EXTENDED TO NOVEMBER 15, 2
Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

	_		18. 2017			Open to Public Inspection
	_	foundation	2 18, 2017	, and ending	DEC 31, 201	
ivan	ie u	Touridation			A Employer identificatio	ii iiuiiivei
н	۸M	ILTON FAMILY CHARITABLE	TRUST		82-1671948	3
		and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
ે ટ્રે(00	EAGLE ROAD, SUITE 316			(610)975-0)517
	_	own, state or province, country, and ZIP or foreign p	ostal code	· · · · · · · · · · · · · · · · · · ·	C if exemption application is	
		NE, PA 19087				•
G; CI	neck	call that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2	
<u>(r</u>		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test omputation
7		type of organization: X Section 501(c)(3) ex		04	E If private foundation sta	atus was terminated
77		· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ition /	under section 507(b)(1)(A), check here
//		· 1 —	ng method [.] X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)(B), check here
٧̈́ <u>٠</u>		25 , 327 , 020 . (Part I, colur	· 1	S)		(4) -
Pai	τι	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		· · · · · · · · · · · · · · · · · · ·	ļi			(cash basis only)
	1	Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch B	25,498,319.		N/A	
	2	Interest on savings and temporary				
	٥ 4	cash investments Dividends and interest from securities	61,855.	61,855.		STATEMENT 1
	•	Gross rents	01,033.	01,033.		DIRIEMENI I
	b					
	_	Net gain or (loss) from sale of assets not on line 10	10,847.		1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
]G	Ь	Gross sales price for all assets on line 6a 10,847.			6)	-10.11
Revenue	7	Capital gain net income (from Part IV, line 2)		10,847.	200	1 16 200 0
ď	8	Net short-term capital gain			7.	1 V 30:0 (j)
	9	Income modifications			-	الم
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
_	12	Total Add lines 1 through 11	25,571,021.	72,702.		1
1	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
ŧ	14	Other employee salaries and wages				
اید	15 16-	Pension plans, employee benefits				
Sul		Legal fees Accounting fees				
Expenses		Other professional fees				
e E	17	Interest			-	
اظ	18	Taxes STMT 2	962.	962.		0.
ist	19	Depreciation and depletion	7021			
튑	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
g :	22	Printing and publications				
ဦ	23	Other expenses				
aţi.	24	Total operating and administrative				
je l		expenses Add lines 13 through 23	962.	962.		0.
3	25	Contributions, gifts, grants paid	273,500.			273,500.
:	26	Total expenses and disbursements				
\rightarrow		Add lines 24 and 25	274,462.	962.		273,500.
:	27	Subtract line 26 from line 12.	05 005 550			
1		Excess of revenue over expenses and disbursements	25,296,559.	71 740		
		Net investment income (if negative, enter -0-)		71,740.	NT / A	
	<u>C</u>	Adjusted net income (if negative, enter -0-)	<u>L</u>		N/A	<u> </u>

_		10-PF (2017) HAMILTON FAMILY CHARITAI			16/1946 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_		Cash - non-interest-bearing	(a) DOOK VAIDE	(b) book value	(c) i dii indiket value
		Savings and temporary cash investments		16,579,521.	16,579,521.
		Ţ.		10,575,521.	10,373,341.
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	_ ا	Less: allowance for doubtful accounts ▶			
	1 -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	}	Less: allowance for doubtful accounts			
ets	1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•	1	Investments - U.S and state government obligations			
	b	Investments - corporate stock STMT 3	0.	6,945,177.	<u>6,975,638.</u>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	ł	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 1,750,000.			
		Less accumulated depreciation	0.	1,750,000.	1,750,000.
	15	Other assets (describe ► VEHICLES)	0.	21,861.	21,861.
		Total assets (to be completed by all filers - see the			
	ļ	instructions. Also, see page 1, item I)	0.	25,296,559.	25,327,020.
_	17	Accounts payable and accrued expenses			
		Grants payable			
s	19	Deferred revenue			
Liabilities]	Loans from officers, directors, trustees, and other disqualified persons			
ğ		Mortgages and other notes payable			
Ë		Other liabilities (describe)			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	ĺ	and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted			
E C	25	Temporarily restricted			
3ak	ı	Permanently restricted			
or Fund Balances	20	Foundations that do not follow SFAS 117, check here			
Fu		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	ļ	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
1SS		Retained earnings, accumulated income, endowment, or other funds	0.	25,296,559.	
et/	ı		0.	25,296,559.	
Ž	30	Total net assets or fund balances		45,496,559.	
		Table the the state of the stat		25 206 550	
_		Total liabilities and net assets/fund balances	0.	25,296,559.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	25,296,559.
3	Othe	increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	25,296,559.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	25,296,559.
_		Turnito			Form 990-PE (2017)

