

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation THE HAMILTON COMPANY CHARITABLE FOUNDATION		A Employer identification number 27-7018900	
Number and street (or P.O. box number if mail is not delivered to street address) 39 BRIGHTON AVENUE		Room/suite	B Telephone number (see instructions) (617) 783-0039
City or town, state or province, country, and ZIP or foreign postal code ALLSTON, MA 02134		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 50,223,068		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	4,766,840			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	433,666	433,666		
	4 Dividends and interest from securities				
	5a Gross rents	1,914,892	1,914,892		
	b Net rental income or (loss) 1,133,923				
	6a Net gain or (loss) from sale of assets not on line 10	17,126			
	b Gross sales price for all assets on line 6a 17,126				
	7 Capital gain net income (from Part IV, line 2)		17,126		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	7,132,524	2,365,684		
	13 Compensation of officers, directors, trustees, etc.	98,600	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	144,815	144,815		0
	19 Depreciation (attach schedule) and depletion	418,194	418,194		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	229,688	217,960		0
	24 Total operating and administrative expenses. Add lines 13 through 23	891,297	780,969		0
	25 Contributions, gifts, grants paid	1,980,450			1,980,450
	26 Total expenses and disbursements. Add lines 24 and 25	2,871,747	780,969		1,980,450
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	4,260,777			
	b Net investment income (if negative, enter -0-)		1,584,715		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	14,457,962	27,121,044	27,121,044
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable	315,013	377,961	377,961
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ 13,690,363 Less: accumulated depreciation (attach schedule) ▶ _____ 2,766,560	11,226,244	10,923,803	10,935,009
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1,231,587	11,789,054	11,789,054
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	27,230,806	50,211,862	50,223,068	
Liabilities	17 Accounts payable and accrued expenses	13,414	197,149	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	13,414	197,149	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	27,217,392	50,014,713	
	29 Total net assets or fund balances (see instructions)	27,217,392	50,014,713	
30 Total liabilities and net assets/fund balances (see instructions) .	27,230,806	50,211,862		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	27,217,392
2 Enter amount from Part I, line 27a	2	4,260,777
3 Other increases not included in line 2 (itemize) ▶ _____	3	18,691,822
4 Add lines 1, 2, and 3	4	50,169,991
5 Decreases not included in line 2 (itemize) ▶ _____	5	155,278
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	50,014,713

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a FROM K-1 - NEW ENGLAND REALTY ASSOCIATES LP	P	2019-01-01	2019-12-31
b FROM K-1 - MABB LLC	P	2019-01-01	2019-12-31
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 4,514			4,514
b 12,612			12,612
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			4,514
b			12,612
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	17,126
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

☐ Yes
 ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,752,821	24,467,998	0.071637
2017	3,301,967	21,666,314	0.152401
2016	1,311,263	19,460,068	0.067382
2015	1,160,470	17,460,556	0.066462
2014	832,775	14,582,817	0.057107

2 Total of line 1, column (d)	2	0.414989
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.082998
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	36,022,069
5 Multiply line 4 by line 3	5	2,989,760
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	15,847
7 Add lines 5 and 6	7	3,005,607
8 Enter qualifying distributions from Part XII, line 4	8	1,980,450

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	31,694
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	31,694
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	31,694
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	12,280
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	12,280
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	173
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	19,587
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0 (2) On foundation managers. <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>JAMESON BROWN</u> Telephone no. ▶ <u>(617) 783-0039</u>			

Located at ▶ 39 BRIGHTON AVE ALLSTON MAZIP+4 ▶ 02134

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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.**

		Yes	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

5a During the year did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?				
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

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

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

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

Total number of other employees paid over \$50,000. ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	3,048,970
b	Average of monthly cash balances.	1b	14,512,742
c	Fair market value of all other assets (see instructions).	1c	19,008,916
d	Total (add lines 1a, b, and c).	1d	36,570,628
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	36,570,628
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	548,559
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	36,022,069
6	Minimum investment return. Enter 5% of line 5.	6	1,801,103

