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DLN: 93491318020157

OMB No 1545-0052

2016

Return of Private Foundation

Form 990-PF

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20	016 , aı	nd er	iding 12-31-	-2016		
		indation ILTON COMPANY CHARITABLE			A Employer Id	entification number	er	
	UNDAT				27-7018900			
		d street (or P O box number if mail is not delivered to street address HTON AVENUE) Room/suite		B Telephone nu	ımber (see ınstructio	ons)	
J	5 DKIGI	HON AVENUE			(617) 783-0039			
		n, state or province, country, and ZIP or foreign postal code IA 02134			C If exemption	application is pendii	ng, check here	
G Cl	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganizations, check h	nere	
		☐ Final return ☐ Amended return				rganızatıons meeting		
		\square Address change \square Name change			test, chec	ck here and attach co	omputation 🕨 📙	
H C	neck ty	pe of organization Section 501(c)(3) exempt private	foundation			undation status was on 507(b)(1)(A), che		
	Section	n 4947(a)(1) nonexempt charitable trust \qed Other taxable	e private foundation			· // // //		
		ket value of all assets at end J Accounting method	☐ Cash ☑ Accru	ıal		ation is in a 60-mon		
		from Part II, col (c), \$ 22,242,593	t be on cash basis)		under sectio	n 507(b)(1)(B), che	ck here	
Da	rt I	Analysis of Revenue and Expenses (The total				1	(d) Disbursements	
LL L		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	for charitable	
		equal the amounts in column (a) (see instructions))	books		income	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	4,388,779	9				
	2	Check ▶ ☐ If the foundation is not required to attach						
	_	Sch B						
	3	Interest on savings and temporary cash investments	21,762	2	21,762			
Reverue	4	Dividends and interest from securities	1.076.511		1 076 511			
	5a	Gross rents	1,076,511	-	1,076,511			
	b	Net rental income or (loss) 361,052 Net gain or (loss) from sale of assets not on line 10	5,999	2				
	6a	• , ,	3,999					
эvе	Ь	Gross sales price for all assets on line 6a5,999	9					
ž	7	Capital gain net income (from Part IV, line 2)			5,999			
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances	<u> </u>					
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	4,250)	0			
	12	Total. Add lines 1 through 11	5,497,301	L	1,104,272			
	13	Compensation of officers, directors, trustees, etc	47,000)	0			
	14	Other employee salaries and wages						
ès	15	Pension plans, employee benefits						
ens-	16a	Legal fees (attach schedule)						
Expenses	Ь	Accounting fees (attach schedule)						
e E	C	Other professional fees (attach schedule)						
ativ	17	Interest						
Str.	18	Taxes (attach schedule) (see instructions)	% 85,123	3	85,123			
and Administrative	19	Depreciation (attach schedule) and depletion	483,876	5	483,876			
Ē	20	Occupancy						
₹ Pi	21	Travel, conferences, and meetings		1				
	22	Printing and publications	as 1	1				
Operating	23	Other expenses (attach schedule)	153,105		146,460		1	
rat	24	Total operating and administrative expenses.		.]	_			
<u>8</u>		Add lines 13 through 23	769,104		715,459			
J	25	Contributions, gifts, grants paid	1,315,151	1			1,315,15	
	26	Total expenses and disbursements. Add lines 24 and 25	2,084,255	5	715,459		1,315,15	
	27	Subtract line 26 from line 12			·			
	а	Excess of revenue over expenses and	3,413,046	5				
	Ь	disbursements Net investment income (if negative, enter -0-)		1	388,813			
	c	Adjusted net income(if negative, enter -0-)		1				
Ear		work Peduation Act Natice are instructions	1	1			000 PE (221	

12 011 604

18,584,768

47

18,584,721

18,584,721

18,584,768

1,139,009

12 076 346

1,389,737

22,242,593

7.092

7,092

22,235,501

22,235,501

22,242,593

18,584,721

3.413.046

22,241,415

22,235,501 Form **990-PF** (2016)

243,648

5,914

1

2

3

4

5

6

12.167.585

1,389,737

22,242,593

Assets	

6

7

8

9 10a

b

c

11

12

13

14

15 16

17

18

19

20

21

22

23

24

25

28

29

30

31

Part III

2

3

4

Liabilities

Balances

Fund 26

ŏ

Assets 27 Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule) > _____

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Less accumulated depreciation (attach schedule) ▶ ______ 483,876

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶ \Box

and complete lines 24 through 26 and lines 30 and 31.