	and Losses for Tay or						02-1	0/1940 Payes
LiL				(b) How acquired P - Purchase D - Donation		(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)	
1a CAPITAL GAINS I		0 0110: 11120 00:17		│ 	- Dolla	lion	`	
b	71 11001100			+				
C								
<u>d</u>				<u> </u>				
е				Ĺ.,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale				(h) Gain or (l ((e) plus (f) mir	nus (g))
a 10,847.	 							10,847.
b				{				
C								
<u>d</u>								
Complete only for assets showing	nain in column (h) and owner	1 by the foundation	n on 12/31/69				Gains (Col. (h)	nain minue
complete only for assets one will	(j) Adjusted basis		xcess of col. (i)				(k), but not less	than -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		r col. (j), if any				Losses (from c	
<u>a</u>				{				10,847.
b c								
d								
e		 -						
	(If gain, also	enter in Dart I. line	. 7	7				
2 Capital gain net income or (net cap	ital loss) If (loss), enti	enter in Part I, line er -0- in Part I, line	e 7	•	2			10,847.
3 Net short-term capital gain or (loss	•					-		
If gain, also enter in Part I, line 8, c		o, and (o)		31				
If (loss), enter -0- in Part I, line 8				للي	3			/A
	nder Section 4940(e)					ent inc	ome	
(For optional use by domestic private	foundations subject to the sect	tion 4940(a) tax o	n net investment ii	ncome	e.)			N/A
if section 4940(d)(2) applies, leave thi	s part blank.							
	•							☐ Yes ☐ No
Was the foundation liable for the secti If "Yes," the foundation doesn't qualify			,	rioaz				L Yes L No
1 Enter the appropriate amount in ea				entries				
(a)	(b)		1	(c)			T	(d)
Base period years Calendar year (or tax year beginnin	1 4 4 4 4 4 4 6 6	g distributions	Net value of no			ise assets	(col. (b	stribution ratio) divided by col. (c))
2016	,		 				1	,
2015								
2014								
2013								
2012								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5		otal on line 2 by 5	0, or by the numb	er of	years		1 1	
the foundation has been in existen	ce if less than 5 years						3	
4 Enter the net value of noncharitable	a-usa assats for 2017 from Pai	rt Y line 5					4	
+ Enter the net value of honorialitable	5 030 033003 101 20 17 1101111 01	11 A, IIIIe 3					-	
Multiply line 4 by line 3							5	
6 Enter 1% of net investment income	2 (1% of Part I line 27h)						6	
Cure 1 to 01 Her macering in michilik	, (170 Oli alti, illic 210)						-	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from	Part XII, line 4						8	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI	, line 1b, and com	plete that part usi	ng a 1	% tax r	ate.		
See the rait vi mandellons.								Form 990-PF (2017

	990-PF (2017) HAMILTON FAMILY CHARITABLE TRUST 82-167. rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	1948 instru		age 4
1a b	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1,4	
	of Part I, line 27b All other demostrs (quadatrops enter 29), of line 27b. Exempt foreign encourations, enter 49), of Part I, line 12, and (b)			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			n
	Add lines 1 and 2		1,4	35.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		- , -	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,4	
	Credits/Payments:		<u> </u>	55 t
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6.			
	Exempt foreign organizations - tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 3, 435.			
	Backup withholding erroneously withheld 6d 0.	•		
	Total credits and payments Add lines 6a through 6d		3,4	35.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		<u>-, -</u>	38.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,9	62.
	Enter the amount of line 10 to be: Credited to 2018 estimated tax			0.
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u>X</u>
	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.	ii		
C	Did the foundation file Form 1120-POL for this year?	1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1 1		
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ► \$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	.2		<u>X</u> _
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u> _
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		i	i
	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		7.7	
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
Ω.	Enter the states to which the foundation reports or with which it is registered. See instructions.			
va	PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
	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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		_X_
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 4	10	Х	
		orm QQ(י סב	(0017)