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

1	Minimum investment return from Part X, line 6.	1	1,801,103
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	31,694
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	113,806
c	Add lines 2a and 2b.	2c	145,500
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,655,603
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,655,603
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,655,603

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,980,450
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,980,450
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,980,450

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,655,603
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	103,890			
b From 2015.	287,478			
c From 2016.	348,062			
d From 2017.	2,233,117			
e From 2018.	542,835			
f Total of lines 3a through e.	3,515,382			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____ 1,980,450				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				1,655,603
e Remaining amount distributed out of corpus	324,847			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,840,229			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2014 not applied on line 5 or line 7 (see instructions).	103,890			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	3,736,339			
10 Analysis of line 9:				
a Excess from 2015.	287,478			
b Excess from 2016.	348,062			
c Excess from 2017.	2,233,117			
d Excess from 2018.	542,835			
e Excess from 2019.	324,847			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,980,450
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2019)

Part XVII

	Yes	No
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1a(1)	No
1a(2)	No

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1b(1)	No
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1b(2)	No
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1b(3)	No
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1b(4)	No
-------	----

1b(5)	No
-------	----

1b(6)	No
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1c		No
----	--	----

value
ue

[illegible]

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

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

b If "Yes," complete the following schedule.

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

Sign Here <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	KELLY A BERARDI		2020-11-16		
	Firm's name ► GRAY GRAY & GRAY LLP				Firm's EIN ► 04-2088368
	Firm's address ► 150 ROYALL STREET SUITE 102 CANTON, MA 02021				Phone no. (781) 407-0300

