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, v.	Forca	(and proxy tax und	der se	ction 6033(e))			2018
partment of the Treasury	l ▶	► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma		ons and the latest inform		— 	en to Public Inspection for 1(c)(3) Organizations Only
Check box if address changed		Name of organization (Check box if name THE HAMILTON COMPANY (changed	and see instructions.)		N Employ	er identification number
Exempt under section	Print	FOUNDATION	JIIAI	IIADDD		27	-7018900
X 501(c)(3_)	or	Number, street, and room or suite no. If a P.O. bo	ox, see II	nstructions.			d business activity code
408(e)220(e)	Туре	39 BRIGHTON AVENUE				`	•
408A530(a)		City or town, state or province, country, and ZIP	or foreig	n postal code		E 2 1 1	0.0
529(a) Book value of all assets	L	ALLSTON, MA 02134 F Group exemption number (See instructions.)	_			5311	90
at end of year 27 . 230 . 8	06.	G Check organization type ► X 501(c) col	rporation	501(c) trust	401(a)	trust	Other trust
Inter the number of the	organiza	ation's unrelated trades or businesses.	1	Describe t	he only (or first) un		
		NTAL PROPERTY			complete Parts I-V.		
lescribe the first in the b	lank spa	ace at the end of the previous sentence, complete P	arts I ar	d II, complete a Schedule	M for each addition	al trade o	ır
ousiness, then complete						-1	[V],
		poration a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	▶ L	Yes	X No
		tifying number of the parent corporation.		Telepho	ne number 🕨 6	17-7	83-0039
		de or Business Income	_	(A) Income	(B) Expenses		(C) Net
a Gross receipts or sale	s						
b Less returns and allow		c Balance ►	1c				
Cost of goods sold (S		• •	2				
Gross profit. Subtract			3 4a	13,723.			13,723.
a Capital gain net incon		Part Rice (7 Cettar) Ecom 4797)	4a 4b	13,723.			13,723.
c Capital loss deduction			4c				
Income (loss) from a	pan (A	hip or an S corporation (attach satement)	5	-6,715.	STMT 1	1	-6,715.
,	ru	1991	6				
Unrelated debt-financ			7				··
Interest, annuities, roy	yaltıles, e	and enterprime For trolled drganization (Schedule F) en-501(e) (7), (9), or (17) organizatio n (Schedule G	8	-	<u> </u>	-	·
Exploited exempt acti			10				
Advertising income (S	•	,	11				
Other income (See in	struction	ns; attach schedule)	12				
Total, Combine lines			13	7,008.			7,008.
		ot Taken Elsewhere (See instructions futions, deductions must be directly connected			income)		
		rectors, and trustees (Schedule K)	SG WIGH		income)	14	
Salaries and wages	icers, ui	rectors, and trustees (Schedule K)				15	
Repairs and mainten	ance					16	
Bad debts						17	
Interest (attach sche	dule) (s	ee instructions)				18	
Taxes and licenses	' 0	с с с с с с с с с с с с с с с с с с с	entm	12 ୯୮୮ ୯៣೩៣	วพษทก 12	19	601.
Depreciation (attach		e instructions for limitation rules) STATEM	21/1	21	EMENI IZ	20	001.
,		n Schedule A and elsewhere on return		22a		22b	
Depletion						23	
Contributions to defe	erred co	mpensation plans				24	
Employee benefit pro	ograms					25	
Excess exempt expe						26	
Excess readership co	•					27	
Other deductions (at Total deductions. A		•				29	601.
		ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	6,407.
Unrelated business t		· -				31	
	cruting .	loss arısıng ın tax years begınnıng on or after Janu					
Deduction for net op	_	loss arising in tax years beginning on or after Janu ncome. Subtract line 31 from line 30				32	6,407. Form 990-T (2018)