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquire P—Purchase D—Donation	e Date acquired	(d) Date sold (mo , day, yr)
1 a FROM K-1 - NEW ENGLA	ND REALTY ASSOCIATES LP		Р	2016-01-01	2016-12-31
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain	(h) or (loss) f) minus (g)
a	5,999				5,999
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	Gains (Col col (k), but no	(h) gain minus : less than -0-) or ·om col (h))
a					5,999
b					
c					
d					
e					
If gain, also enter in Pa in Part I, line 8	gain or (loss) as defined in sections in trick t	ons) If (loss), enter -0		3 Income	
	rivate foundations subject to the sec				
If "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🗸 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	making any er		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution ra (col (b) divided by	col (c))
2015	1,160,470		17,460,556		0 066462
2014	832,775		14,582,817		0 057107
2013	604,300		9,411,355		0 064210
2012	439,787		5,893,981		0 074616
2011	232,800		4,298,508	_	0 054158
2 Total of line 1, column (•			2	0 316553
number of years the four	o for the 5-year base period—divide ndation has been in existence if less ncharitable-use assets for 2016 fron	than 5 years	, or by the	3 4	0 063311 19,460,068
5 Multiply line 4 by line 3			🗅	5	1,232,036
. , ,	ent income (1% of Part I, line 27b)		🖯	6	3,888
				7	1,235,924
	ions from Part XII, line 4			8	1,315,151
	eater than line 7, check the box in Pa				

(b)

Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
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	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	D
Iotal. Add lines 1 through 3	Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

1.315.151

1.311.263

Form 990-PF (2016)

3.888

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

967,089

967.089

0

(d)

Page 9

)-PF (20	016)
(III	Undistributed Income (see

Form 990-PF (2016)							
Part XIII	Undistributed Income (see instruc	tions)					
 Distributab 	le amount for 2016 from Part XI. line 7						

_	CATT. Cital Scribated Tileonie (See Instrue
1	Distributable amount for 2016 from Part XI, line 7
2	Indistributed income, if any, as of the end of 2016
а	Enter amount for 2015 only
b	Total for prior years 20 , 20 , 20

3 Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

4 Qualifying distributions for 2016 from Part XII, line 4 > \$ 1,315,151 a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

From 2011.

b From 2012. . . . c From 2013. .

e From 2015. . . .

d From 2014. .

18.711

1,027,075

(a)

Corpus

697.724

9

348.062

1,045,786

18.711 151,649

135.996

103.890 287,478

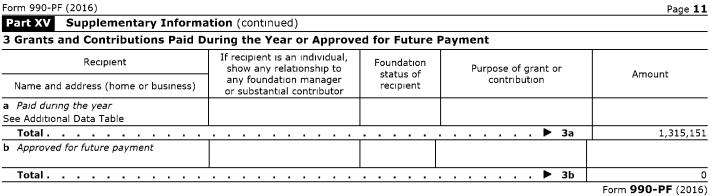
151.649

(b)

Years prior to 2015

(c)

2015



r gross	amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e) Related or exemp	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	nd contracts from government agencies					
Interes	ship dues and assessments			14	21,762	
ıvıdend	ds and interest from securities			- 1	21,702	
	inanced property					
Vet rer	ebt-financed property ntal income or (loss) from personal property	900099	25,122	16	335,930	
Gain or	r (loss) from sales of assets other than	000000	F 000			
et inco	ory	900099	5,999			
ther re	evenue					
	INCOME	900099	4,250			
 Subtota	Add columns (b), (d), and (e).		35,371		357,692	
Gubtota	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				357,692 3	393,0
Gubtota T otal. A	Add Inne 12, columns (b), (d), and (e)	ns)		1		
Subtota	Add Ine 12, columns (b), (d), and (e)	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,0
ubtota otal. A worksh t XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,0
ubtota otal. A vorksh : XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A vorksh XVII	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,0
ubtota otal. A vorksh XVII	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,0
ubtota otal. A vorksh XVII	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A vorksh : XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A worksh t XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A worksh t XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A vorksh : XVI:	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,
ubtota otal. A worksh t XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex-	ns) e Accomplishn income is reported	nent of Exemp	1 ot Purposes Part XVI-A contribu	3ited importantly to	393,

