

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE HAMILTON COMPANY CHARITABLE FOUNDATION		A Employer identification number 27-7018900	
Number and street (or P O box number if mail is not delivered to street address) 39 BRIGHTON AVENUE		Room/suite	B Telephone number (see instructions) (617) 783-0039
City or town, state or province, country, and ZIP or foreign postal code ALLSTON, MA 02134		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 24,079,595		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	4,413,779			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	41,798	41,798		
	4 Dividends and interest from securities				
	5a Gross rents	1,103,752	1,103,752		
	b Net rental income or (loss) 435,382				
	6a Net gain or (loss) from sale of assets not on line 10	18,951			
	b Gross sales price for all assets on line 6a 18,951				
	7 Capital gain net income (from Part IV, line 2)		18,951		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	5,578,280	1,164,501		
	13 Compensation of officers, directors, trustees, etc	56,400	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	80,684	80,684		0
	19 Depreciation (attach schedule) and depletion	438,583	438,583		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	159,600	149,103		0
	24 Total operating and administrative expenses. Add lines 13 through 23	735,267	668,370		0
	25 Contributions, gifts, grants paid	3,306,928			3,306,928
	26 Total expenses and disbursements. Add lines 24 and 25	4,042,195	668,370		3,306,928
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,536,085			
	b Net investment income (if negative, enter -0-)		496,131		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	8,776,510	10,704,101	10,636,544		
	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					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ 12,131,645 Less accumulated depreciation (attach schedule) ▶ 438,583	12,076,346	11,693,062	11,760,619		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	1,389,737	1,682,432	1,682,432		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	22,242,593	24,079,595	24,079,595			
Liabilities	17	Accounts payable and accrued expenses	7,092	11,622			
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	7,092	11,622			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	22,235,501	24,067,973			
	30	Total net assets or fund balances (see instructions)	22,235,501	24,067,973			
31	Total liabilities and net assets/fund balances (see instructions) .	22,242,593	24,079,595				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	22,235,501
2	Enter amount from Part I, line 27a	2	1,536,085
3	Other increases not included in line 2 (itemize) ▶ _____	3	305,892
4	Add lines 1, 2, and 3	4	24,077,478
5	Decreases not included in line 2 (itemize) ▶ _____	5	9,505
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	24,067,973

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a FROM K-1 - NEW ENGLAND REALTY ASSOCIATES LP	P	2017-01-01	2017-12-31
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 18,951			18,951
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			18,951
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 3em; margin-left: 5px;">}</div> </div>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">2</div>	18,951
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<div style="font-size: 3em; margin-right: 5px;">{</div> <div></div> <div style="font-size: 3em; margin-left: 5px;">}</div>	<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3</div>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,311,263	19,460,068	0 067382
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
2 Total of line 1, column (d)			0 329777
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 065955
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			21,666,314
5 Multiply line 4 by line 3			1,429,002
6 Enter 1% of net investment income (1% of Part I, line 27b)			4,961
7 Add lines 5 and 6			1,433,963
8 Enter qualifying distributions from Part XII, line 4			3,306,928

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	4,961
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,961
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,961
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	3,920
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	3,920
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	52
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	1,093
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c 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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes
b 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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	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? <i>If "No," attach explanation</i> .	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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		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? Website address N/A	13	Yes	
14	The books are in care of JAMESON BROWN Telephone no (617) 783-0039			

Located at **39 BRIGHTON AVE ALLSTON MA** ZIP+4 **02134**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 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____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 2017? 4b			No

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

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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

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

Total number of other employees paid over \$50,000. **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

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

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. **0**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,833,169
b	Average of monthly cash balances.	1b	8,402,470
c	Fair market value of all other assets (see instructions).	1c	11,760,619
d	Total (add lines 1a, b, and c).	1d	21,996,258
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	21,996,258
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	329,944
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	21,666,314
6	Minimum investment return. Enter 5% of line 5.	6	1,083,316

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

1	Minimum investment return from Part X, line 6.	1	1,083,316
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	4,961
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	4,544
c	Add lines 2a and 2b.	2c	9,505
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,073,811
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,073,811
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	1,073,811

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	3,306,928
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	3,306,928
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	4,961
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,301,967