34 Amounts pad for disablewed fringes 5 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 38 Total of unrelated brainess taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 39 Specific deduction (Cenerally \$1,000, but see line 37 instructions for exceptions) 39 Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, either the same of the original state of zero or line after 12 zero or line after 12 zero or line 36. PartIVI/ Tax Computation 39 Organizations Taxable as Carporations. Multiply line 38 by 21% (0.21) 40 Trates Taxable all Trates Rates. See instructions for tax computation, income tax on the amount on line 38 from; Taxable all Trates Rates See instructions to tax computation, income tax on the amount on line 38 from; Tax on Nancompliant Facility Income. See instructions 41 Total. Add lines 41, 22, and 45 to line 39 or 40, whichever applies 44 Total. Add lines 41, 22, and 45 to line 39 or 40, whichever applies 45 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 50 Other credits, 24 de lines 43 to 14, and 45 to lines 45 to 14, and 45 t	Form 990-T	(2018) FOUNDATION		21-10	TOACO	rage a
34 Amounts paul for disableved ringes 5 Deduction for net operating loss arrang in tax years beginning before January 1, 2018 (see instructions) 5 Total of unreliated bosiness transfer income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 7 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 5 Unreliated business traxible income. Subtract line 37 from line 36, if line 37 is greater than line 36, instructions are seen to be sealed to zero or line and the seen subtractions are seen to seen an extraction and the seen are seen as a seen are seen as a seen as	Partill	Total Unrelated Business Taxable Income		_		
35 Defrection for net operating loss arroing in tax years bigomorp before January 1, 2018 (see instructions) 36 Total of unrelable business traxel be morne before specified deduction. Subhast line 35 from the sum of line 32 and 34 37 Specific deduction (clientally \$1,000, but see line 37 instructions for exceptions) 38 Unclisted beginness traxel be increme. Subhast line 37 from line 36, 1 fee 37 is greater than line 38, 37 1, 1 (39 Organizations Taxable as Carporations. Multiply line 38 by 21% (0.21) 40 Trests Taxable at Tirest Rates. See instructions for tax computation. Income tax on the amount on line 38 from; 14 Prayrax, See instructions 41 Prayrax, See instructions at the semination of the seminat	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)	33	6,407.
Total of unrelated business tabable accome before specific deduction. Subtract line 35 from the sum of inest 33 and 34 37. Specific deduction (clienzally \$1,000, but see line 37 instructions for exceptions) 38. Total of unrelated business tractable accomes. Subtract line 37 from line 36, if line 37 is greater than line 38, if line 37 is greater than	341	Amounts paid for disallowed fringes			34	
Inless 33 and 34 35 Spector deduction (Generally \$1,000, but see line 37 instructions for exceptions) 36 Unrelated business traxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, if any other income shall be a compared to the smaller of zero or line 36. Partitly Tax Computation 39 Organizations Taxable as Cerporations. Multiply line 38 by 21% (0.21) 40 Trust Taxable at Trist Ristance. See instructions to tax computation. Income tax on the amount on line 38 from: 10 Tax rate schedule or Schedule 0 (Form 1041) 41 Prays tax See instructions 42 Alternative minimum tax (fusts only) 43 Tax on Maccompliant Facility Income. See instructions 44 Tast. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 45 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 5 Other credit (see instructions) 46 Center abusiness credit. Attach Form 3000 6 Credit for prior year minimum tax (statch Form 8861 or 8827) 6 Total tax Add lines 45 and 47 (see instructions) 48 Total tax Add lines 45 and 47 (see instructions) 49 2018 nead \$55 kis leabily quant form 500 from 4255 Form 8611 Form 8697 Form 8686 Other (attach-schwinkow) 40 2018 nead \$55 kis leabily quant form 500 from 4255 Form 965-B, Part II, column (k), line 2 50 a Payments A. 2017 overpayment credited to 2018 2018 a standard tax payments in the total of lines 48, 49, and 52, either amount owned 50 a Solution of the form 500 form	3 5	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35	