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVI	Exempt Organi	zations				· 			
	organization directly or in e Code (other than section	directly engage i					501	Yes	No
a Transfers	s from the reporting foun	dation to a noncl	harıtable ex	empt organization	of				
(1) Cas	h						1a(1)		No
` '	er assets						. 1a(2)		No
b Other tra							41.643		
	es of assets to a nonchar		_				. 1b(1)		No
	chases of assets from a r Ital of facilities, equipmer						. 1b(2)		No No
	mbursement arrangemen	·					1b(3)		No
	ns or loan guarantees.						. 1b(5)		No
	ormance of services or m						1b(6)		No
• •	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.								No
d If the an	swer to any of the above	ıs "Yes," comple	te the follow	ving schedule Colu	ımn (b) should alv	ways show the fair ma	arket value		
	ods, other assets, or ser								
in any tr	ansaction or sharing arra	ingement, snow i	n column (c	i) the value of the	goods, other asse	ts, or services receive	ea		
(a) Line No	(b) Amount involved	(c) Name of none	charitable exe	mpt organization	(d) Description of	transfers, transactions, a	nd sharıng arra	ngemen	ts
2a Is the fo	undation directly or indire	ectly affiliated wi	th, or relate	d to, one or more t	tax-exempt organi	zations			
described	d in section 501(c) of the	Code (other tha	n section 50)1(c)(3)) or in sect	ion 527? 		. \square Yes	✓ N	0
b If "Yes,"	complete the following s	chedule							
	(a) Name of organization	on	(1	b) Type of organizatio	n e	(c) Description of	f relationship		
Un	der penalties of perjury,	I declare that I h	nave examin	ed this return, incl	uding accompanyi	ng schedules and stat	ements, and	to the	best
of	my knowledge and belief	, it is true, correc							
3.g	nich preparer has any kno	owledge	ı				v the IRS discus	41	
Here	****			2017-11-13			y the IRS discus h the preparer s		
	Signature of officer or t	rustee		Date	Title	(se	e instr)? 🗹 Y	es 🗆 N	lo
	Describ/Tours	Ι Ι			<u>L</u> .				
	Print/Type preparer's	s name Pre	eparer's Sigi	nature	Date	Check if self-	IN		
						employed ▶ □	P01203	3181	
Paid	KELLY A BERARDI				2017-11-13				
Prepare	Firm's name F GRA	Y GRAY & GRAY I	I I P		I	1			
Use Onl			<u></u> -			Fır	m's EIN ▶04	-20883	868
		0 ROYALL STREE	T SUITE 10	2					
		ANTON, MA 0202	21			Ph	one no (781) 407-0	0300
	١	5.1, 52.02							

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JAMESON BROWN TRUSTEE 12,000 5 00 77 EXETER STREET APT 1002 BOSTON, MA 02116

MAURA BROWN	TRUSTEE	9,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134	1 00			
CARL VALERI	TRUSTEE	0	0	0
50 UDINE STREET ARLINGTON, MA 02174	2 00			

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

ANCENTO TON, THE OPEN				
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	1 00			

NEWBORT, MA 01951				
FREDERICK LEBOW	TRUSTEE	12,000	0	(
71 COLCHESTER STREET BROOKLINE, MA 02446	1 00			
HARLEY BROWN	ALTERNATE TRUSTEE	0	0	· ·