Part VII-A Statements Regarding Activities (continued)			
	1	es	No
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	111	}	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement. See instructions	12	1	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► HAMILTONFAMILYCHARITABLETRUST.ORG	ــــــــــــــــــــــــــــــــــــــ		
14 The books are in care of ► HAMILTON FAMILY CHARITABLE TRUST Telephone no. ► (610)	293-2	22	5
Located at ► 200 EAGLE ROAD, SUITE 308, WAYNE, PA ZIP+4 ►			-
15 Section 4047(a)(1) approximate the tructs files Form 900 DE in law of Form 4041, check have		_	$\overline{1}$
and enter the amount of tax-exempt interest received or accrued during the year	. N/	'A	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		/es	No
securities, or other financial account in a foreign country?	16	-	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	101		
foreign country		1	
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.	1	/es	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1	ß	
a disqualified person?		Ì	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1	ł	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		- 1	
(5) Transfer any income or assets to a disqualified person (or make any of either available	-	ŀ	
for the benefit or use of a disqualified person)?		ļ	
(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	1 1	Ì	
termination of government service, if terminating within 90 days.)	} }	}	ı
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	l I
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	16	}	
Organizations relying on a current notice regarding disaster assistance, check here	10		
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	- {	1	
before the first day of the tax year beginning in 2017?	10	- 1	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1-10-1		
defined in section 4942(j)(3) or 4942(j)(5)):		}	1
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	1 1	Ì	
before 2017?	1	ł	
If "Yes," list the years		ł	
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	} }	- 1	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	26		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
•			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	Ì	
during the year?	1 1	ĺ	ĺ
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,	1 1		}
Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		ļ
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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?	46		х
	Form 990 -	-PF	

Part VII-B Statements Regarding Activities for Which F		Poquired (contro	82-16/19	48	Page 6
	Offit 4720 May be r	required (contin	uea)	Ye	s No
5a During the year, did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section	A045(a)\2		s X No	- 	
(2) Influence the outcome of any specific public election (see section 4955), o	• • • •		10 LAL 110		
any voter registration drive?	r to carry on, oncotty or mone		s X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No		İ
(4) Provide a grant to an organization other than a charitable, etc., organization				1	İ
4945(d)(4)(A)? See instructions	., 0000240 004	Ye	es X No		ł
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				}
the prevention of cruelty to children or animals?	• • • • • • • • • • • • • • • • • • •		s X No		j
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i				i i
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A _	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere , ., .,, , .,, ,		▶□ 「		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			"		ł
expenditure responsibility for the grant?	Ņ	// 🔲 Ye	s No		ł
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					ļ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870					1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and the		(c) Compensation	(d) Contributions to	(a) E	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
	to position	enter -0-)	compensation	<u> </u>	vances
		}		{	
CER CMAMPAME E		0.	0.	{	0.
SEE STATEMENT 5		J	<u>-</u>	 	
				ļ	
				ļ	
	<u> </u>			 	
		}		i	
		}	1	1	
				-	
		}	}	j	
· · · · · · · · · · · · · · · · · · ·					
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each ampleuse and mare than 650,000	(b) Title, and average	(a) Composition	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	allov	vances
NONE					
		l			
		1			
				<u> </u>	
		1			
		ļ			
		1		ļ	
		L	L	L	
Total number of other employees paid over \$50,000			>	000 =	0
			Form	990-P	F (2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce ((c) Compensation
NONE	}	
	ļ	
		
	ĺ	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
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.	t	xpenses
1N/A		
		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	F	Amount
1 <u>N/A</u>		
n		
2		
All other program-related investments. See instructions.		
3		
	`	
Total. Add lines 1 through 3	>	0.
	Form	990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,550,517.
b	Average of monthly cash balances	1b	4,246,098.
c	Fair market value of all other assets	1c	
_	Total (add lines 1a, b, and c)	1d	5,796,615.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,796,615.
4	Cash deemed hold for charitable activities. Enter 1.1/29/, of line 2 (for greater amount one instructions)	4	86,949.
5	Not value of noncharitable-use agents. Subtract line 4 from line 3. Enter here and on Part V. line 4.	5	5,709,666.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	201,791.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and		
Ľ.	foreign organizations, check here and do not complete this part.)	a outam	
1	Minimum investment return from Part X, line 6	1	201,791.
	Tax on investment income for 2017 from Part VI, line 5		
ь	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,435.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	200,356.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	200,356.
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	200,356.
			200,330.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	273,500.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	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	273,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	273,500.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies f	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

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,				222 256
line 7	-			200,356.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years.		0		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	0.			
f Total of lines 3a through e	U.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 273,500 .			0	
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.		 	200 256
d Applied to 2017 distributable amount	72 144			200,356.
e Remaining amount distributed out of corpus	73,144.			
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	73,144.			
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 instr.			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	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	73,144.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015		İ		
d Excess from 2016				
e Excess from 2017 73,144.				