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMESON BROWN	TRUSTEE 5.00	16,000	0	0
77 EXETER STREET APT 1002 BOSTON, MA 02116				
MAURA BROWN	TRUSTEE 1.00	16,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				
CARL VALERI	TRUSTEE 2.00	0	0	0
50 UDINE STREET ARLINGTON, MA 02174				
ROBERT SOMMA	TRUSTEE 1.00	0	0	0
11 LOW STREET NEWBURY, MA 01951				
FREDERICK LEBOW	TRUSTEE 1.00	16,000	0	0
71 COLCHESTER STREET BROOKLINE, MA 02446				
HARLEY BROWN	ALTERNATE TRUSTEE 0.01	16,600	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				
RONALD BROWN	TRUSTEE 1.00	18,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				
ANDREA KOZINETZ	TRUSTEE 1.00	16,000	0	0
39 BRIGHTON AVE ALLSTON, MA 02134				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACTION FOR BOSTON COMMUNITY DEVELOPMENT INC 178 TREMONT STREET BOSTON, MA 02111	N/A	PC	GENERAL	5,000
ALLSTON BRIGHTON CDC 20 LINDEN ST SUITE 288 ALLSTON, MA 02134	N/A	PC	GENERAL	17,500
ALLSTON BRIGHTON HISTORICAL SOCIETY 20 CHESNUT HILL AVE BOSTON, MA 02135	N/A	PC	GENERAL	500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLSTON BRIGHTON SUBSTANCE ABUSE TF 20 LINDEN ST SUITE 288 ALLSTON, MA 02134	N/A	PC	GENERAL	4,500
ALLSTON VILLAGE MAIN STREET 161 HARVARD AVE ALLSTON, MA 02134	N/A	PC	GENERAL	10,000
AMERICAN CANCER SOCIETY ROAD RACE 125 S HUNTINGTON AVE BOSTON, MA 02130	N/A	PC	GENERAL	7,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMOS HOUSE CHARITY GOLF TOURNAMENT 460 PINE ST PROVIDENCE, RI 02907	N/A	PC	GENERAL	5,000
ARTIST FOR HUMANITY100 W 2ND ST BOSTON, MA 02127	N/A	PC	GENERAL	5,000
BAM YOUTH GUIDANCE 1 N LASALLE ST 900 CHICAGO, IL 60602	N/A	PC	GENERAL	2,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BAY COVE ACADEMY156 LAWTON ST BROOKLINE, MA 02446	N/A	PC	GENERAL	5,000
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON STREET BOSTON, MA 02215	N/A	PC	GENERAL	15,000
BOSTON BALLET153 NEEDHAM STREET NEWTON, MA 02464	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON CASA85 MERRIMAC ST 401 BOSTON, MA 02114	N/A	PC	GENERAL	2,500
BOSTON CHAMBER MUSIC SOCIETY 60 GORE STREET SUITE 2 CAMBRIDGE, MA 02141	N/A	PC	GENERAL	3,500
BOSTON DEBATE LEAGUE 566 COLUMBUS AVE BOSTON, MA 02118	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON HEALTHCARE FOR HOMELESS P 780 ALBANY ST BOSTON, MA 02118	N/A	PC	GENERAL	10,000
BOSTON MIDSUMMER OPERA PO BOX 301 CHARLES STREET STATION BOSTON, MA 02114	N/A	PC	GENERAL	4,500
BOSTON PHILHARMONIC ORCHESTRA 295 HUNTINGTON AVE SUITE 210 BOSTON, MA 02116	N/A	PC	GENERAL	15,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON STRING ACAMDEMY 249 HARRISON AVE BOSTON, MA 02111	N/A	PC	GENERAL	2,500
BOSTON WINTER BALL CORPORATION 401 OCEAN ROAD NARRAGANSETT, RI 02882	N/A	PC	GENERAL	25,000
BOSTON YOUTH SYMPHONY ORCHESTRA 301 MASSACHUSETTES AVE BOSTON, MA 02115	N/A	PC	GENERAL	4,250
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BREAD & ROSES58 NEWBURY STREET LAWRENCE, MA 01840	N/A	PC	GENERAL	10,000
BREAKTHROUGH GREATER BOSTON 459 BROADWAY CAMBRIDGE, MA 02138	N/A	PC	GENERAL	10,000
BRIDGE OVER TROUBLED WATERS INC 68 WAVERLY ST BRIGHTON, MA 02135	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKLINE ARTS CENTER 86 MONMOUTH STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	20,000
BROOKLINE BANK - CLIMATE ACTION BROOKLINE PO BOX 1743 BROOKLINE, MA 02446	N/A	PC	GENERAL	6,000
BROOKLINE COMMUNITY FOUNDATION 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	65,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROOKLINE COMMUNITY MENTAL HEALTH CENTER 41 GARRISON ROAD BROOKLINE, MA 02445	N/A	PC	GENERAL	35,000