37 1.0 38 Unrelated business taxable incemes. Subtract line 37 instructions for exceptions) 39 Unrelated business taxable incemes. Subtract line 37 from line 36. If line 37 is greater than line 36, if line 37 is greater than line 38 is greater than line 18 is listed than line 38 is greater than line 18 is listed than line 38 is greater than line 18 is listed than line 18 is listed than line 18 is listed than listed of lines 48, 49, and 52, enter amount over a financial consumption of the form 88 is greater than	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of			
Secretar be sainate income. Subtract line 37 from line 36. If line 37 is greater than line 36,		lines 33 and 34			36	6,407.
enter the smaller of zero or line 38	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
Part IVIV Tax Computation 39 Organizations Taxable as Corporations. Multiply kine 38 by 21% (0.21) 39 Organizations Taxable as Corporations. Multiply kine 38 by 21% (0.21) 40 Organizations Taxable at Trust Rates. See instructions for fax computation. Income tax on the amount on kine 38 from: Tax rate schodule or	38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36, /			
33 1 2 3 3 3 3 3 3 3 3 4 3 4 4		enter the smaller of zero or line 36			38	5,407.
Trust Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 40	.Part II	/i Tax Computation				
Tax rate schedule or Schedule D (Form 1041) 41	39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	→ 39	1,135.
41 Proxy tax. See instructions 42 Alternative minimum tax (trust only) 43 Tax on Moncompliant facility income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 45 Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) 5 Other credits gees instructions 6 General business credit. Attach Form 3800 6 Credit for prior year minimum tax (trustach Form 8801 or 8827) 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 6 Total credits. Add lines 45 att brough 456 6 Subtract line 45e from line 44 77 Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8666 Other (interest scheduling) 7 Total Form 866 Other (interest scheduling) 8 2018 estimated tax payments 9 Total Form 867 Form 8686 Other (interest scheduling) 9 Other credits, additions 45 attentions of the scheduling (see instructions) 10 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, additions 45 and the total of lines 48, 49, and 52, enter amount overpad 15 Total payments. Add lines 50 attrough 50g 15 Estimated tax penalty (see instructions). Check if Form 2439 15 Total payments. Add lines 50 attrough 50g 15 Estimated tax penalty (see instructions). Check if Form 2439 15 Total payments. Add lines 50 attrough 50g 15 Total payments. Regarding Certain Activities and Other Information (see instructions) 15 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (ship), security of the payment of payment of the payment of the payment of	40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 fror	n;		
Alternative minimum tax (trusts only) Altar Tax an Honcempliant Facility Income. See instructions 43		Tax rate schedule or Schedule D (Form 1041)		•	40	
1	41	Proxy tax. See instructions		•	· 41	
Total Add lines 41, 42, and 43 to lane 39 or 40, whichever applies	42	Alternative minimum tax (trusts only)			42	
Part IV Tax and Payments	, 43	Tax on Noncompliant Facility Income. See instructions			43	
45a Foreign tax credit (corporations attach Form 1116; trusts attach Form 1116) b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 3801 or 8827) e Total credits. Add lines 45a through 45d 45c 45d Subtract line 45e from line 44 47 Other taxes, Check if from,					44	1,135.
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d 45c 45c 50tbrack line 45e from line 44 70 Other laxes. Check if from.	Part V	Tax and Payments	_			
Centeral business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total redits. Add lines 45 fab through 450 47 Other taxes. Check if from.	45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
e Total credits. Add lines 45a through 456 Subtract line 456 from line 44 47 Other taxes. Check if from.	b	Other credits (see instructions)	45b		_[
Total credits. Add lines 45a through 45d 45 Subtract line 45e from line 44 47 Other taxes. Check if from.	C	General business credit. Attach Form 3800 😅	45c			
46 Subtract line 45e from line 44 47 Other taxes. Check if from	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