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Form **990-PF** (2017)

Form 990-PF (2017) HAMILTO Part XIV Private Operating F	N FAMILY CH			82-16	71948 Page-10
		-	-A, question 9)	N/A	
1 a If the foundation has received a ruling o					,
foundation, and the ruling is effective fo b Check box to indicate whether the found		-	n saction	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig tourioation described i	Prior 3 years	1 4342())(3) (1 1 1 43	42()/(3)
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014 /	(e) Total
investment return from Part X for	(6) 65 11	(6) 20 10	(0) 2010	(-7	(5)
each year listed				,*	
b 85% of line 2a	-			/	
c Qualifying distributions from Part XII,					
line 4 for each year listed				, e	
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		n			
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		Í			
(1) Total support other than gross					
investment income (interest,		1			
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	, y				-
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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribute	on, Grant, Gift, Loan,	Scholarship, etc., Pi	ograms:		
Check here ► if the foundation of the foundation makes gifts, grants, etc.,				not accept unsolicited requ b, c, and d.	iests for funds. If
a The name, address, and telephone num	ber or email address of th	e person to whom applic	cations should be addres	sed:	
SEE STATEMENT 6					
b The form in which applications should be	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors:	·· - -
		<u> </u>			5 000 DE
723601 01-03-18					Form 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ted by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
b			1 - 1		
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1 1				
investments			_		
4 Dividends and interest from securities			14	61,855.	
5 Net rental income or (loss) from real estate					
a Debt-financed property	 		 		
b Not debt-financed property	 		┼┼		
6 Net rental income or (loss) from personal	1 1		} }		
property 7 Other investment income	 		╁──┤		
8 Gain or (loss) from sales of assets other	 		┼──┤		
than inventory	1 1		14	10,847.	
9 Net income or (loss) from special events			<u> </u>	10,047.	
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:					
a	1)]		
b					
c					
d					
e			1		
12 Subtotal. Add columns (b), (d), and (e)		0.		72,702.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	72,702.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	mplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incor	me is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other than					
					·
					
					
				 	
					
					
					
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Form 990-PF (2017) HAMILTON FAMILY CHARITABLE TRUST 82-1671948 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 16(2) 1b(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees ... 16(5) (6) Performance of services or membership or fundraising solicitations 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I pave examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr Declaration of preparer (other than taxpayer) is base Sign Here TRUSTEE X Yes Signature of officer or trustee Title Date Print/Type preparer's name Preparer's signature Check X If self- employed 7/7/17 Paid BARBARA R COBB P00038571

Form **990-PF** (2017)

(610)975-0517

Firm's EIN ► 23-2659640

Phone no.

Preparer

Use Only

Firm's name ► BARBARA R COBB.

Firm's address ► 200 EAGLE ROAD, SUITE 316
WAYNE, PA 19087-3115

3 Grants and Contributions Paid During the Y	ear (Continuation)			
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	Contribution	
CRADLES TO CRAYONS	NONE	PC	READY FOR SCHOOL	
OCCUPPER ROAD WEST			PROGRAM	10 5
ONSHOHOCKEN, PA 19428			 	12,5
SF DREAM CAMP FOUNDATION	NONE	₽C	AFTER-SCHOOL PROGRAM.	
50 E HAVERFORD ROAD			SUMMER CAMP	
RYN MAWR, PA 19010		<u> </u>		7,5
ISTORIC FAIR HILL INC	NONE	₽C	SCHOOL PARTNERSHIP	
501 GERMANTOWN AVE			PROGRAM	10 0
HILADELPHIA, PA 19144		-	†	10.0
NATIONAL SOCIETY OF COLONIAL DAMES PA	NONE	₽C	HISTORY HUNTERS YOUTH	
630 LATIMER STREET			REPORTER PROGRAM	
HILADELPHIA, PA 19103		ļ		10,0
ENNSYLVANIA HORTICULTURAL SOCIETY	NONE	PC	GREEN CITY TEACHERS	
.00 N 20TH STREET	j		PROGRAM	
HILADELPHIA, PA 19103	 		+	5,0
UTIADEIDUTA EDVIANTAN DIPIG	ATOMER	ng.	COLLEGE AGREGA PROCESS	
HILADELPHIA EDUCATION FUND 709 BENJAMIN FRANKLIN PKWY	NONE	PC	COLLEGE ACCESS PROGRAM	
HILADELPHIA PA 19103				3,0
ESOURCES FOR HUMAN DEVELOPMENT	NONE	₽C	HEALTHY NEWSWORKS	
700 WISSAHICKON AVE			PROGRAM	
HILADELPHIA, PA 19144			-	25_0
OCK TO THE FUTURE 602 FRANKFORD AVE	NONE	PC	AFTER-SCHOOL PROGRAM AND COLLEGE TOURS	
HILADELPHIA PA 19125			ATO COULEGE TOURS	5.0
				
