If	not paid, enter		mployee benefit plans			vances	ις,
	Additional Data Table	devoted to position		-0-)	anu	deferred compensation				—
ee .	Additional Data Fable									
										—
										_
2	Compensation of five highest-paid e	mployees (other than t	hose ii	ncluded on line 1–	-see		ter "NON	<u>E."</u>		
(=)	Name and address of each employe	(b) Title, and avera	ige			(d) Contributions to employee benefit	(e) Expe	nee	3000111	n+
(a)	paid more than \$50,000	nours per week		(c) Compensation	n	plans and deferred			vances	ιι,
		devoted to positio	on			compensation				
10 N	E									
										_
		\neg								
										—
		\dashv								
								—		—
		\dashv								
	I number of other employees hald ove					<u> </u>		—		

Form 990-PF (2013)		Page /
Part VIII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (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		
Total number of others receiving over \$50,000 for professional service	s	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include		Expenses
organizations and other beneficiaries served, conferences convened, research papers p	roduced, etc	Expenses
1		
2		
3		
Part IX-B Summary of Program-Related Investments	e (caa instructions)	
Describe the two largest program-related investments made by the foundation duri	-	A mount
1	,	
2		
All other program-related investments See page 24 of the instruction	ons	
3		
Total. Add lines 1 through 3		0

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	1,044,108
b	Average of monthly cash balances	1b	5,184,395
c	Fair market value of all other assets (see instructions)	1 c	3,326,172
d	Total (add lines 1a, b, and c)	1d	9,554,675
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9,554,675
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	143,320
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,411,355
6	Minimum investment return. Enter 5% of line 5	6	470,568
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations foreign organizations check here ► and do not complete this part.)	atıng	foundations and
1	Minimum investment return from Part X, line 6	1	470,568
2a	Tax on investment income for 2013 from Part VI, line 5 2a 1,332		
b	Income tax for 2013 (This does not include the tax from Part VI) 2b 932		
c	Add lines 2a and 2b	2c	2,264
3	Distributable amount before adjustments Subtract line 2c from line 1	3	468,304
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	468,304
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	468,304
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	604,300
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		
а	Suitability test (prior IRS approval required)	За	
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	604,300
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I line 27h (see instructions)	5	۸ ا

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

For	m 990-PF (2013)				Page 9
Р	art XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
4	Distributable amount for 2013 from Part XI, line 7	Corpus	Years prior to 2012	2012	2013
	Undistributed income, if any, as of the end of 2013				100,501
	Enter amount for 2012 only			0	
a			0		
b	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2013				
3	From 2008				
a h	From 2009				
6	From 2010				
ď	From 2011				
e	From 2012				
	Total of lines 3a through e	170,360			
	Qualifying distributions for 2013 from Part				
•	XII, line 4 > \$ 604,300				
а	Applied to 2012, but not more than line 2a			0	
	Applied to undistributed income of prior years				
_	(Election required—see instructions).		0		
С	Treated as distributions out of corpus (Election	.=			
	required—see instructions)	95 0			
d	Applied to 2013 distributable amount				468,304
е	Remaining amount distributed out of corpus	135,996			
5	Excess distributions carryover applied to 2013	0			0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	206 256			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	306,356			
Ь	Prior years' undistributed income Subtract line 4b from line 2b		0		
_	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		0		
	—see instructions		0		
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see				
	instructions			0	
f	Undistributed income for 2013 Subtract				
-	lines 4d and 5 from line 1 This amount must				
	be distributed in 2014				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0			
8	Excess distributions carryover from 2008 not				
_	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	306,356			
10	Analysis of line 9				
а	Excess from 2009				
	Excess from 2010				
	Excess from 2011	1			
	Excess from 2012				
е	Excess from 2013 135,996				