Total tax Add lines 46 and 47 (see instructions) 20 18 nest 955 tax lability pad from Form 955-A or Form 965-B, Part II, column (k), line 2 50 a Payments A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 865B d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments f Form 4136 Total payments. Add lines 50a through 50g 25 Estimated tax payments importance of the form 2220 is attached ▶ 50g Total payments. Add lines 50a through 50g 25 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 55 Tax due, if line 5 is lager than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 56 A day payment. If line 5 is lager than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Finc®N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country li "Yes," see instructions for other forms the organization may have to file. Diving the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign frust? If "Yes," see instructions for other forms the organization may have to file. Diving the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign frust? If "Yes," see instructions for other forms the organization may have to file. Fill Yes, "senter the amount of tax-exempt i	е	Total credits. Add lines 45a through 45d			45e	
48 Total tax Add lines 46 and 47 (see instructions) 49 2018 net 965 tax lability paid from Form 965-A or Form 965-B, Part III, column (k), line 2 50 a Payments A 2017 overpayment credited to 2018 50 a Payments A 2017 overpayment credited to 2018 50 b 500 c 1,500 . 50 c 1,500	46				46	1,135.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 1 Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Form 4136 1 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ower by 53 54 Overpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax	47	Other taxes. Check if from. 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 886	66 🔲 Othe	er (attach schedule) 47	
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments	48	Total tax Add lines 46 and 47 (see instructions)			48	1,135.
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 6 Backup withholding (see instructions) 7 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, adjustments, and payments: Form 2439 Form 4136 15 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 319. Refunded 55 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file. 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file. 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 15 Yes, see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year Sign Under penalties of pergy, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is bue. TRUSTEE Trifle TRUSTEE Trifle May the IRS discuss this return the preparer's signature Date Print/Type preparer's name Print/Type preparer	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments' Form 2439	50 a	Payments A 2017 overpayment credited to 2018	50a			
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 1 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 75 Enter the amount of line 54 you want: Credited to 2019 estimated tax 76 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 77 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 78 Enter the amount of tax-exempt interest received or accrued during the tax year 89 Date 1 TRUSTEE TRUSTEE TRUSTEE The preparer shown below (see instructions)? Trust is the preparer shown below (see instructions)? Trust Print Print Print Self-employed 80 Print Print Print Print Print Print Self-employed 80 Print Print Self-employed 80 Print Self-employed 81 Print Self-employed 81 Print Self-employed 83 Print Self-employed 84 At any time during the 20 Print Self-employed 85 Print Self-employed 85 Print Self-employed 86 Print Self-employed 86 Print Self-employed 86 Print Self-employed 87 Print Self-employed 86 Print Self-employed	b	2018 estimated tax payments	50b			
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Credit for small employer health insurance premiums (attach Form 8941) Golden Credits, adjustments, and payments	d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
g Other credits, adjustments, and payments Form 2439	е	Backup withholding (see instructions)	50e			
Form 4136	f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
51 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	g					
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶ 53 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶ 54 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 319. Refunded ▶ 55 [PartIVII] Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 19 Under penalties of perury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge mathered the preparer shown below (see instructions)? ▼ Yes ■ Firm's name ▶ GRAY, GRAY & GRAY, LLP 150 ROYALL STREET, SUITE 102 Firm's address ▶ CANTON, MA 02021 Phone no. (781) 407-0:		Form 4136 Other Total ▶	50g			