71 COLCHESTER STREET BROOKLINE, MA 02446	1 00		-	
HARLEY BROWN	ALTERNATE TRUSTEE	0	0	
39 BRIGHTON AVE	0 01			

BROOKLINE, MA 02446				
HARLEY BROWN	ALTERNATE TRUSTEE	0	0	
39 BRIGHTON AVE	0 01			

HARLEY BROWN	ALTERNATE TRUSTEE	0	0	
39 BRIGHTON AVE ALLSTON, MA 02134	0 01			
RONALD BROWN	TRUSTEE	14,000	0	

1 00

39 BRIGHTON AVE ALLSTON, MA 02134

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

N/A

N/A

N/A

N/A

BOSTON, MA 02111 ALLSTON BRIGHTON CDC

COLLABORATIVE

161 HARVARD AVE ALLSTON, MA 02134

Total .

За

ABUSE TE

20 LINDEN ST SUITE 288 ALLSTON, MA 02134

ALLSTON BRIGHTON HEALTH

20 LINDEN ST SUITE 288 ALLSTON, MA 02134

20 LINDEN ST SUITE 288 ALLSTON, MA 02134

ALLSTON BRIGHTON SUBSTANCE

ALLSTON VILLAGE MAIN STREET

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
ACTION FOR BOSTON COMMUNITY	N/A	DC.	CENERAL	

	or substantial contributor			
a Paid during the year				
ACTION FOR BOSTON COMMUNITY DEVELOPMENT INC 178 TREMONT STREET	N/A	PC	GENERAL	5,000

PC

PC

PC

PC

GENERAL

GENERAL

GENERAL

GENERAL

11,000

2,000

2,500

10,000

1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN CANCER SOCIETY ROAD RACE 125 S HUNTINGTON AVE BOSTON, MA 02130	N/A	PC	GENERAL	500
AMOS HOUSE CHARITY GOLF TOURNAMENT 460 PINE ST PROVIDENCE, RI 02907	N/A	PC	GENERAL	750
BARRY L PRICE REHABILITATION CENTER 38 BORDER ST NEWTON, MA 02465	N/A	PC	GENERAL	10,000
BAY COVE ACADEMY 156 LAWTON ST BROOKLINE, MA 02446	N/A	PC	GENERAL	5,000
BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY 41 BERKELEY ST BOSTON, MA 02116	N/A	PC	GENERAL	35,000
Total				1,315,151

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
BENSON-HENRY INSTITUTE FOR MIND BODY MEDICINE 151 MERRIMAC ST BOSTON, MA 02114	N/A	PC	GENERAL	15,000
BEST BUDDIES 45 BROMFIELD ST STE 301 BOSTON, MA 02108	N/A	PC	GENERAL	500
BOSTON CENTER - YOUTH & FAMILIES 1483 TREMONT STREET ROXBURY CROSSING, MA 02120	N/A	PC	GENERAL	1,000
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PI BOSTON, MA 02118	N/A	PC	GENERAL	5,000
BOSTON MIDSUMMER OPERA PO BOX 301 CHARLES STREET STATION BOSTON, MA 02114	N/A	PC	GENERAL	3,000
Total				1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOSTON PHILHARMONIC ORCHESTRA N/A PC. GENERAL 15,000 295 HUNTINGTON AVE SUITE 210 BOSTON, MA 02116 N/A PC BOSTON WINTER BALL CORPORATION **GENERAL** 15,000 401 OCEAN ROAD NARRAGANSETT, RI 02882 PC **GENERAL** 6,000 BOYS AND GIRLS CLUB OF MIDDLESEX N/A COUNTY 119 WINDSOR ST 8 CAMBRIDGE, MA 02139 BRIDGE OVER TROUBLED WATERS INC N/A PC **GENERAL** 5,000 68 WAVERLY ST BRIGHTON, MA 02135 PC BRIGHAM AND WOMEN'S SOLOMON N/A **GENERAL** 1.000 **SCHOLARS** 1335 RIVER ST HYDE PARK, MA 02136