	art XIV Private Operating Four	idations (see ir	nstructions and Pa	art VII-A, questic	on 9)			
1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2		•	•				
b	Check box to indicate whether the organiza	zation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total		
	income from Part 1 or the minimum investment return from Part X for each	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(-,		
	year listed							
	85% of line 2a							
С	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							
е	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							
а	"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							
Pa	rt XV Supplementary Information	n (Complete t	his part only if	the organizati	on had \$5,000 (or more in		
	assets at any time during	the year—see	instructions.)		· •			
1	Information Regarding Foundation Manage List any managers of the foundation who ha		ore than 2% of the t	otal contributions r	ecaived by the four	dation		
a	before the close of any tax year (but only if					dation		
b	List any managers of the foundation who ov ownership of a partnership or other entity)				lly large portion of t	he		
	ownership of a partnership of other entity)	or willen the lound	ation has a 10% of	greater interest				
2	Information Regarding Contribution, Grant	, Gift, Loan, Schol	arship, etc., Progran	ns:				
	Check here 🕶 If the foundation only make	ces contributions t	o preselected charı	table organizations	and does not accep	ot		
	unsolicited requests for funds. If the found		grants, etc (see ins	structions) to indiv	iduals or organization	ons under		
	other conditions, complete items 2a, b, c,							
-	The name, address, and telephone number	or a-mail address	of the nerson to wh	nom applications of	ould be addressed			
a	JAMESON BROWN	or e-man address	of the person to wi	ioni applications si	louid be addressed			
	39 BRIGHTON AVE ALLSTON, MA 02134 (617) 783-0039							
b	The form in which applications should be s	ubmitted and infor	mation and materia	ls they should inclu	ude			
_	Any submission deadlines					_		
_	NONE							
d	Any restrictions or limitations on awards, factors	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or oth	er		
	NONE							

Part XV Supplementary Inform 3 Grants and Contributions Paid	l During the Year or An	proved for F	uture Payment	
	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year	or substantial contributor			
See Additional Data Table				
Tabal			b 2:	604.26
Total	· · · · · · · · · · · · · · · · · · ·			604,30
b Approved for rulaire payment	1			
		1	lle 26	+

Form 990-F	<u> </u>					Page 12
	-A Analysis of Income-Produci			Γ		
_	s amounts unless otherwise indicated	(a) Business	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See
a b c		code				instructions)
e f g Fees a 2 Membe 3 Interes	and contracts from government agencies rship dues and assessments					
4 Dividen 5 Net ren	ments			14	19,603	
b Not do 6 Net ren	financed property ebt-financed property	900099	7,904	16	39,106	
8 Gain or	nvestment income					
10 Gross p 11 Other r	ome or (loss) from special events profit or (loss) from sales of inventory evenue a					
c						
12 Subtota 13 Total. A	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify c		7,904		58,709 L3	•
	Explain below how each activity for which the accomplishment of the foundation's instructions)	the Accom	ported ın column (e	e) of Part XVI-A c	ontributed importa	

Par	t XVI	Information Re Noncharitable				actions a	nd Relationships With			
		rganızatıon dırectly or ı	ndırectly er	ngage	ın any of the following with 01(c)(3) organizations) or				Yes	No
org	ganızat	tions?								
a Tra	ansfers	s from the reporting four	ndation to a	nonc	harıtable exempt organıza	tion of				1
(1)) Casi	h						1a(1)		No
(2)) Othe	erassets						1a(2)		No
b Ot	her tra	insactions								
(1)) Sale	s of assets to a noncha	rıtable exe	mpt or	ganızatıon			1b(1)		No
(2)) Purc	hases of assets from a	noncharita	ble ex	empt organization			1b(2)		No
(3)) Rent	tal of facilities, equipme	nt, or other	asset	ts			1b(3)		No
(4)) Rein	nbursement arrangemer	nts					1b(4)		No
(5) Loans or loan guarantees							1b(5)		No	
(6)) Perfo	rmance of services or n	nembership	or fur	ndraising solicitations			1b(6)		No
c Sh	arıng d	of facilities, equipment,	maılıng lıst	s, oth	er assets, or paid employe	es		1c		No
of '	the god any tra	ods, other assets, or se	rvices give angement,	n by t show i	he reporting foundation If	the foundat the goods, o) should always show the fair ma ion received less than fair mark other assets, or services receive ption of transfers, transactions, and sh	et value ed	:	nte
(a) LIII	e NO	(b) Amount involved	(C) Name o	n nonci	iantable exempt organization	(d) Descri	phon of transfers, transactions, and six	illiy alla	ngemei	its
	+									
					uth, or related to, one or m			.F _Y e		
		a in section 501(c) of the complete the following		nertn	an section 501(c)(3)) or i	n section 5.	27?	.i Ye	es i	'NO
D 11	165,	(a) Name of organization			(b) Type of organizat	ion	(c) Description of relati	onship		
						+				
Sign Here	the bas		and belief, it	t is tru	ie, correct, and complete	Declaration	ccompanying schedules and sta of preparer (other than taxpaye ****		ciary)	IS
	🏴	Signature of officer or t	Signature of officer or trustee		Date	with t		preparer sh r)? 🔽 Ye		
	1 '		rınt/Type preparer's name Prepa		rer's Sıgnature	Date 2014-05	Check if self- -09 employed P	012031	181	
_	arer							0		
Use Only	,	Firm's name			& GRAY LLP	Μ Λ	Firm's EIN > 04-208836			
		IIIII S audiess	Firm's address 34 SOUTHWEST PARK WESTWOOD, MA 020901548 Phone no (781)407-0300							