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed State Stat	51	Total payments. Add lines 50a through 50g			51	1,500.
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	46.
Statements Regarding Certain Activities and Other Information (see instructions) Partivil Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	
Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is besed on all information of which preparer has any knowledge Figure 10 flicer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's				•	54	319.
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Signature of Officer Date Tritle Truster Firm's name Preparer's name Preparer's signature Date Check of file instructions? ★ Yes Instructions. ★ Yes Instructions? ★ Yes Instructions. ★ Yes	55				<u> </u>	0.
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here To During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Sign Here Print/Type preparer's name Preparer's signature Print/Type preparer's name Print's address Print's address CANTON, MA 02021 Phone no. (781) 407-0.3	PartiV	II Statements Regarding Certain Activities and Other Information	on (see inst	ructions)		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return the preparer shown below (see instructions)? X Yes Title Print/Type preparer's name Print/Type preparer's n						Yes No
here 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TRUSTEE TRUSTEE Tritle Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check If PTIN self-employed Pol 2 0 3 1 8 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign count	гу		
If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TRUSTEE Tritle Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Firm's name PGRAY, GRAY & GRAY, LLP Firm's name PGRAY, GRAY & GRAY, LLP 150 ROYALL STREET, SUITE 102 Firm's address CANTON, MA 02021 Phone no. (781) 407-03		here >				X
Enter the amount of tax-exempt interest received or accrued during the tax year \$\\$ Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TRUSTEE Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date KELLY A BERARDI KELLY A BERARDI Firm's name GRAY, GRAY & GRAY, LLP Today and the last discuss this return the preparer shown below (see instructions)? X Yes Policy Print/Type preparer's name Policy Firm's name GRAY, GRAY & GRAY, LLP Firm's EIN O4-208836 Phone no. (781) 407-03	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	foreign trust?		X
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TRUSTEE TRUSTEE		If "Yes," see instructions for other forms the organization may have to file.				
Sign Here TRUSTEE May the IRS discuss this return the preparer shown below (see Instructions)? Yes	58					
Here TRUSTEE May the IRS discuss this return the preparer shown below (see instructions)? X Yes		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and	to the best of my k	nowledge and b	elief, it is true,
Paid Preparer Use Only Print/Type preparer s name Preparer's signature Date Title TRUSTEE Total Tota	_	Current, and complete Decision of propaler former man taxpayer is based on an information of which propa	or nos any know		May the IRS dis	scuss this return with
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if self-employed PO1203183 PO1203183 PO4-208836 STREET, SUITE 102 Firm's address ► CANTON, MA 02021 Phone no. (781) 407-03	Here		l I		•	
Paid Preparer Use Only KELLY A BERARDI KELLY A BERARDI 11/14/19 Self-employed P01203183 150 ROYALL STREET, SUITE 102 Firm's address CANTON, MA 02021 Phone no. (781) 407-03		Signature 01 officer Date Title			instructions)?	X Yes No
Preparer Use Only KELLY A BERARDI KELLY A BERARDI 11/14/19 P01203183 150 ROYALL STREET, SUITE 102 Firm's address CANTON, MA 02021 Phone no. (781) 407-03		Print/Type preparer's name Preparer's signature Date	te	Check	if PTIN	
Preparer Use Only KELLY A BERARDI KELLY A BERARDI LI/14/19 P01203183 Firm's name ▶ GRAY , GRAY & GRAY , LLP Firm's EIN ▶ 04-208836 150 ROYALL STREET , SUITE 102 Phone no. (781) 407-03	Paid					
Use Only Firm's name GRAY GRAY & GRAY LLP Firm's EIN 04-208836		_{rer} Kelly a Berardi Kelly a Berardi 11	/14/19			
150 ROYALL STREET, SUITE 102 Firm's address CANTON, MA 02021 Phone no. (781) 407-03	-	Firm's name ▶ GRAY, GRAY & GRAY, LLP		Firm's EIN	▶ 04-	2088368
	USE U					
823711 01-09-19 Form 990-1		Firm's address ► CANTON, MA 02021		Phone no.	(781)	407-0300
	823711 01-	09-19			F	orm 990-T (2018