Total . . 3a 1,315,151

Form 990PF Part XV Line 3 - Gran	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year		\Box		
BRIGHTON MAIN STREETS 358 WASHINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	1,000
BROOKLINE COMMUNITY FOUNDATION 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	51,901
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 41 GARRISON ROAD BROOKLINE, MA 02445	N/A	PC	GENERAL	25,000
BROOKLINE MUSIC SCHOOL 25 KENNARD ROAD BROOKLINE, MA 02445	N/A	PC	GENERAL	10,000
BROOKLINE YOUTH FUND 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	4,000
Total				1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BUILD GREATER BOSTON N/A PC GENERAL 20,000 6 BEACON STREET SUITE 415 BOSTON, MA 02108 CARE DIMENSIONS N/A PC **GENERAL** 10,000 75 SYLVAN ST STE B-102 DANVERS, MA 01923 CAREER COLLABORATIVE INC. N/A PC **GENERAL** 20,000 77 SUMMER STREET 11TH FLOOR BOSTON, MA 02110 CARITAS COMMUNITIES N/A PC **GENERAL** 7,500 25 BRAINTREE HILL PARK 206 BRAINTREE, MA 02184 CARROL CENTER FOR THE BLIND N/A PC GENERAL 15,000 770 CENTRE STREET NEWTON, MA 02458

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER STREET FOOD PANTRY N/A PC **GENERAL** 5,000 11 HOMER STREET NEWTON CENTER, MA 02459 CHARLES RIVER CONSERVANCY N/A PC GENERAL 2,500 S3-3 43 THORNDIKE STREET CAMBRIDGE, MA 02141 CITIZENS SCHOOL N/A PC **GENERAL** 10,000 308 CONGRESS STREET BOSTON, MA 02210 CITY KIDS INC N/A PC **GENERAL** 5,000 5669 N NORTHWEST HIGHWAY CHICAGO, IL 60646 COOLIDGE CORNER THEATRE N/A PC **GENERAL** 10,000 290 HARVARD ST BROOKLINE, MA 02446

Total . .

Form 990PF Part XV Line 3 - Gran	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	40,000		
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY, MA 02332	N/A	PC	GENERAL	15,000		
CYSTIC FIBROSIS LIFESTYLE FOUNDATION PO BOX 1344 BURLINGTON, VT 05402	N/A	PC	GENERAL	15,000		
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02115	N/A	PC	GENERAL	5,000		
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	N/A	PC	GENERAL	1,000		
Total				1,315,151		

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DOC WAYNE 418 COMMONWEALTH AVE BOSTON, MA 02215	N/A	PC	GENERAL	10,000
EMERALD NECKLACE CONSERVANCY 125 FENWAY BOSTON, MA 02115	N/A	PC	GENERAL	10,000
ESPERANZA ACADEMY 198 GARDEN STREET LAWRENCE, MA 01840	N/A	PC	GENERAL	20,000
FAMILY NURTURING CENTER OF MASSACHUSETTS 200 BOWDOIN ST DORCHESTER, MA 02122	N/A	PC	GENERAL	5,000
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 529 MAIN STREET SUITE 1M3 BOSTON, MA 02129	N/A	PC	GENERAL	5,000

FAMILY NURTURING CENTER OF MASSACHUSETTS 200 BOWDOIN ST DORCHESTER, MA 02122	N/A	PC	GENERAL	5,000
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 529 MAIN STREET SUITE 1M3 BOSTON, MA 02129	N/A	PC	GENERAL	5,000

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FIRST LITERACY 160 BOYLSTON ST 2 N/A PC **GENERAL** 5.000 BOSTON, MA 02116 N/A PC **GENERAL** 25,000 FRANCISCAN HOSPITAL FOR CHILDREN 30 WARREN STREET

BRIGHTON, MA 02135				
FRIENDSHIP HOME INC 458 MAIN STREET NORWELL, MA 02061	N/A	PC	GENERAL	10,000
FULLER CRAFT MUSEUM 455 OAK STREET BROCKTON, MA 02301	N/A	PC	GENERAL	7,500
GARDNER PILOT ACADEMY 30 ATHOL ST	N/A	PC	GENERAL	15,000