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,073,811
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	151,649			
b From 2013.	135,996			
c From 2014.	103,890			
d From 2015.	287,478			
e From 2016.	348,062			
f Total of lines 3a through e.	1,027,075			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>3,306,928</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				1,073,811
e Remaining amount distributed out of corpus	2,233,117			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,260,192			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
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).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	151,649			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,108,543			
10 Analysis of line 9				
a Excess from 2013.	135,996			
b Excess from 2014.	103,890			
c Excess from 2015.	287,478			
d Excess from 2016.	348,062			
e Excess from 2017.	2,233,117			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JAMESON BROWN 39 BRIGHTON AVE ALLSTON, MA 02134 (617) 783-0039	
b The form in which applications should be submitted and information and materials they should include NONE	
c Any submission deadlines NONE	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE	

Part XV **Supplementary Information** (continued)**3 Grants 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	3,306,928
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVII

		Yes	No
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1a(1)	No
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1a(2)	No
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1b(1)	No
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1b(2)		No
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1b(3)		No
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1b(4)		No
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1b(5)	No
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1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

***** 2018-11-15 ***** May the IRS discuss this return with the preparer shown

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	KELLY A BERARDI		2018-11-07		
	Firm's name ▶ GRAY GRAY & GRAY LLP				Firm's EIN ▶ 04-2088368