Form 990-T (2018) FOUNDATION

Schedule A - Cost of Good	ls Sold. Enter	method of inver	tory valuation N/A				
Inventory at beginning of year	1 1		6 Inventory at end of year			6	
2 'Purchases	2		7 Cost of goods sold. Su		ne 6	一	
3 Cost of labor	3		from line 5. Enter here and in F				
4a Additional section 263A costs			line 2		,	7	1
(attach schedule)	4a		8 Do the rules of section	263A (w	rith respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		, -
5 Total. Add lines 1 through 4b	5		the organization?	·	,		
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	d With Real Pro	pert	(y)
(see instructions)							
Description of property							
(1)					-		
(2)							
(3)							-
(4)				Т			
(2) 5		ed or accrued	and personal property (if the percenta	200	3(a)Deductions directl		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for p	ind personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age i	columns 2(a) a	ind 2(b)	(attach schedule)
(1)							
(2)			,				
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated De		I Income (see	instructions)				
		·	2 Gross income from		Deductions directly co to debt-finant	nnected iced pro	with or allocable perty
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							
(2)	_				-		
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					ter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			.		0	١.١	0.
Total dividends-received deductions is	ncluded in columi	n 8					0.

Form 990-T (2018)

0.

Form 990-T (2018)

THE HAMILTON COMPANY CHARITABLE 27-7018900 Page 4 Form 990-T (2018) FOUNDATION Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 4. Total of specified 6. Deductions directly 3. Net unrelated income 5. Part of column 4 that is 1. Name of controlled organization 2. Employer included in the controlling connected with income in column 5 number organization's gross incom _(1) (2) (3) (4) Nonexempt Controlled Organizations 9. Total of specified payments 10. Part of column 9 that is included 11. Deductions directly connected 7. Taxable Income 8. Net unrelated income (loss) in the controlling organization's gross income with income in column 10 (1) (2) (3) (4) Add columns 6 and 11 Add columns 5 and 10 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (B) line 8, column (A) 0. 0 Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 3. Deductions 4. Set-asides (attach schedule) 2. Amount of income directly connected (attach schedule) 1. Description of income (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page Part I, line 9, column (A) Enter here and on page 1. 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross 5 Gross income from unrelated trade of 6. Expenses directly connected with production expenses (column business (column 2 minus column 3) If a from activity that is not unrelated unrelated business 1. Description of attributable to column 5 6 minus column 5 but not more than column 4) exploited activity income from of unrelated gain, compute cols 5 trade or business business income business income through 7 (1) (2) (3) (4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0. 0 0 Totals Schedule J - Advertising Income (see instructions) Part III Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3 Direct 5. Circulation 6. Readership costs (column 6 minus or (loss) (col 2 minus advertising 1. Name of periodical col 3) If a gain, compute cols 5 through 7 advertising costs income costs column 5, but not more than column 4) (1) (2) (3)

823731 01-09-19

(4)

0

0

1

Totals (carry to Part II, line (5))

Form 990-T (2018) FOUNDATION

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						Ì	
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	•			0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1) JAMESON BROWN	TRUSTEE	%	
(2) MAURA BROWN	TRUSTEE	%	
(3) FREDERICK LEBOW	TRUSTEE	%	
(4) RONALD BROWN	TRUSTEE	%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T' INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 11
		NEW TYGONS
DESCRIPTION		NET INCOME OR (LOSS)
NEW ENGLAND REALTY ASSOCIATES I ORDINARY BUSINESS INCOME	LIMITED PARTNERSHI -	49.
NEW ENGLAND REALTY ASSOCIATES I RENTAL REAL ESTATE IN	LIMITED PARTNERSHI - NET	-6,764.
TOTAL INCLUDED ON FORM 990-T, F	PAGE 1, LINE 5	-6,715.
		1
FORM 990-T	CONTRIBUTIONS	STATEMENT 12
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT _
ACTION FOR BOSTON COMMUNITY	N/A	
DEVELOPMENT INC	/-	5,000.
ALLSTON BRIGHTON CDC	N/A	12,000.
ALLSTON BRIGHTON SUBSTANCE	N/A	2,500.
ABUSE TF ALLSTON VILLAGE MAIN STREET	N/A	5,000.
ASIA COMMUNITY DEVELOPMENT	N/A	3,000.
CORPORATION	14/ 11	5,000.
BAY COVE ACADEMY	N/A	5,000.
BAY COVE HUMAN SERVICES	N/A	5,000.
BENSON-HENRY INSTITUTE FOR	N/A	
MIND BODY MEDICINE		10,000.
BETH ISREAL DEACONESS HOSPITAL	N/A	
PLYMOUTH	(-	1,000.
BOSTON DEBATE LEAGUE	N/A	10,000.
BOSTON HEALTHCARE FOR HOMELESS	N/A	5,000.
POCHON MEDICAL CENTER	N/A	5,000.
BOSTON MEDICAL CENTER BOSTON MIDSUMMER OPERA	N/A	4,000.
BOSTON PHILHARMONIC ORCHESTRA	N/A	15,000.
BOSTON WINTER BALL CORPORATION	N/A	20,000.
BOSTON YOUTH SYMPHONY	N/A -	•
ORCHESTRA		9,250.
BOYS AND GIRLS CLUB OF	N/A	
MIDDLESEX COUNTY		5,000.
BREAD & ROSES	N/A	5,000.
BREAKTHROUGH GREATER BOSTON	N/A	5,000.
BRIDGE OVER TROUBLED WATERS	N/A	10,000.
INC	N/A	10,000.
BRIGHTON ALLSTON HISTORICAL SOCIETY	N/A	500.
BRIGHTON MAIN STREETS	N/A	5,000.
DITORION FRIEN DIRECTIO	~-,	2,2301