Form 990PF Part VIII Line 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
JAMESON BROWN	TRUSTEE	14,000	0	0
1079 COMMONWEALTH AVE BOSTON,MA 02215	5 0 0			
MAURA BROWN	TRUSTEE	12,000	0	0
39 BRIGHTON AVE ALLSTON,MA 02134	1 00			
CARL VALERI	TRUSTEE	0	0	0
50 UDINE STREET ARLINGTON, MA 02174	2 00			
ROBERT SOMMA	TRUSTEE	0	0	0
11 LOW STREET NEWBURY,MA 01951	1 00			
FREDERICK LEBOW	TRUSTEE	12,000	0	0
71 COLCHESTER STREET BROOKLINE,MA 02446	CHESTER STREET 1 00			

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALLSTON VILLAGE MAIN STREETS 161 HARVARD AVE ALLSTON,MA 02134		PUBLIC	GENERAL	5,000
ARTS & BUSINESS COUNCIL OF GREATER BOSTON 15 CHANNEL CENTER STREET SUITE 103 BOSTON,MA 02210		PUBLIC	GENERAL	500
BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY 41 BERKELEY ST BOSTON,MA 02116		PUBLIC	GENERAL	10,000
BENSON-HENRY INSTITUTE FOR MIND BODY MEDICINE 151 MERRIMAC ST BOSTON,MA 02114		PUBLIC	GENERAL	5,000
BERKLEE COLLEGE OF MUSIC 40 BOYLSTON STREET BOSTON,MA 02215		PUBLIC	GENERAL	5,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON,MA 02115		PUBLIC	GENERAL	10,000
BOSTON MIDSUMMER OPERA PO BOX 301 CHARLES STREET STATION BOSTON,MA 02114		PUBLIC	GENERAL	1,000
BOSTON PHILHARMONIC ORCHESTRA 295 HUNTINGTON AVE SUITE 210 BOSTON,MA 02116		PUBLIC	GENERAL	15,000
BOSTON WINTER BALL CORPORATION 401 OCEAN ROAD NARRAGANSETT, RI 02882		PUBLIC	GENERAL	5,000
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON,MA 02115		PUBLIC	GENERAL	1,000
BRIGHTON-ALLSTON HISTORICAL SOCIETY PO BOX 35163 BRIGHTON,MA 02135		PUBLIC	GENERAL	400
BROOKLINE COMMUNITY FOUNDATION 40 WEBSTER PLACE BROOKLINE,MA 02445		PUBLIC	GENERAL	43,500
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 41 GARRISON ROAD BROOKLINE,MA 02445		PUBLIC	GENERAL	20,000
BROOKLINE EMERGENCY FOOD PANTRY 15 SAINT PAUL ST BROOKLINE,MA 02446		PUBLIC	GENERAL	5,000
BROOKLINE LIBRARY FOUNDATION 361 WASHINGTON STREET BROOKLINE,MA 02445		PUBLIC	GENERAL	1,000
Total				604,300