BROOKLINE FOOD PANTRY 15 ST PAUL ST BROOKLINE, MA 02446	N/A	PC	GENERAL	25,000
BROOKLINE HUB INC 164 WASHINGTON STREET NEWTON, MA 02458	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BROOKLINE MUSIC SCHOOL 25 KENNARD ROAD BROOKLINE, MA 02445	N/A	PC	GENERAL	3,100
BROOKLINE YOUTH FUND 40 WEBSTER PLACE BROOKLINE, MA 02445	N/A	PC	GENERAL	9,850
BUILD GREATER BOSTON 6 BEACON STREET SUITE 415 BOSTON, MA 02108	N/A	PC	GENERAL	20,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP HARBOR VIEW 200 CLARENDON STREET 60TH FLOOR BOSTON, MA 02116	N/A	PC	GENERAL	20,000
CARE DIMENSIONS 75 SYLVAN ST STE B-102 DANVERS, MA 01923	N/A	PC	GENERAL	20,000
CAREER COLLABORATIVE INC 77 SUMMER STREET 11TH FLOOR BOSTON, MA 02110	N/A	PC	GENERAL	40,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARITAS COMMUNITIES 25 BRAINTREE HILL PARK 206 BRAINTREE, MA 02184	N/A	PC	GENERAL	15,000
CENTER STREET FOOD PANTRY 11 HOMER STREET NEWTON CENTER, MA 02459	N/A	PC	GENERAL	10,000
CHAMELEO ARTS ENSEMBLE OF BOSTON 6 ROCKY NOOK TERRACE JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	1,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARLES RIVER CONSERVANCY S3-3 43 THORNDIKE STREET CAMBRIDGE, MA 02141	N/A	PC	GENERAL	5,000
CHINATOWNSOUTH COVE NEIGHBORHOOD 885 WASHINGTON ST BOSTON, MA 02111	N/A	PC	GENERAL	500
CITIZENS SCHOOL 308 CONGRESS STREET BOSTON, MA 02210	N/A	PC	GENERAL	15,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ROWING 20 NONANTUM ROAD BRIGHTON, MA 02135	N/A	PC	GENERAL	2,500
CRADLES TO CRAYONS 155 NORTH BEACON STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	40,000
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY, MA 02332	N/A	PC	GENERAL	15,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVID REIER BEST BUDDIES RIDE 100 SOUTHEAST SECOND ST SUITE 2200 MIAMI, FL 33131	N/A	PC	GENERAL	250
DOC WAYNE418 COMMONWEALTH AVE BOSTON, MA 02215	N/A	PC	GENERAL	15,000
DREAMFAR HIGH SCHOOL MARATHON 27 SCOTNEY ROAD CHESTNUT HILL, MA 02467	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAST BOSTON SAVINGS BANK CHARITABLE FOUNDATION 67 PROSPECT STREET PEABODY, MA 01960	N/A	PC	GENERAL	1,000
EMERALD NECKLACE CONSERVANCY 125 FENWAY BOSTON, MA 02115	N/A	PC	GENERAL	10,000
ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY STREET BOSTON, MA 02111	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESPERANZA ACADEMY 198 GARDEN STREET LAWRENCE, MA 01840	N/A	PC	GENERAL	20,000
FALMOUTH DOG PARKS 257 BRICK KILN RD EAST FALMOUTH, MA 02536	N/A	PC	GENERAL	1,000
FAMILY ACCESS OF NEWTON 492 WALTHAM STREET NEWTON, MA 02465	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY FIRST PARENTING PROGRAMS 9 GALEN ST WATERTOWN, MA 02472	N/A	PC	GENERAL	5,000
FAMILY NURTURING CENTER OF MASSACHUSETTS 200 BOWDOIN ST DORCHESTER, MA 02122	N/A	PC	GENERAL	7,500
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 529 MAIN STREET SUITE 1M3 BOSTON, MA 02129	N/A	PC	GENERAL	7,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FENWAY CIVIC ASSOCIATION BOX 230435 BOSTON, MA 02123	N/A	PC	GENERAL	3,000
FENWAY COMMUNITY DEVELOPMENT CORP 70 BURBANK STREET BOSTON, MA 02115	N/A	PC	GENERAL	10,000
FENWAY HEALTH1340 BOYSTON ST BOSTON, MA 02215	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FIRST LITERACY160 BOYLSTON ST 2 BOSTON, MA 02116	N/A	PC	GENERAL	5,000
FIRST TEACHER221 BLUE HILL AVENUE ROXBURY, MA 02119	N/A	PC	GENERAL	5,000
FOLLOW YOUR ARTS COMMUNITY STUDIOS 647 MAIN ST MELROSE, MA 02176	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRANCISCAN HOSPITAL FOR CHILDREN 30 WARREN STREET BRIGHTON, MA 02135	N/A	PC	GENERAL	80,000
FRANKLIN INSTITUTE OF TECHNOLOGY 41 BERKELEY ST BOSTON, MA 02116	N/A	PC	GENERAL	45,000