THE HAMILTON COMPANY CHARITAE	BLE FOUNDATI	27-7018900
BROOKLINE ARTS CENTER	N/A	15,000.
BROOKLINE COMMUNITY FOUNDATION	N/A	52,000.
BROOKLINE COMMUNITY MENTAL	N/A	22,000
HEALTH CENTER	14/21	30,000.
BROOKLINE FOOD PANTRY	N/A	25,000.
BROOKLINE HUB, INC	N/A	10,000.
BROOKLINE MUSIC SCHOOL	N/A	3,000.
	N/A N/A	2,350.
BROOKLINE YOUTH FUND BUILD GREATER BOSTON	N/A N/A	20,000.
		15,000.
CARE DIMENSIONS	N/A	25,000.
CAREER COLLABORATIVE, INC.	N/A	10,000.
CARITAS COMMUNITIES	N/A	5,000.
CENTER STREET FOOD PANTRY	N/A	5,000.
CHAMELEO ARTS ENSEMBLE OF	N/A	1 500
BOSTON	37 / 3	1,500.
CHARLES RIVER CONSERVANCY	N/A	14,500.
CITIZENS SCHOOL	N/A	15,000.
COMMUNITY ROWING	N/A	1,000.
COOLIDGE CORNER THEATRE	N/A	5,000.
COOPERATIVE METROPOLITAN	N/A	
MINISTRIES	N7 / N	5,000.
CRADLES TO CRAYONS	N/A	40,000. 15,000.
CROSSROADS FOR KIDS	N/A	•
DANA FARBER CANCER INSTITUTE	N/A	5,000.
DOC WAYNE	N/A	10,000.
EAST BOSTON SAVINGS BANK	N/A	500.
CHARITABLE FOUNDATION		10,000.
EMERALD NECKLACE CONSERVANCY	N/A	5,000.
ENGLISH FOR NEW BOSTONIANS	N/A	20,000.
ESPERANZA ACADEMY	N/A	1,000.
FALMOUTH DOG PARKS	N/A N/A	1,000:
FAMILY NURTURING CENTER OF MASSACHUSETTS	N/A	5,000.
	N/A	5,000:
FEDERATION FOR CHILDREN WITH	N/A	5,000.
SPECIAL NEEDS FENWAY CIVIC ASSOCIATION	NT / A	5,000.
FENWAY COMMUNITY DEVELOPMENT	N/A N/A	5,000.
	N/A	10,000.
CORP FIDELITY HOUSE ARLINGTON	N/A	15,000.
FIRST LITERACY	N/A N/A	5,000.
FIRST TEACHER	N/A N/A	5,000.
FRANCISCAN HOSPITAL FOR	N/A	3,000.
CHILDREN	ŅΛ	80,000.
FRANKLIN INSTITUTE OF	N/A	00,000.
TECHNOLOGY	M/ A	35,000.
FREELANCE PLAYERS	N/A	5,000.
FULLER CRAFT MUSEUM	N/A N/A	7,500.
GARDNER PILOT ACADEMY	N/A	15,000.
GODDARD HOUSE ASSISTED LIVING	N/A N/A	10,000.
GOLF FIGHTS CANCER	N/A	10,000.
GRANADA HOUSE	N/A N/A	6,000.
HANDEL AND HAYDEN SOCIETY	N/A N/A	7,500.
HELPING HANDS MONKEY HELPERS	N/A	3,000.
HEEL THE HEHED HOMEL HEEL HEE	/	2,000.