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	тестрієні		
a Paid during the year				
BUILD 6 BEACON STREET SUITE 415 BOSTON,MA 02108		PUBLIC	GENERAL	10,000
CANCER RESEARCH FOUNDATION PO BOX 50226 HENDERSON,NV 89016		PUBLIC	GENERAL	5,000
CAREER COLLABORATIVE INC 77 SUMMER STREET 11TH FLOOR BOSTON,MA 02110		PUBLIC	GENERAL	5,000
CENTRE STREET FOOD PANTRY 11 HOMER STREET NEWTON CENTER,MA 02459		PUBLIC	GENERAL	5,000
COOLIDGE CORNER THEATRE 290 HARVARD ST BROOKLINE,MA 02446		PUBLIC	GENERAL	1,000
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON,MA 02135		PUBLIC	GENERAL	25,000
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY,MA 02332		PUBLIC	GENERAL	10,000
D'YOUVILLE LIFE AND WELLNESS COMMUNITY 981 VARNUM AVENUE LOWELL,MA 01854		PUBLIC	GENERAL	25,000
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076		PUBLIC	GENERAL	1,000
ESPERANZA ACADEMY 198 GARDEN STREET LAWRENCE,MA 01840		PUBLIC	GENERAL	15,000
FIRST LITERACY 160 BOYLSTON STREET BOSTON,MA 02116		PUBLIC	GENERAL	6,000
FRANCISCAN HOSPITAL FOR CHILDREN 30 WARREN STREET BRIGHTON,MA 02135		PUBLIC	GENERAL	35,000
FRIENDS OF THE BOSTON PARK RANGERS 1010 MASSACHUSETTS AVENUE BOSTON,MA 02118		PUBLIC	GENERAL	2,500
FULLER CRAFT MUSEUM 455 OAK ST BROCKTON,MA 02301		PUBLIC	GENERAL	5,000
FUND FOR PARKS AND RECREATION 1010 MASSACHUSETTS AVENUE 3RD FLOOR BOSTON,MA 02118		PUBLIC	GENERAL	2,500
Total				604,300

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GARDNER PILOT ACADEMY 30 ATHOL ST BOSTON,MA 02134		PUBLIC	GENERAL	10,000
GATEWAYS ACCESS TO JEWISH EDUCATION 333 NAHANTON ST NEWTON,MA 02459		PUBLIC	GENERAL	1,000
GOLF FIGHTS CANCER 300 ARNOLD PALMER BOULEVARD NORTON,MA 02766		PUBLIC	GENERAL	10,000
GRANADA HOUSE INC 70 ADAMSON ST ALLSTON, MA 02134		PUBLIC	GENERAL	2,500
GREATER BOSTON JUNIOR BRUINS 38 ST BOTOLPH STREET BOSTON,MA 02116		PUBLIC	GENERAL	1,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY,MA 02119		PUBLIC	GENERAL	10,000
INVEST IN GIRLS 695 ATLANTIC AVENUE 9TH FLOOR BOSTON,MA 02111		PUBLIC	GENERAL	5,000
LABOUR COLLEGE 2120 DORCHESTER AVE DORCHESTER,MA 02124		PUBLIC	GENERAL	1,000
LEARN LIVE LOVE CANCER OUTREACH PO BOX 292 SCITUATE,MA 02066		PUBLIC	GENERAL	5,000
MAB COMMUNITY SERVICES 200 IVY STREET BROOKLINE,MA 02446		PUBLIC	GENERAL	22,500
MASSACHUSETTS COALITION FOR THE HOMELESS 15 BUBIER ST LYNN,MA 01901		PUBLIC	GENERAL	2,500
MASSACHUSETTS FRATERNAL ORDER OF POLICE 250 E MAIN STREET SUITE 19 NORTON,MA 02766		PUBLIC	GENERAL	150
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 02114		PUBLIC	GENERAL	50,000
MIT 77 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02142		PUBLIC	GENERAL	20,000
MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE,MA 02138		PUBLIC	GENERAL	3,000
Total				604,300