ALLSTON, MA 02134

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GODDARD HOUSE ASSISTED LIVING N/A PC GENERAL 8,500 165 CHESTNUT STREET BROOKLINE, MA 02445 GOLF FIGHTS CANCER N/A PC GENERAL 10,000 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766 HANDEL AND HAYDEN SOCIETY N/A PC **GENERAL** 7,500 9 HARCOURT STREET BOSTON, MA 02116 HOME FOR LITTLE WANDERERS N/A PC **GENERAL** 25,000 10 GUEST STREET BOSTON, MA 02135 HORIZONS FOR HOMELESS CHILDREN N/A PC GENERAL 20,000 1705 COLUMBUS AVENUE

ROXBURY, MA 02119

Total .

form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JOHN H BARRY BOYS & GIRLS CLUB OF NEWTON 675 WATERTOWN STREET NEWTON, MA 02460	N/A	PC	GENERAL	5,000
JUNIOR ACHIEVEMENT NORTHERN NEW ENGLAND 400 5TH AVE WALTHAM, MA 02451	N/A	PC	GENERAL	1,000
KIDS CLOTHES CLUB INC 120 CYPRESS STREET BROOKLINE, MA 02445	N/A	PC	GENERAL	20,000
MAB COMMUNITY SERVICES 200 IVY STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	30,000
MASSACHUSETTS COALITION FOR THE HOMELESS 15 BUBIER ST LYNN, MA 01901	N/A	PC	GENERAL	10,000
Total				1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MASSACHUSETTS GENERAL HOSPITAL N/A PC GENERAL 50,000 55 FRUIT STREET BOSTON, MA 02114

2,000

5,000

5,000

2,500

1,315,151

METROPOLITAN CHORALE PO BOX 1428 N/A PC GENERAL

MISTRAL MUSIC INC. PO BOX 5075 N/A PC GENERAL

MISTRAL MUSIC INC PO BOX 5075
ANDOVER, MA 01810

MOUNT AUBURN HOSPITAL
330 MOUNT AUBURN STREET
CAMBRIDGE, MA 02138

N/A

PC

GENERAL

GENERAL

Total

3a

MOUNT AUBURN HOSPITAL
330 MOUNT AUBURN STREET
CAMBRIDGE, MA 02138

MYSTIC RIVER WATERSHED
ASSOCIATION
20 ACADEMY ST 306
ARLINGTON, MA 02476

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIVITY PREPARATORY SCHOOL N/A PC **GENERAL** 15,000 39 LAMARTINE ST JAMAICA PLAIN, MA 02130 N/A PC GENERAL NEW ENGLAND CONSERVATORY 15,000 290 HUNTINGTON AVE BOSTON, MA 02115 NORTHEASTERN UNIVERSITY N/A PC **GENERAL** 5,000 360 HUNTINGTON AVE BOSTON, MA 02115 OPERATION ABLE OF GREATER BOSTON N/A PC **GENERAL** 5,000 174 PORTLAND STREET BOSTON, MA 02114 PERKINS SCHOOL FOR THE BLIND N/A PC **GENERAL** 10,000

175 N BEACON ST WATERTOWN, MA 02472

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PMC JIMMY FUND N/A PC **GENERAL** 7,500 10 BROOKLINE PLACE WEST 6TH FLOOR

BROOKLINE, MA 02445				
PRESENTATION SCHOOL INC 634 WASHINGTON STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	

BRIGHTON, MA 02133				
PROGRAMS FOR PEOPLE 98 LINCOLN ST FRAMINGHAM, MA 01702	N/A	PC	GENERAL	

3a

PROGRAMS FOR PEOPLE 98 LINCOLN ST FRAMINGHAM, MA 01702	N/A	PC	GENERAL	5,000
RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474	N/A	PC	GENERAL	20,000

RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474	N/A	PC	GENERAL	20,000
ROGERSON HOUSE 1 FLORENCE STREET	N/A	PC	GENERAL	25,000