PARK PROGRAM	NONE	PC	SPARK PHILADELPHIA	
501 CHERRY STREET		}	PROGRAM	
HILADELPHIA, PA 19102	 		-	7,5
T AUGUSTINE ACADEMY	NONE	PC	AFTER-SCHOOL	
208 GREEN STREET ORRISTOWN PA 19401			ENRICHMENT PROGRAM	7.5
Total from continuation sheets				158.0

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient STEPPINGSTONE SCHOLARS INC NONE ₽C TSA & MIDDLE GRADES 301 CECIL B MOORE AVENUE ACADEMY PHILADELPHIA PA 19102 60,000, TALLER PUERTORRIQUENO INC NONE ₽C AFTER-SCHOOL AND 2600 N 5TH STREET SUMMER ARTS EDUCATION 2,500. PHILADELPHIA PA 19133 TEAM FIRST BOOK PHILADELPHIA NONE РC NEW BOOK DISTRIBUTION PO BOX 166 GLADWYNE PA 19035 2,500. Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

н	AMILTON FAMILY CHARITABLE TRUST	82-1671948	
Organization type (check of	one)·		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990 PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions	
General Rule			
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribu		
Special Rules			
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked-Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 for, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the ard I, line 1 Complete Parts I and II	6a, or 16b, and that received from	
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received froutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or excruelty to children or animals. Complete Parts I, II, and III		
year, contributions is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religion property and the parts unless the General Rule applies to this organization because life, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box ous, charitable, etc ,	
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

HAMILTON FAMILY CHARITABLE TRUST

82-1671948

HAMIL	TON FAMILY CHARITABLE TRUST	82	-1671948
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DH HAMILTON 10-YR CLAT 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$ <u>11,096,623</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DH HAMILTON 15-YR CLAT 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$7,298,517.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DH HAMILTON 20-YR CLAT 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$5,331,318.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DH HAMILTON 10-YR CLAT 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DH HAMILTON 15-YR CLAT 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DH HAMILTON 20-YR CLAT 200 EAGLE RD, SUITE 316	\$7,287.	Person Payroll Noncash (Complete Part II for
723452 11-0	WAYNE, PA 19087	Schedule 8 (Form	noncash contributions) 990, 990-EZ, or 990-PF) (2017

Name of organization

Employer identification number

HAMILTON	FAMILY	CHARITABLE	TRUST

92-1671949

HAMIL	TON FAMILY CHARITABLE TRUST		-16/1948
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DH HAMILTON 3/15/96 TRUST 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	\$ <u>1,750,000</u> .	Person Payroll Oncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 Payroll Noncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

82-1671948

IIMAI	TON FAMILY CHARITABLE TRUST		2-1671948
Part II	Noncash Property (see instructions) Use duplicate copies of Part II r	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	1/3 INTEREST IN TOYOTA TACOMA TRUCK (\$4,457) & 2 GOLF CARTS (\$2,830)	-	
		\$7,287.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	1/3 INTEREST IN TOYOTA TACOMA TRUCK (\$4,457) & 2 GOLF CARTS (\$2,830)	-	
		\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	1/3 INTEREST IN TOYOTA TACOMA TRUCK (\$4,457) & 2 GOLF CARTS (\$2,830)	-	
		\$	_12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	BLUE GARDEN & COTTAGE AT 74 BEACON HILL RD, NEWPORT RI 02840	-	
		\$ 1,750,000.	11/22/17
(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
		-	
		- _{\$}	

Employer identification number

1 A 111	ON FAMILY CHARITABLE TR	UDI	8	2-1671948		
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete co	umns (a) through (e) and the follow	VING 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 info once)	S		
	Use duplicate copies of Part III if additional	space is needed.				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held		
art I	(b) raipose or gire	(0) 030 01 gm	(0, 2000).p.i.	·····		
-				 		
.						
		 				