Print/Type preparer's name KELLY A BERARDI	Preparer's Signature	Date 2018-11-07	Check if self-employed ► <input type="checkbox"/>	PTIN P01203181
Firm's name ► GRAY GRAY & GRAY LLP				Firm's EIN ► 04-2088368
Firm's address ► 150 ROYALL STREET SUITE 102 CANTON, MA 02021				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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMESON BROWN	TRUSTEE 5 00	12,000	0	0
77 EXETER STREET APT 1002 BOSTON, MA 02116				
MAURA BROWN	TRUSTEE 1 00	12,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				
CARL VALERI	TRUSTEE 2 00	0	0	0
50 UDINE STREET ARLINGTON, MA 02174				
ROBERT SOMMA	TRUSTEE 1 00	0	0	0
11 LOW STREET NEWBURY, MA 01951				
FREDERICK LEBOW	TRUSTEE 1 00	12,000	0	0
71 COLCHESTER STREET BROOKLINE, MA 02446				
HARLEY BROWN	ALTERNATE TRUSTEE 0 01	6,400	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				
RONALD BROWN	TRUSTEE 1 00	14,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLSTON BIRHGTON SOCCER ASSOCIATION 12 CAROL AVE APT 5 BRIGHTON, MA 02135	N/A	PC	GENERAL	2,500
ALLSTON BRIGHTON CDC 20 LINDEN ST SUITE 288 ALLSTON, MA 02134	N/A	PC	GENERAL	11,000
ALLSTON BRIGHTON SUBSTANCE ABUSE TF 20 LINDEN ST SUITE 288 ALLSTON, MA 02134	N/A	PC	GENERAL	2,500
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASIA COMMUNITY DEVELOPMENT CORPORATION 38 OAK STREET BOSTON, MA 02111	N/A	PC	GENERAL	2,500
BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY 41 BERKELEY ST BOSTON, MA 02116	N/A	PC	GENERAL	35,000
BENSON-HENRY INSTITUTE FOR MIND BODY MEDICINE 151 MERRIMAC ST BOSTON, MA 02114	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BETH ISREAL DEACONESS HOSPITAL PLYMOUTH 275 SANDWICH STREET PLYMOUTH, MA 02360	N/A	PC	GENERAL	10,000
BIG BROTHER BIG SISTER OF MASS BAY 75 FEDERL STREET BOSTON, MA 02110	N/A	PC	GENERAL	10,000
BOSTON CHAMBER MUSIC SOCIETY 60 GORE STREET SUITE 2 CAMBRIDGE, MA 02141	N/A	PC	GENERAL	2,500
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON CHILDREN'S HOSPITAL TRUST 401 PARK DRIVE SUITE 602 BOSTON, MA 02115	N/A	PC	GENERAL	5,000
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 ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON PHILHARMONIC ORCHESTRA 295 HUNTINGTON AVE SUITE 210 BOSTON, MA 02116	N/A	PC	GENERAL	15,000
BOSTON WINTER BALL CORPORATION 401 OCEAN ROAD NARRAGANSETT, RI 02882	N/A	PC	GENERAL	17,400
BRIDGE OVER TROUBLED WATERS INC 68 WAVERLY ST BRIGHTON, MA 02135	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKLINE ARTS CENTER 86 MONMOUTH STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	10,000
BROOKLINE COMMUNITY FOUNDATION 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	55,000
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 41 GARRISON ROAD BROOKLINE, MA 02445	N/A	PC	GENERAL	25,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKLINE HUB INC 164 WASHINGTON STREET NEWTON, MA 02458	N/A	PC	GENERAL	5,000
BROOKLINE MULTI SERVICE SENIOR CENTER 93 WINCHESTER STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	6,000
BROOKLINE YOUTH FUND 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	2,500
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARE DIMENSIONS 75 SYLVAN ST STE B-102 DANVERS, MA 01923	N/A	PC	GENERAL	10,000
CAREER COLLABORATIVE INC 77 SUMMER STREET 11TH FLOOR BOSTON, MA 02110	N/A	PC	GENERAL	25,000
CARITAS COMMUNITIES 25 BRAINTREE HILL PARK 206 BRAINTREE, MA 02184	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARROL CENTER FOR THE BLIND 770 CENTRE STREET NEWTON, MA 02458	N/A	PC	GENERAL	15,000
CENTER STREET FOOD PANTRY 11 HOMER STREET NEWTON CENTER, MA 02459	N/A	PC	GENERAL	10,000
CHAMELEO ARTS ENSEMBLE OF BOSTON 6 ROCKY NOOK TERRACE JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	1,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARLES RIVER CONSERVANCY S3-3 43 THORNDIKE STREET CAMBRIDGE, MA 02141	N/A	PC	GENERAL	4,750
CITIZENS SCHOOL 308 CONGRESS STREET BOSTON, MA 02210	N/A	PC	GENERAL	10,000
CITY KIDS INC 5669 N NORTHWEST HIGHWAY CHICAGO, IL 60646	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ACTION AGENCY OF SOMERVILLE 66 UNION SQUARE SOMERVILLE, MA 02143	N/A	PC	GENERAL	5,000
COMMUNITY ARTS ADVOCATES 39 BOBESON STREET BOSTON, MA 02130	N/A	PC	GENERAL	2,875
COMMUNITY ROWING 20 NONANTUM ROAD BRIGHTON, MA 02135	N/A	PC	GENERAL	1,000
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COOLIDGE CORNER THEATRE FOUNDATION 290 HARVARD ST BROOKLINE, MA 02446	N/A	PC	GENERAL	5,000
COOPERATIVE METROPOLITAN MINISTRIES 474 CENTRE STREET NEWTON, MA 02458	N/A	PC	GENERAL	5,000
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	40,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY, MA 02332	N/A	PC	GENERAL	15,000
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02115	N/A	PC	GENERAL	5,000
DOC WAYNE418 COMMONWEALTH AVE BOSTON, MA 02215	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DREAMFAR HIGH SCHOOL MARATHON 27 SCOTNEY ROAD CHESTNUT HILL, MA 02467	N/A	PC	GENERAL	5,000
EAST BOSTON SAVINGS BANK CHARITABLE FOUNDATION 67 PROSPECT STREET PEABODY, MA 01960	N/A	PC	GENERAL	500
EMERALD NECKLACE CONSERVANCY 125 FENWAY BOSTON, MA 02115	N/A	PC	GENERAL	10,000
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESPERANZA ACADEMY 198 GARDEN STREET LAWRENCE, MA 01840	N/A	PC	GENERAL	20,000
FALMOUTH DOG PARKS 257 BRICK KILN RD EAST FALMOUTH, MA 02536	N/A	PC	GENERAL	2,000
FAMILY NURTURING CENTER OF MASSACHUSETTS 200 BOWDOIN ST DORCHESTER, MA 02122	N/A	PC	GENERAL	5,000
Total 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 529 MAIN STREET SUITE 1M3 BOSTON, MA 02129	N/A	PC	GENERAL	5,000
FENWAY COMMUNITY DEVELOPMENT CORP 70 BURBANK STREET BOSTON, MA 02115	N/A	PC	GENERAL	5,000
FIRST LITERACY160 BOYLSTON ST 2 BOSTON, MA 02116	N/A	PC	GENERAL	5,000