FREELANCE PLAYERS 670 CENTRE STREET JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF MIDDLESEX FELS RESERVAT 235 W FOSTER ST MELROSE, MA 02176	N/A	PC	GENERAL	5,000
FULLER CRAFT MUSEUM 455 OAK STREET BROCKTON, MA 02301	N/A	PC	GENERAL	10,000
GATEWAY ARTS62 HAVARD ST BROOKLINE, MA 02445	N/A	PC	GENERAL	2,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOLF FIGHTS CANCER 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766	N/A	PC	GENERAL	10,000
HANDEL AND HAYDEN SOCIETY 9 HARCOURT STREET BOSTON, MA 02116	N/A	PC	GENERAL	7,500
HELPING HANDS MONKEY HELPERS 557 CAMBRIDGE STREET ALLSTON, MA 02134	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HMS MEDSCIENCE210 LONGWOOD AVE BOSTON, MA 02115	N/A	PC	GENERAL	5,000
HOME FOR LITTLE WANDERERS 10 GUEST STREET BOSTON, MA 02135	N/A	PC	GENERAL	30,000
HORACE MANN EDUCATIONAL ASSOCIATES 8 FORGE PARK EAST FRANKLIN, MA 02038	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	N/A	PC	GENERAL	20,000
HOUSING FAMILIES919 EASTERN AVE MALDEN, MA 02148	N/A	PC	GENERAL	15,000
HYDE SQUAE TASK FORCE 30 SUNNYSIDE ST BOSTON, MA 02130	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ITALIAN HOME FOR CHILDREN 1125 CENTRE ST JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	5,000
JEREMIAH PROGRAM BOSTON 130 WARREN ST BOSTON, MA 02119	N/A	PC	GENERAL	5,000
JEWISH COMMUNITY HOUSTING FOR THE ELDERLY 30 WALLINGFORD RD BRIGHTON, MA 02135	N/A	PC	GENERAL	300,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHN H BARRY BOYS & GIRLS CLUB OF NEWTON 675 WATERTOWN STREET NEWTON, MA 02460	N/A	PC	GENERAL	10,000
JUDGE BAKER CHILDREN'S CENTER 53 PARK HILL AVE ROXBURY, MA 02120	N/A	PC	GENERAL	2,500
LABOURE COLLEGE303 ADAMS STREET MILTON, MA 02186	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEARN LIVE LOVE CANCER OUTREACH PO BOX 292 SCITUATE, MA 02066	N/A	PC	GENERAL	15,000
MAB COMMUNITY SERVICES 200 IVY STREET BROOKLINE, MA 02446	N/A	PC	GENERAL	35,000
MADISON PARK DEVELOPMENT CORPORATION 184 DUDLEY STREET 102 BOSTON, MA 02119	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MASSACHUSETTS COALITION FOR THE HOMELESS 15 BUBIER ST LYNN, MA 01901	N/A	PC	GENERAL	10,000
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	N/A	PC	GENERAL	50,000
MASSACHUSETTS RIVER ALLIANCE ORGANIZATION 2343 MASS AVE0 CAMBRIDGE, MA 02140	N/A	PC	GENERAL	2,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METCO40 DIMOCK ST ROXBURY, MA 02119	N/A	PC	GENERAL	1,000
MISTRAL MUSIC INCPO BOX 5075 ANDOVER, MA 01810	N/A	PC	GENERAL	10,000
MYSTIC RIVER WATERSHED ASSOCIATION 20 ACADEMY ST 306 ARLINGTON, MA 02476	N/A	PC	GENERAL	3,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MYSTIC VALLEY ELDER SERVICES 300 COMMERCIAL ST 19 MALDEN, MA 02148	N/A	PC	GENERAL	5,000
NATIONAL TAY-SACHS & ALLIED DISEASES 2001 BEACON STREET 204 BRIGHTON, MA 02135	N/A	PC	GENERAL	5,000
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVE BOSTON, MA 02115	N/A	PC	GENERAL	25,000
NEXT STEP99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	N/A	PC	GENERAL	10,000
NVNA AND HOSPICE 120 LONGWATER DRIVE NORWELL, MA 02061	N/A	PC	GENERAL	2,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OAK SQUARE YMCA 615 WASHINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	15,000
ONE CAN HELPPPO BOX 55 NEWTON, MA 02468	N/A	PC	GENERAL	5,000
OPERATION ABLE OF GREATER BOSTON 174 PORTLAND STREET BOSTON, MA 02114	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPERATION WARM INC 6 DICKINSON DR 314 CHADDS FORD, PA 19317	N/A	PC	GENERAL	2,500
PAN-MASS CHALLENGE77 4TH AVENUE NEEDHAM, MA 02494	N/A	PC	GENERAL	1,500