Recipient Service Infection show any relationship of status of recipient services. Services of status of status of recipient services of substantial contribution services of recipient services. Services of services of recipient services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient services of recipient services. Services of recipient services of recipient services of recipient					
a Paid during the year NATIONAL TAY-SACHS & ALLIED DISEASES ASSOCIATIONS INC 200 BEACON ST BEACHON, MA 02135 NEWENGLAND BAPTIST HOSPITAL 125 PARKER HILLACK PIUG. NEWENGLAND BAPTIST HOSPITAL 125 PARKER HILLACK PIUG. OAK SQUARE YMCA 615 WASHINGTON ST BRICHTON, MA 02135 NOW BEACON ST BEACON ST BRICHTON, MA 02136 PUBLIC GENERAL 5,000 ONE FAMILY THINC 240 NEWBURY ST BOOK PARKER HILLACK PIUG. OAK SQUARE YMCA 615 WASHINGTON ST BRICHTON, MA 02136 PAN-MASS CHALLENGE 77 4TH AUGUEUR PIUG. OENEFAML 1,000 DEFERMINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02145 PAN-MASS CHALLENGE 77 4TH AUGUEUR PIUG. PUBLIC GENERAL 10,000 PERMINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472 PROGRAMS FOR PEOPLE INC 98 LINCOUNTY FRANKINGHAM, MA 01702 PROGRAMS FOR PEOPLE INC 98 LINCOUNTY FRANKINGHAM, MA 01702 ROS SOX FOUNDATION 4 YAWKEY WASHINGHAM, MA 01702 ROS SOX FOUNDATION 4 YAWKEY WASHINGHAM, MA 02151 ROS FOR MA 02215 RIGHT TURR INC 299 BROADWAY ARIHOTON, MA 02215 RIGHT TURR INC 299 BROADWAY PUBLIC GENERAL 10,000 ARIHOTON, MA 02216 ROGERSON COMMUNITIES 1 FLORENCE STREET FOR COMMUNITIES 1 FLORENCE STREET SOOK MA 02216 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RY RY 3A SCITUATE, MA 02066 PUBLIC GENERAL 1,000	Recipient	show any relationship to	status of		A mount
NATIONAL TAY-SACHS & ALLIED DISEASES ASSOCIATIONS INC 2001 BEACON ST BRIGHTON, MA 02135 NEWENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02140 NEWENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02145 NEWENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02141 OAK SQUARE YNCA 615 WASHINGTON ST BRICHTON, MA 02135 PUBLIC GENERAL 10,000 NE FAMILY INC 240 NEWBURY ST BOSTON, MA 02116 PUBLIC GENERAL 1,000 NE FAMILY INC 240 NEWBURY ST BOSTON, MA 02116 PUBLIC GENERAL 1,000 PERKINS SCHOOL FOR THE BLIND 175 N BEACH OLD FOR THE BLIND 175	Name and address (home or business)		recipient		
DISEASES ASSOCIATIONS INC BRIGHTON, MA 02135 NATIVITY PERPARATORY SCHOOL 39 LAMARTINE ST JAMAICA PLAIN, MA 02130 NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02141 ACK SQUARE YMCA 615 WASHINGTON ST BRIGHTON, MA 02135 ONE FAMILY INC 240 NEWBURY ST BRIGHTON, MA 02135 ONE FAMILY INC 240 NEWBURY ST BOSTON, MA 02146 PUBLIC GENERAL 1,000 DATE OF THE BLIND 1,000 PUBLIC GENERAL 1,000 REDHAM, MA 02472 PUBLIC GENERAL 1,000 PUBLIC GENERAL 1,000 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474 ROGERSON COMMUNITIES 1 FLORENCE STREET BOSTON, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELY STREET BOSTON, MA 02116 PUBLIC GENERAL 1,000 PUBLIC GENERAL 1,000	a Paid during the year				
39 LAMARTINE ST JAMAICA PLAIN, MA 02130 NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02114 OAK SQUARE YMCA 615 WASHINGTON ST BRIGHTON, MA 02135 ONE FAMILY INC 240 NEWBURY ST BRIGHTON, MA 02135 ONE FAMILY INC 240 NEWBURY ST BOSTON, MA 02161 PAN-MASS CHALLENGE 77 4TH AVENUE PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATEBTOWN, MA 02472 PROGRAMS FOR PEOPLE INC 98 LINCOLN STREET FRAMINGHAM, MA 01702 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARIUNGTON, MA 02474 PUBLIC GENERAL 10,000 ARIUNGTON, MA 02474 PUBLIC GENERAL 10,000 GENERAL	DISEASES ASSOCIATIONS INC 2001 BEACON ST		PUBLIC	GENERAL	500
125 PARKER HILLAVENUE BOSTON,MA 02115 OAK SQUARE YMCA 615 WASHINGTON ST BRIGHTON,MA 02135 ONE FAMILY INC 240 NEWBURY ST ONE	39 LAMARTINE ST		PUBLIC	GENERAL	15,000
WASHINGTON ST BRIGHTON, MA 02115 ONE FAMILY INC 240 NEWBURY ST ONE FAMILY INC 240 NEWBURY S ONE FAMILY S ONE FAMILY INC 240 NEWBURY S ONE FAMILY INC 240 NEWBURY S ONE FAMILY S ONE	125 PARKER HILL AVENUE		PUBLIC	GENERAL	5,000
BOSTON, MA 02116 PAN-MASS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494 PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472 PROGRAMS FOR PEOPLE INC 98 LINCOLN STREET FRAMINGHAM, MA 01702 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474 ROSERON COMMUNITIES 1 FLORENCE STREET ROSLINDALE, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 10,000 BENERAL 1,000 BENERAL 1,000 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010	WASHINGTON ST		PUBLIC	GENERAL	10,000
AVENUE NEEDHAM, MA 02494 PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472 PROGRAMS FOR PEOPLE INC 98 LINCOUN STREET FRAMINGHAM, MA 01702 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARIGINATION, MA 02474 ROGERSON COMMUNITIES 1 FLORE STREET ROSLINDALE, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY SCITUATE, MA 02066 SCITUATE LIBRARY FOUNDATION SEB BRANCH STREET SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010			PUBLIC	GENERAL	1,000
175 N BEACON ST WATERTOWN, MA 02472 PROGRAMS FOR PEOPLE INC 98 LINCOLN STREET FRAMINGHAM, MA 01702 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474 ROGERSON COMMUNITIES 1 FLORENCE STREET ROSLINDALE, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE LIBRARY FOUNDATION SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL SOURCE GENERAL 10,000 GENERAL 1,000 PUBLIC GENERAL 10,000 GENERAL 1,000 GENERAL 1,000	AVENUE		PUBLIC	GENERAL	1,500
LINCOLN STREET FRAMINGHAM,MA 01702 RED SOX FOUNDATION 4 YAWKEY WAY BOSTON,MA 02215 RIGHT TURN INC 299 BROADWAY ARLINGTON,MA 02474 ROGERSON COMMUNITIES 1 FLORENCE STREET ROSLINDALE,MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON,MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE,MA 02066 SCITUATE,MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK,NY 10010 PUBLIC GENERAL 10,000	175 N BEACON ST		PUBLIC	GENERAL	10,000
WAY BOSTON, MA 02215 RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474 ROGERSON COMMUNITIES 1 FLORENCE STREET ROSLINDALE, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 10,000 GENERAL 10,000 GENERAL 10,000 GENERAL 10,000 GENERAL 10,000	LINCOLN STREET		PUBLIC	GENERAL	5,000
ROGERSON COMMUNITIES 1 FLORENCE STREET ROSLINDALE, MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 10,000 GENERAL 10,000 GENERAL 11,000	WAY		PUBLIC	GENERAL	250
FLORENCE STREET ROSLINDALE,MA 02131 ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON,MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE,MA 02066 SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE,MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK,NY 10010 PUBLIC GENERAL 1,000 PUBLIC GENERAL 1,000			PUBLIC	GENERAL	10,000
142 BERKELEY STREET BOSTON, MA 02116 SCITUATE ANIMAL SHELTER 780 CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 1,000	FLORENCE STREET		PUBLIC	GENERAL	10,000
CHIEF JUSTICE CUSHING HIGHWAY RT 3A SCITUATE, MA 02066 SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 1,000	142 BERKELEY STREET		PUBLIC	GENERAL	5,000
85 BRANCH STREET SCITUATE, MA 02066 SMILE TRAIN 41 MADISON AVE NEW YORK, NY 10010 PUBLIC GENERAL 1,000	CHIEF JUSTICE CUSHING HIGHWAY RT 3A		PUBLIC	GENERAL	1,000
NEW YORK, NY 10010	85 BRANCH STREET		PUBLIC	GENERAL	10,000
Total			PUBLIC	GENERAL	1,000
	Total			▶ 3a	604,300