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FRANCISCAN HOSPITAL FOR CHILDREN 30 WARREN STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	80,000
FREELANCE PLAYERS 670 CENTRE STREET JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	2,000
FRIENDSHIP HOME INC 458 MAIN STREET NORWELL, MA 02061	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FULLER CRAFT MUSEUM 455 OAK STREET BROCKTON, MA 02301	N/A	PC	GENERAL	7,500
GODDARD HOUSE ASSISTED LIVING 165 CHESTNUT STREET BROOKLINE, MA 02445	N/A	PC	GENERAL	8,500
GOLF FIGHTS CANCER 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766	N/A	PC	GENERAL	10,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRANADA HOUSE70 ADAMSON STREET ALLSTON, MA 02134	N/A	PC	GENERAL	3,000
HAMILTON CHARITABLE CORP 39 BRIGHTON AVE ALLSTON, MA 02134	N/A	PC	GENERAL	1,768,903
HANDEL AND HAYDEN SOCIETY 9 HARCOURT STREET BOSTON, MA 02116	N/A	PC	GENERAL	7,500
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING HANDS MONKEY HELPERS 557 CAMBRIDGE STREET ALLSTON, MA 02134	N/A	PC	GENERAL	2,500
HMS MEDSCIENCE210 LONGWOOD AVE BOSTON, MA 02115	N/A	PC	GENERAL	5,000
HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135	N/A	PC	GENERAL	25,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	N/A	PC	GENERAL	20,000
HOUSING FAMILIES919 EASTERN AVE MALDEN, MA 02148	N/A	PC	GENERAL	5,000
JEWISH COMMUNITY HOUSTING FOR THE ELDERLY 30 WALLINGFORD RD BRIGHTON, MA 02135	N/A	PC	GENERAL	25,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHN H BARRY BOYS & GIRLS CLUB OF NEWTON 675 WATERTOWN STREET NEWTON, MA 02460	N/A	PC	GENERAL	7,500
JUSTICE RESOURCE INSTITUTE 160 GOULD STREET SUITE 300 NEEDHAM, MA 02494	N/A	PC	GENERAL	5,000
KIDS CLOTHES CLUB INC 120 CYPRESS STREET BROOKLINE, MA 02445	N/A	PC	GENERAL	20,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LABOURE COLLEGE303 ADAMS STREET MILTON, MA 02186	N/A	PC	GENERAL	5,000
LEARN LIVE LOVE CANCER OUTREACH PO BOX 292 SCITUATE, MA 02066	N/A	PC	GENERAL	5,000
MAB COMMUNITY SERVICES 200 IVY STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	30,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASS SCHOOL FOR THE BLIND 299 IVY STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	5,000
MASS YOUTH COMMITTED TO WINNING PO BOX 260417 BOSTON, MA 02126	N/A	PC	GENERAL	5,000
MASSACHUSETTS COALITION FOR THE HOMELESS 15 BUBIER ST LYNN, MA 01901	N/A	PC	GENERAL	10,000
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	N/A	PC	GENERAL	50,000
METROPOLITAN CHORALEPO BOX 1428 BROOKLINE, MA 02446	N/A	PC	GENERAL	2,000
MISTRAL MUSIC INCPO BOX 5075 ANDOVER, MA 01810	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIT77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02142	N/A	PC	GENERAL	35,000
MYSTIC RIVER WATERSHED ASSOCIATION 20 ACADEMY ST 306 ARLINGTON, MA 02476	N/A	PC	GENERAL	3,500
NATIONAL TAY-SACHS & ALLIED DISEASES 2001 BEACON STREET 204 BRIGHTON, MA 02135	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120	N/A	PC	GENERAL	5,000
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVE BOSTON, MA 02115	N/A	PC	GENERAL	20,000
NEWTON COMMUNITY SERVICE CENTER 492 WALTHAM STREET WEST NEWTON, MA 02465	N/A	PC	GENERAL	2,500
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	N/A	PC	GENERAL	20,000
OAK SQUARE YMCA 615 WASHINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	15,000
OPERATION ABLE OF GREATER BOSTON 174 PORTLAND STREET BOSTON, MA 02114	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OPERATION WARM INC 6 DICKINSON DR 314 CHADDS FORD, PA 19317	N/A	PC	GENERAL	1,000
PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472	N/A	PC	GENERAL	10,000
PIERS PARK SAILING CENTER 95 MARGINAL STREET BOSTON, MA 02128	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PMC JIMMY FUND 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	N/A	PC	GENERAL	7,500
PROGRAMS FOR PEOPLE98 LINCOLN ST FRAMINGHAM, MA 01702	N/A	PC	GENERAL	5,000
PROJECT PLACE 1145 WASHINGTON STREET SUITE 2 BOSTON, MA 02118	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROSPECT HILL ACADEMY 50 ESSEX STREET CAMBRIDGE, MA 02139	N/A	PC	GENERAL	5,000
RIGHT TURN INC299 BROADWAY ARLINGTON, MA 02474	N/A	PC	GENERAL	25,000
ROGERSON HOUSE1 FLORENCE STREET ROSLINDALE, MA 02131	N/A	PC	GENERAL	15,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	25,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	10,000
ST FRANCIS HOUSE 39 BOYLSTON STREET BOSTON, MA 02116	N/A	PC	GENERAL	10,000
STEPS TO SUCCESS24 WEBSTER PL BROOKLINE, MA 02445	N/A	PC	GENERAL	20,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUPPORTIVE LIVING17 WARREN AVE WOBURN, MA 01801	N/A	PC	GENERAL	5,000
THE FISHING ACADEMY16 ADAIR RD BRIGHTON, MA 02135	N/A	PC	GENERAL	1,000
THE FORSYTH INSTITUTE245 FIRST ST CAMBRIDGE, MA 02142	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FUND FOR PARKS AND RECREATION 1010 MASSACHUSETTS AVE 3 BOSTON, MA 02118	N/A	PC	GENERAL	10,000
THE JETT FOUNDATION 36 CORDAGE PARK CIRCLE SUITE 328 PLYMOUTH, MA 02360	N/A	PC	GENERAL	10,000
THE NEXT STEP FUND 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	N/A	PC	GENERAL	5,000
Total ► 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TITO JACKSON COMMUNITY FUND INCORPORATED 185 DEVONSHIRE STREET SUITE 200 BOSTON, MA 02110	N/A	PC	GENERAL	5,000
UMASS DARTMOUTH FOUNDATION 285 OLD WESTPORT RD NORTH DARTMOUTH, MA 02747	N/A	PC	GENERAL	25,000
VISIONS INC1452 DORCHESTER AVE DORCHESTER, MA 02122	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WEST END HOUSE105 ALLSTON STREET ALLSTON, MA 02134	N/A	PC	GENERAL	300,000
WHELOCK COLLEGE - WHELOCK PASSION FOR ACTION 100 HEBRON STREET MATTAPAN, MA 02126	N/A	PC	GENERAL	20,000
WHITTIER STREET HEALTH CENTER COMMITTEE 1290 TREMONT ST ROXBURY, MA 02120	N/A	PC	GENERAL	5,000
Total ▶ 3a				3,306,928