30,000

RIGHT TURN INC 299 BROADWAY ARLINGTON, MA 02474	N/A	PC	GENERAL	20,0
ROGERSON HOUSE 1 FLORENCE STREET	N/A	PC	GENERAL	25,0

ARLINGTON, MA 02474				
ROGERSON HOUSE 1 FLORENCE STREET ROSLINDALE, MA 02131	N/A	PC	GENERAL	25

Total				1 315 151
1 FLORENCE STREET ROSLINDALE, MA 02131				
ROGERSON HOUSE	N/A	PC	GENERAL	25

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116	N/A	PC	GENERAL	10,000
SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE, MA 02066	N/A	PC	GENERAL	20,000
SHERRILL HOUSE 135 S HUNTINGTON AVE JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	15,000
SOCIAL CAPITAL INC 165 NEW BOSTON ST WOBURN, MA 01801	N/A	PC	GENERAL	5,000
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	10,000
Total				1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST FRANCIS HOUSE N/A PC GENERAL 10,000 39 BOYLSTON STREET BOSTON, MA 02116 PC SUPPORTIVE LIVING 17 WARREN AVE N/A **GENERAL** 5,000 WOBURN, MA 01801 THE BOSTON FOUNDATION N/A PC GENERAL 25,000 75 ARLINGTON STREET 10TH FLOOR BOSTON, MA 02116 THE FORSYTH INSTITUTE 245 FIRST ST N/A PC **GENERAL** 5,000 CAMBRIDGE, MA 02142 PC THIRD SECTOR NEW ENGLAND INC N/A GENERAL 20,000 89 SOUTH STREET SUITE 700 BOSTON, MA 02111

Total

3a

1,315,151

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TITO JACKSON COMMUNITY FUND N/A PC. GENERAL 10,000 INCORPORATED 185 DEVONSHIRE STREET SUITE 200 BOSTON, MA 02110 UMASS DARTMOUTH FOUNDATION N/A PC GENERAL 5,000 285 OLD WESTPORT RD NORTH DARTMOUTH, MA 02747 N/A PC URBAN COLLEGE OF BOSTON **GENERAL** 45,000 178 TREMONT STREET BOSTON, MA 02116 WEST END HOUSE N/A PC **GENERAL** 200.000 105 ALLSTON STREET ALLSTON, MA 02134 PC WHEELOCK COLLEGE - WHEELOCK N/A **GENERAL** 20,000 PASSION FOR ACTION 100 HEBRON STREET MATTAPAN, MA 02126 1,315,151 Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WHITTIER STREET HEALTH CENTER N/A PC GENERAL 5,000 COMMITTEE 1290 TREMONT ST ROXBURY, MA 02120 N/A PC. WINSHIP SCHOOL PARENT COUNCIL GENERAL 5,000 54 DIGHTON ST BRIGHTON, MA 02135 YEAR UP GREATER BOSTON 45 MILK ST PC N/A GENERAL 10,000 BOSTON, MA 02109 YMCA OF GREATER BOSTON N/A PC **GENERAL** 15,000 316 HUNTINGTON AVE BOSTON, MA 02115 ZOO NEW ENGLAND N/A PC GENERAL 2,500 1 FRANKLIN PARK RD

BOSTON, MA 02120

Total . . 1,315,151

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491318020157 TY 2016 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 OUALIFING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

TY 2016 Investments -	Other Schedule	_
	Name: THE HAMILTON COMPANY CHARITABLE	

DLN: 93491318020157

EIN : 27-7			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT - MORGAN STANLEY	AT COST	1,389,737	1,389,737

FOUNDATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318020157	
TY 2016 Other Decreases Schedule				
Name:	THE HAMILTO	N COMPANY CHARITABLE		
ı	FOUNDATION			
EIN:	27-7018900			
De	escription		Amount	
PROVISION FOR FEDERAL TAXES			5,914	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	.N: 93491318020157	
TY 2016 Other Expenses Schedule					
Name:	THE HAMILTON	COMPANY CHAR	ITABLE		
	FOUNDATION				
EIN:	27-7018900				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT EXPENSE	0	0		0	
BANK FEES	383	0		0	
PROFESSIONAL FEES	6,200	0		0	