THE HAMILTON COMPANY CHARITAE	LE FOUNDATI	27-7018900
HMS MEDSCIENCE	N/A	5,000.
HOME BASE	N/A	10,000.
HOME FOR LITTLE WANDERERS	N/A	30,000.
HORACE MANN EDUCATIONAL	N/A	
ASSOCIATES	,	2,721.
HORIZONS FOR HOMELESS CHILDREN	N/A	20,000.
HOSPICE OF THE SOUTH SHORE	N/A	1,000.
HOUSING FAMILIES	N/A	10,000.
JOHN H. BARRY BOYS & GIRLS	N/A	
CLUB OF NEWTON	,	5,000.
JUNIOR ACHIEVEMENT NORTHERN	N/A	•
NEW ENGLAND	·	2,500.
KIDS CLOTHES CLUB INC.	N/A	25,000.
MAB COMMUNITY SERVICES	N/A	30,000.
MADISON PARK DEVELOPMENT	N/A	•
CORPORATION	,	5,000.
MASSACHUSETTS ADOPTION	N/A	•
RESOURCE EXCHANGE	,	10,000.
MASSACHUSETTS COALITION FOR	N/A	•
THE HOMELESS	,	10,000.
MASSACHUSETTS GENERAL HOSPITAL	N/A	50,000.
METROPOLITAN CHORALE	N/A	3,500.
MYSTIC RIVER WATERSHED	N/A	·
ASSOCIATION		3,500.
NATIONAL TAY-SACHS & ALLIED	N/A	·
DISEASES	·	5,000.
NEW ENGLAND BABTIST HOSPITAL	N/A	7,500.
NEW ENGLAND CONSERVATORY	N/A	25,000.
NEWTON COMMUNITY SERVICE	N/A	
CENTER		5,000.
NORTHEASTERN UNIVERSITY	N/A	20,000.
OAK SQUARE YMCA	N/A	15,000.
OPERATION A.B.L.E OF GREATER	N/A	
BOSTON		5,000.
OPERATION WARM INC	N/A	2,000.
PAN-MASS CHALLENGE	N/A	8,500.
PERKINS SCHOOL FOR THE BLIND	N/A	10,000.
PIERS PARK SAILING CENTER	N/A	5,000.
PLAYWORKS NEW ENGLAND	N/A	5,000.
PRESENTATION SCHOOL INC	$_{N}NA$	30,000.
PROGRAMS FOR PEOPLE	N/A	15,000.
PROJECT PLACE	N/A	7,500.
PROSPECT HILL ACADEMY	N/A	5,000.
RAISING A READER MASSACHUSETTS	N/A	5,000.
ROGERSON HOUSE	N/A	15,000.
ROOM TO GROW NATIONAL, INC.	N/A	10,000.
SCIENCE FROM SCIENTISTS	N/A	5,000.
SCITUATE LIBRARY FOUNDATION	N/A	20,000.
SOCIAL CAPITAL INC	N/A	5,000.
ST COLUMBKILLE PARTNERSHIP	N/A	
SCHOOL		10,000.
ST. FRANCIS HOUSE	N/A	10,000.
ST. PAUL'S CHOIR SCHOOL	N/A	2,500.

THE HAMILTON COMPANY CHARITA	BLE FOUNDATI	27-7018900
STEPS TO SUCCESS	N/A	20,000.
SUPPORTIVE LIVING	N/A	7,500.
TEACH .FOR AMERICA	N/A	5,000.
THE BOSTON BALLET	N/A	5,000.
THE BOSTON FOUNDATION	N/A	20,000.
THE CAROLL FOR THE BLIND	N/A	20,000.
THE CHILDREN'S MUSEUM EASTON	N/A	5,000.
THE FUND FOR PARKS AND	N/A	
RECREATION		10,000.
THE NEXT STEP FUND	N/A	√ 10,000.
URBAN COLLEGE OF BOSTON	N/A	30,000.
VICTORY PROGRAMS	N/A	5,000.
VISIONS INC	N/A	5,000.
WALKER INC	N/A	5,000.
WATERWORKS MUSEUM	N/A	10,000.
WEST END HOUSE	N/A	350,000.
WHITTIER STREET HEALTH CENTER	N/A	
COMMITTEE		5,000.
YEAR UP GREATER BOSTON	N/A	25,000.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	1,752,821.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	13
	NTRIBUTIONS SUBJECT TO 100% LIMIT			-
CARRYOVER OF FOR TAX YE FOR TAX YE FOR TAX YE FOR TAX YE	AR 2014 832,775 AR 2015 1,160,443 AR 2016 1,314,400			
TOTAL CARRYO	VER T YEAR 10% CONTRIBUTIONS	7,218,890 1,752,821		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	8,971,711 601		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	8,971,110 0 8,971,110		
ALLOWABLE CO	NTRIBUTIONS DEDUCTION			601
TOTAL CONTRI	BUTION DEDUCTION			601

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2018

Name Employer identification number THE HAMILTON COMPANY CHARITABLE FOUNDATION 27-7018900 Part I. Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Unused capital loss carryover (attach computation) 7 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract olumn (e) from column (d) and nbine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 13,723. 11 Enter gain from Form 4797, line 7 or 9 11

Part III Summary of Parts I and II

14 Capital gain distributions

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Note: If losses exceed gains, see Capital losses in the instructions.

16 | 13,723. 18 | 13,723.

13,723

12

13

14

15

Schedule D (Form 1120) 2018

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h