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE BOSTON FOUNDATION 75 ARLINGTON STREET 10TH FLOOR BOSTON,MA 02116		PUBLIC	GENERAL	10,000
THE CARROLL CENTER FOR THE BLIND 770 CENTRE ST NEWTON, MA 02458		PUBLIC	GENERAL	5,000
THE CARROLL SCHOOL 25 BAKER BRIDGE RD LINCOLN,MA 01773		PUBLIC	GENERAL	10,000
THE HANDEL AND HAYDN SOCIETY 300 MASSACHUSETTS AVENUE BOSTON,MA 02115		PUBLIC	GENERAL	5,000
THE HOME FOR LITTLE WANDERERS 271 HUNTINGTON AVE BOSTON,MA 02115		PUBLIC	GENERAL	15,000
THE PRICE CENTER 77 ROWE STREET NEWTON,MA 02466		PUBLIC	GENERAL	15,000
WEST END HOUSE 105 ALLSTON STREET ALLSTON,MA 02134		PUBLIC	GENERAL	10,000
WHEELOCK COLLEGE 200 RIVERWAY BOSTON,MA 02215		PUBLIC	GENERAL	20,000
YEAR UP BOSTON 93 SUMMER STREET 5TH FLOOR BOSTON,MA 02110		PUBLIC	GENERAL	5,000
Total				604,300