62

0

41,919

11,316

14,824

33,443

37,853

0

0

41,919

11,316

14,824

33,443

37,853

0

0

0

0

0

OFFICE EXPENSE

GOODS & SERVICES

REPAIRS AND MAINTENANCE

MANAGMENT FEES

INSURANCE

CLEANING

UTILITIES

Description
Revenue and Expenses per Books
Revenue and Expenses per Books
Revenue and Expenses per Books
Revenue and Expenses per Income
Revenue and Expenses per Income
Solution
Solut

3,218

3.414

167

3,218

3,414

167

Other Expenses Schedule

INVESTMENT INTEREST EXPENSE

MISC EXPENSES

AMORTIZATION

Name: THE HAMILTON COMPANY CHARITABLE

FOUNDATION

OTHER INCOME

EIN: 27-7018900 Other Income Schedule

4,250

Net Investment Income

Adjusted Net Income

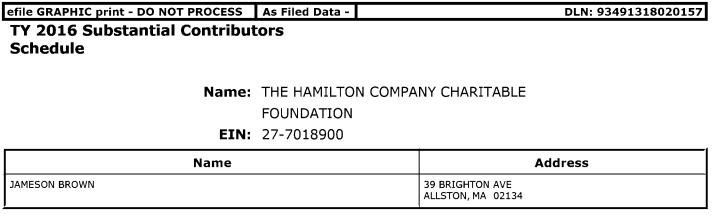
DLN: 93491318020157

4,250

Description

Revenue And **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318020157		
TY 2016 Other Increases Sche	TY 2016 Other Increases Schedule				
Name:	THE HAMILTO	N COMPANY CHARITABLE			
	FOUNDATION				
EIN:	27-7018900				
De	escription		Amount		
UNREALIZED GAINS / LOSSES			243,600		
OTHER CHANGES IN NET ASSETS/FUND	BALANCE		48		



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491318020157
TY 2016 Taxes Schedule				
				l
Name:	THE HAMILT	ON COMPANY CHA	ARITABLE	l
	FOUNDATIO	N		l
EIN:	27-7018900			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	5,000	5,000		0
OTHER TAXES	78,945	78,945		0
PROVISION FOR STATE INCOME TAXES	1,178	1,178		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491318020157					
Schedule B	Schedule of Contributors			OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	00-PF) tracent of the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at				
Name of the organizat			Employer ide	entification number	
FOUNDATION			27-7018900		
Organization type (ch	ck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organiz	zation			
	4947(a)(1) nonexempt charitable	trust not treated as a private founda	ation		
	☐ 527 political organization				
Form 990-PF		on			
	4947(a)(1) nonexempt charitable	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation	on			
	ation filing Form 990, 990-EZ, or 990-PF tha property) from any one contributor. Comple				
Special Rules					
under sections : received from a	ion described in section 501(c)(3) filing Form i09(a)(1) and 170(b)(1)(A)(vi), that checked in ity one contributor, during the year, total cont is 1h, or (ii) Form 990-EZ, line 1 Complete I	Schedule A (Form 990 or 990-EZ), F ributions of the greater of (1) \$5,000	Part II, line 13, 1	16a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$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)					
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X Sched	ule B (Form 990,	990-EZ, or 990-PF) (2016)	

Schedule B (For	m 990, 990-EZ, or 990-PF) (2016)		Page 2
THE HAMILTON COMPANY CHARITABLE FOUNDATION		Employer identification 27-7018900	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad-	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HAROLD BROWN CHARITABLE LEAD & ANNUITY TRUST		Person 🗸
	39 BRIGHTON AVE	\$ 4,388,779	Noncash
	ALLSTON, MA 02134		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	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
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions)
			

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE HAMILTON COMPANY CHARITABLE FOUNDATION		Employer identification number	
		27-70	18900
Part II	Noncash Property		_
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization THE HAMILTON COMPROUNDATION			Employer identification number 27-7018900
than \$1,0 organıza the year.	000 for the year from any one contributo	or. Complete columns (a) through of exclusively religious, charing the suctions.) • \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift ZIP 4 ———————————————————————————————————	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and		Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)