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YEAR UP GREATER BOSTON45 MILK ST BOSTON, MA 02109	N/A	PC	GENERAL	15,000
Total <div> <div></div> <div>▶</div> </div> 3a				3,306,928

TY 2017 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 QUALIFYING
DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

TY 2017 Investments - Other Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT - MORGAN STANLEY	AT COST	1,682,432	1,682,432

TY 2017 Other Decreases Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Description	Amount
PROVISION FOR FEDERAL TAXES	9,505

TY 2017 Other Expenses Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	0	0		0
PROFESSIONAL FEES	6,000	0		0
OFFICE EXPENSE	397	0		0
GOODS & SERVICES	4,100	0		0
MANAGMENT FEES	43,358	43,358		0
INSURANCE	12,769	12,769		0
CLEANING	1,260	1,260		0
REPAIRS AND MAINTENANCE	45,915	45,915		0
UTILITIES	35,740	35,740		0
ADMINISTRATION	2,607	2,607		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC EXPENSES	3,822	3,822		0
INVESTMENT INTEREST EXPENSE	3,465	3,465		0
AMORTIZATION	167	167		0

TY 2017 Other Increases Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Description	Amount
UNREALIZED GAINS / LOSSES	298,800
OTHER CHANGES IN NET ASSETS/FUND BALANCE	7,092

**TY 2017 Substantial Contributors
Schedule**

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Name	Address
JAMESON BROWN	39 BRIGHTON AVE ALLSTON, MA 02134

TY 2017 Taxes Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	2,000	2,000		0
OTHER TAXES	76,567	76,567		0
PROVISION FOR STATE INCOME TAXES	2,117	2,117		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2017
	Name of the organization THE HAMILTON COMPANY CHARITABLE FOUNDATION	Employer identification number 27-7018900

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For 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. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HAROLD BROWN CHARITABLE LEAD & ANNUITY TRUST 39 BRIGHTON AVE ALLSTON, MA 02134	\$ 4,413,779	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE HAMILTON COMPANY CHARITABLE FOUNDATION	Employer identification number 27-7018900
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(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
		\$	

Name of organization THE HAMILTON COMPANY CHARITABLE FOUNDATION	Employer identification number 27-7018900
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	