PERKINS SCHOOL FOR THE BLIND 175 N BEACON ST WATERTOWN, MA 02472	N/A	PC	GENERAL	10,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PIERS PARK SAILING CENTER 95 MARGINAL STREET BOSTON, MA 02128	N/A	PC	GENERAL	5,000
PINE STREET INN444 HARRISON AVE BOSTON, MA 02118	N/A	PC	GENERAL	5,000
PLAYWORKS NEW ENGLAND 67 KEMBLE ST SUITE 36 BOSTON, MA 02119	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PMC JIMMY FUND 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	N/A	PC	GENERAL	8,500
PROGRAMS FOR PEOPLE98 LINCOLN ST FRAMINGHAM, MA 01702	N/A	PC	GENERAL	15,000
PROSPECT HILL ACADEMY 50 ESSEX STREET CAMBRIDGE, MA 02139	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PUPPET SHOWPLACE THEATER 32 STATION ST BROOKLINE, MA 02445	N/A	PC	GENERAL	1,000
RAISING A READER MASSACHUSETTS 3 SCHOOL STREET BOSTON, MA 02108	N/A	PC	GENERAL	7,500
ROGERSON HOUSE1 FLORENCE STREET ROSLINDALE, MA 02131	N/A	PC	GENERAL	25,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROOM TO GROW NATIONAL INC 142 BERKELEY STREET BOSTON, MA 02116	N/A	PC	GENERAL	15,000
SAIL TO PREVAIL60 FORT ADAMS DR NEWTON, MA 02840	N/A	PC	GENERAL	5,000
SCIENCE FROM SCIENTISTS 1 DEANGELO DRIVE BEDFORD, MA 01730	N/A	PC	GENERAL	7,500
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCITUATE LIBRARY FOUNDATION 85 BRANCH STREET SCITUATE, MA 02066	N/A	PC	GENERAL	20,000
SHERRILL HOUSE 135 S HUNTINGTON AVE JAMAICA PLAIN, MA 02130	N/A	PC	GENERAL	35,000
SOCIAL CAPITAL INC 165 NEW BOSTON ST WOBURN, MA 01801	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SOCIAL NEEDS ART PROGRAM PO BOX 598 LEXINGTON, MA 02420	N/A	PC	GENERAL	2,500
SOLUTION AT WORK1151 MASS AVE CAMBRIDGE, MA 02138	N/A	PC	GENERAL	5,000
SPORTMENT'S TENNIS & ENRICHMENT CENTER 950 BLUE HILL DORCHESTER, MA 02124	N/A	PC	GENERAL	15,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON ST BRIGHTON, MA 02135	N/A	PC	GENERAL	15,000
ST FRANCIS HOUSE 39 BOYLSTON STREET BOSTON, MA 02116	N/A	PC	GENERAL	10,000
STEPS TO SUCCESS24 WEBSTER PL BROOKLINE, MA 02445	N/A	PC	GENERAL	20,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUPPORTIVE LIVING17 WARREN AVE WOBURN, MA 01801	N/A	PC	GENERAL	10,000
TEACH FOR AMERICA60 CANAL STREET BOSTON, MA 02114	N/A	PC	GENERAL	7,500
THE BASE150 SHIRLEY ST ROXBURY, MA 02119	N/A	PC	GENERAL	15,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE BOSTON FOUNDATION 75 ARLINGTON STREET 10TH FLOOR BOSTON, MA 02116	N/A	PC	GENERAL	20,000
THE CAROLL FOR THE BLIND 770 CENTRE ST NEWTON, MA 02458	N/A	PC	GENERAL	25,000
THE CHILDREN'S MUSEUM EASTON 9 SULLIVAN AVE NORTH EASTON, MA 02356	N/A	PC	GENERAL	5,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CHILDREN'S ROOM1210 MASS AVE ARLINGTON, MA 02476	N/A	PC	GENERAL	10,000
THE FISHING ACADEMY16 ADAIR RD BRIGHTON, MA 02135	N/A	PC	GENERAL	5,000
THE FORSYTH INSTITUTE245 FIRST ST CAMBRIDGE, MA 02142	N/A	PC	GENERAL	25,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FUND FOR PARKS AND RECREATION 1010 MASSACHUSETTS AVE 3 BOSTON, MA 02118	N/A	PC	GENERAL	10,000
THE PRICE CENTER27 CHRISTINA ST NEWTON, MA 02461	N/A	PC	GENERAL	5,000
URBAN COLLEGE OF BOSTON 178 TREMONT STREET BOSTON, MA 02116	N/A	PC	GENERAL	45,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VICTORY PROGRAMS 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	N/A	PC	GENERAL	10,000
VISIONS INC1452 DORCHESTER AVE DORCHESTER, MA 02122	N/A	PC	GENERAL	5,000
YEAR UP GREATER BOSTON45 MILK ST BOSTON, MA 02109	N/A	PC	GENERAL	30,000
Total ▶ 3a				1,980,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA MALDEN99 ADRTMOUTH ST MALDEN, MA 02148	N/A	PC	GENERAL	5,000
YOUTH ENRICHMENT SERVICES 412 MASS AVE BOSTON, MA 02118	N/A	PC	GENERAL	2,000
Total ▶ 3a				1,980,450