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491134017764

OMB No 1545-0047

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

lam	e of	the	organiza	tion	
HE F	IIMAH	TON	COMPANY	CHARITABLE	FOUNDATION

Employer identification number

27-7018900

_				, ,		
()r	ดวทเ	けっけいへ	n tvi	2010	hack	α n α
v	gan	izatio	11 LY	ט ט	IICON	

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

ļ	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
Γ	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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
Γ	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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE HAMILTON COMPANY CHARITABLE FOUNDATION

Employer identification number

27-7018900

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	d	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HAROLD BROWN CHARITABLE LEAD AN 39 BRIGHTON AVE ALLSTON, MA 02134	\$5,485,973	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE HAMILTON COMPANY CHARITABLE FOUNDATION

Employer identification number

27-7018900

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Transferee's name, address, and ZIP 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number THE HAMILTON COMPANY CHARITABLE FOUNDATION 27-7018900 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 See instructions) ▶ \$ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of aift (d) Description of how aift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift

Relationship of transferor to transferee

DLN: 93491134017764 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return PARKING LOT THE HAMILTON COMPANY CHARITABLE FOUNDATION 27-7018900 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 0 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2013) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (**do not** include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (f) (c) (d) (a) Date A mortization

Description of costs	amortization begins	amount I section I '		I period or I		A mortization for this year
42 A mortization of costs that b	egins during your 2	2013 tax year (see ınstruct	ions)			
43 A mortization of costs that b	egan before your 2	013 tax year			43	167
44 Total. Add amounts in colu	nn (f) See the insti	ructions for where to report			44	167
						Form 4562 (2013)

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491134017764

TY 2013 Accounting Fees Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	300	300		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491134017764

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2013 Amortization Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
ORGANIZATIONAL COSTS	2011-12-21	2,500	167	180 000000000000	167	167		334

TY 2013 Distribution from Corpus Election

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

EIN: 27-7018900

Election: TAXPAYER HEREBY ELECTS UNDER REGULATION SECTION 53.4942

(A)-3(D)(2) TO TREAT THE REMAINING QUALIFING DISTRIBUTIONS

AS DISTRIBUTIONS OUT OF CORPUS

TY 2013 Investments - Land Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
PARKING LOT	2,610,063	0	2,610,063	
ORGANIZATIONAL COSTS	2,500	334	2,166	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491134017764

TY 2013 Investments - Other Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT - MORGAN STANLEY	AT COST	1,036,504	1,036,504



TY 2013 Other Decreases Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Description	Amount
FEDERAL TAXES PAID	9,837

TY 2013 Other Expenses Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSE	0	0		0
BANK FEES	256	0		0
PROFESSIONAL FEES	6,000	0		0
OFFICE EXPENSE	103	0		0
MANAGMENT FEES	2,216	2,216		0
MISCELLANEOUS	0	0		0
INSURANCE	381	381		0
INVESTMENT INTEREST EXPENSE	2,857	2,857		0
AMORTIZATION	167	167		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491134017764

TY 2013 Other Increases Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Description	Amount
UNREALIZED GAINS / LOSSES	353,758
OTHER CHANGES IN NET ASSETS/FUND BALANCE	6,563



TY 2013 Substantial Contributors Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Name	Address		
	39 BRIGHTON AVE ALLSTON,MA 02134		

TY 2013 Taxes Schedule

Name: THE HAMILTON COMPANY CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	9,824	9,824		0
OTHER TAXES	2,864	2,864		0
PROVISION FOR STATE INCOME TAXES	540	540		0