<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
- 1		(e) Transfer of gift				
<u> </u> _	Transferee's name, address, and ZIP + 4		Relationship of transfer	Relationship of transferor to transferee		
{ .						
						
	- 			 		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held		
art I	(b) Purpose of gift	(c) Ose of gift	(d) Description			
1.						
.						
				····		
}		(e) Transfer of gift				
}						
{	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee		
}						
n) No.	(1) 0	(-) 11	(4) 5	t l : (t l- - - -		
art I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held		
1						
}						
((e) Transfer of gift					
}						
{						
	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee		
-	Transferee's name, address, and	IZIP + 4	Relationship of transfer	or to transferee		
	Transferee's name, address, and	1ZIP + 4	Relationship of transfer	or to transferee		
	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee		
	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee		
) No.						
) No.	Transferee's name, address, and	(c) Use of gift		or to transferee		
) No. rom art I						
) No. rom art I						
) No. rom art I						
) No. rom art I						
) No. rom lart I		(c) Use of gift	(d) Description			
n) No. rom Part I			(d) Description			
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description	n of how gift is held		
n) No. rom Part I		(c) Use of gift (e) Transfer of gift	(d) Description	n of how gift is held		
) No. rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description	n of how gift is held		
) No. rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description	on of how gift is held		

FORM 990-PF DIVIDED	NDS AND INTER	EST FROM SECU	RITIES	STATEMENT 1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST MENT INCOM	
	78. 10,84 05. 11. 37.	0. 20,172 7. 35,331 0. 3,005 0. 41 0. 837 0. 2,469	35,331 3,005 41	L. 5. L. 7.
TO PART I, LINE 4 72,70	10,84	7. 61,855	61,855	5.
FORM 990-PF	TAX	ES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	962.	962.		0.
TO FORM 990-PF, PG 1, LN 18	962.	962.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 3
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE
GOLDMAN SACHS FUNDS			6,945,177.	6,975,638.
TOTAL TO FORM 990-PF, PART I	T ITNE 10D		6,945,177.	6,975,638.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT	4
	PART VII-A, LINE 10		

NAME OF CONTRIBUTOR

ADDRESS

DH HAMILTON 3/15/96 REV TRUST C/O 200 EAGLE ROAD, STE 316

WAYNE, PA 19087

	LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
NATHANIEL P HAMILTON 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	TRUSTEE 3.00	0.	0.	0.
MARGARET H DUPREY 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	TRUSTEE 4.00	0.	0.	0.
S MATTHEWS V HAMILTON JR 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	TRUSTEE 3.00	0.	0.	0.
BARBARA R COBB 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	TRUSTEE 5.00	0.	0.	0.
FRANCIS J MIRABELLO 200 EAGLE RD, SUITE 316 WAYNE, PA 19087	TRUSTEE 6.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

NANCY BRENT WINGO, EXECUTIVE DIRECTOR 200 EAGLE RD, SUITE 308 WAYNE, PA 19087

TELEPHONE NUMBER

610.293.2225

FORM AND CONTENT OF APPLICATIONS

GUIDELINES AND CHECKLISTS MAY BE FOUND ON WESITE, HAMILTONFAMILYCHARITABLETRUST.ORG. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE TRUSTEES.

ANY SUBMISSION DEADLINES

CHECK DEADLINES ON THE WEBSITE, HAMILTONFAMILYCHARITABLETRUST.ORG. DIRECTORS MEET QUARTERTLY.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE TRUST CONSIDERS REQUESTS FROM NON-PROFITS WHO PROVIDE ROBUST, DATA-DRIVEN IN-SCHOOL, AFTER-SCHOOL AND SUMMER LITERACY ENRICHMENT PROGRAMING. THE TRUST PROVIDES FUNDING FOR PROJECTS SERVING CHILDREN AND YOUTH IN GRADES K-12 IN THE CITIES OF PHILADELPHIA, CHESTER AND CAMDEN AND THE COUNTIES OF PHILADELPHIA, DELAWARE, MONTGOMERY, CHESTER AND CAMDEN.