TY 2019 Distribution from Corpus Election

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Election: TAXPAYER HEREBY ELECTS UNDER REGULATION SECTION
53.4942(A)-3(D)(2) TO TREAT THE REMAINING QUALIFYING
DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

TY 2019 Investments - Other Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT - MORGAN STANLEY	AT COST	3,715,147	3,715,147
PARTNERSHIP INVESTMENTS	AT COST	8,073,907	8,073,907

TY 2019 Other Decreases Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Description	Amount
PROVISION FOR FEDERAL TAXES	155,278

TY 2019 Other Expenses Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	379	0		0
PROFESSIONAL FEES	7,100	0		0
OFFICE EXPENSE	849	0		0
GOODS & SERVICES	3,400	0		0
MANAGMENT FEES	46,148	46,148		0
INSURANCE	13,634	13,634		0
CLEANING	1,686	1,686		0
REPAIRS AND MAINTENANCE	53,075	53,075		0
UTILITIES	41,522	41,522		0
ADMINISTRATION	3,976	3,976		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT INTEREST EXPENSE	14,938	14,938		0
INVESTMENT INTEREST EXPENSE	42,814	42,814		0
AMORTIZATION	167	167		0

TY 2019 Other Increases Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Description	Amount
UNREALIZED GAINS / LOSSES	183,390
OTHER CHANGES IN NET ASSETS/FUND BALANCE	36,535
TRANSFERRED CAPITAL	8,471,897
TRANSFERRED RECEIVABLE	10,000,000

TY 2019 Substantial Contributors Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Name	Address
JAMESON BROWN	39 BRIGHTON AVE ALLSTON, MA 02134

TY 2019 Taxes Schedule

Name: THE HAMILTON COMPANY CHARITABLE
FOUNDATION

EIN: 27-7018900

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	625	625		0
OTHER TAXES	102,319	102,319		0
PROVISION FOR STATE INCOME TAXES	41,871	41,871		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
Name of the organization THE HAMILTON COMPANY CHARITABLE FOUNDATION		Employer identification number 27-7018900

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE HAMILTON COMPANY CHARITABLE
FOUNDATION

Employer identification number
27-7018900

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HAROLD BROWN CHARITABLE LEAD & ANNUITY TRUST 39 BRIGHTON AVE ALLSTON, MA 02134	\$ 4,388,779	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE HAMILTON COMPANY CHARITABLE FOUNDATION	Employer identification number 27-7018900
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

27-7018900

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)