

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018

Open to Public Inspection

For calendar year **2018** or tax year beginning , **2018**, and ending , **20**

Name of foundation
HUBBELL-WATERMAN FNDN

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
6325 S RAINBOW BLVD STE 300

City or town, state or province, country, and ZIP or foreign postal code
LAS VEGAS, NV 89118

A Employer identification number
42-6126467

B Telephone number (see instructions)
888-730-4933

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **31,414,147.**

J Accounting method: Cash Accrual
 Other (specify) _____
 (Part I, column (d) must be on cash basis.)

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 331,350. | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 793,562. | 759,297. | | STMT 1 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 946,221. | | | |
| | b Gross sales price for all assets on line 6a 5,103,733. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 946,221. | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | 35,928. | 35,999. | | STMT 2 | |
| 12 Total. Add lines 1 through 11 | 2,107,061. | 1,741,517. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 129,082. | 103,265. | | 25,816. |
| | 14 Other employee salaries and wages | | NONE | NONE | |
| | 15 Pension plans, employee benefits | | NONE | NONE | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | | | | |
| | c Other professional fees (attach schedule) STMT 3 | 57,859. | | | 57,859. |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) STMT 4 | 88,911. | 28,759. | | |
| | 19 Depreciation (attach schedule) and depletion | 1,078. | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 8,684. | NONE | NONE | 8,684. |
| | 22 Printing and publications | | NONE | NONE | |
| | 23 Other expenses (attach schedule) STMT 5 | 86,586. | 66,201. | | 20,385. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23. | 372,200. | 198,225. | NONE | 112,744. |
| | 25 Contributions, gifts, grants paid | 1,316,950. | | | 1,316,950. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 1,689,150. | 198,225. | NONE | 1,429,694. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | 417,911. | | | | |
| b Net investment income (if negative, enter -0-) | | 1,543,292. | | | |
| 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 | | 3,528,693. | 871,176. | 871,176. |
| | 3 | Accounts receivable ▶ Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ▶ Less: allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ * Less: allowance for doubtful accounts ▶ NONE | | 30,000. | * 12,656. 12,656. | 12,656. |
| | 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 ▶ Less: accumulated depreciation ▶ (attach schedule) | | | | |
| | 12 | Investments - mortgage loans | | | | |
| | 13 | Investments - other (attach schedule) STMT 6. | | 23,690,991. | 26,777,823. | 30,530,315. |
| | 14 | Land, buildings, and equipment: basis ▶ 9,700. Less: accumulated depreciation ▶ (attach schedule) 1,078. | | | 8,622. | STMT 9 |
| 15 | Other assets (describe ▶) | | | | | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | | 27,249,684. | 27,670,277. | 31,414,147. | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | |
| | 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) | | | NONE | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here <input type="checkbox"/> | | | and complete lines 24 through 26, and lines 30 and 31. | | |
| | 24 | Unrestricted | | | | |
| | 25 | Temporarily restricted | | | | |
| | 26 | Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> | | | and complete lines 27 through 31. | | |
| | 27 | Capital stock, trust principal, or current funds | | 27,249,684. | 27,670,277. | |
| | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| 30 | Total net assets or fund balances (see instructions) | | 27,249,684. | 27,670,277. | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | | 27,249,684. | 27,670,277. | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | |
|--|--|---------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 27,249,684. |
| 2 | Enter amount from Part I, line 27a | 2 417,911. |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10 | 3 41,992. |
| 4 | Add lines 1, 2, and 3 | 4 27,709,587. |
| 5 | Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 11 | 5 39,310. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 27,670,277. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | | | |
| a 5,103,733. | | 4,157,512. | 946,221. | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0- or Losses (from col. (h)) | | | |
| a | | | 946,221. | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | 2 | 946,221. | | |
| 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 doesn't qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year; see the 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)) |
| 2017 | 1,866,098. | 32,985,121. | 0.056574 |
| 2016 | 1,754,535. | 31,148,315. | 0.056328 |
| 2015 | 1,754,119. | 32,614,164. | 0.053784 |
| 2014 | 1,133,729. | 33,689,258. | 0.033653 |
| 2013 | 1,493,994. | 31,756,756. | 0.047045 |
| 2 Total of line 1, column (d) | | | 2 0.247384 |
| 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 0.049477 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | | | 4 33,795,725. |
| 5 Multiply line 4 by line 3. | | | 5 1,672,111. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 15,433. |
| 7 Add lines 5 and 6. | | | 7 1,687,544. |
| 8 Enter qualifying distributions from Part XII, line 4 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. | | | 8 1,429,694. |

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

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits and payments. Total tax due is 18,953.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes Yes/No columns. Marked with 'X' for 'No' responses to questions 1a, 1b, 1c, 2, 3, 4a, 4b, 5, 6, 7, 8b, 9, and 10.

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 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.hubbellwaterman.org 13 X
14 The books are in care of SEE STATEMENT 12 Telephone no. Located at ZIP+4
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year. 15
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 16 X

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

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

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)? Yes No X
(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.) Yes No X
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 Organizations relying on a current notice regarding disaster assistance, check here
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 2018? 1b X 1c X
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes No X
If "Yes," list the years
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.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2018 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 2018.) 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
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 2018? 4b X

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 6b |
| | 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 | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | | | 7b |
| 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(s) 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, and 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 STATEMENT 13 | | 129,082. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | | NONE | NONE | NONE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 ▶ NONE

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 | | NONE |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services **NONE**

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 NONE | |
| 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 NONE | |
| 2 | |
| All other program-related investments. See instructions. 3 NONE | |

Total. Add lines 1 through 3

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 | 33,787,003. |
| b | Average of monthly cash balances | 1b | 523,378. |
| c | Fair market value of all other assets (see instructions). | 1c | NONE |
| d | Total (add lines 1a, b, and c) | 1d | 34,310,381. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | NONE |
| 3 | Subtract line 2 from line 1d. | 3 | 34,310,381. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 514,656. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 33,795,725. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,689,786. |

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 | 1,689,786. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 30,866. |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 2b | 183. |
| c | Add lines 2a and 2b. | 2c | 31,049. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 1,658,737. |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 10,464. |
| 5 | Add lines 3 and 4 | 5 | 1,669,201. |
| 6 | Deduction from distributable amount (see instructions). | 6 | NONE |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 1,669,201. |

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 | 1,429,694. |
| b | Program-related investments - total from Part IX-B. | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | NONE |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | NONE |
| b | Cash distribution test (attach the required schedule) | 3b | NONE |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 1,429,694. |
| 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 | N/A |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,429,694. |

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 2017 | (c) 2017 | (d) 2018 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 1,669,201. |
| 2 Undistributed income, if any, as of the end of 2018: | | | | |
| a Enter amount for 2017 only. | | | NONE | |
| b Total for prior years: 20 <u>16</u> , 20 <u>15</u> , 20 | | NONE | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 | | | | NONE |
| b From 2014 | | | | NONE |
| c From 2015 | | | | NONE |
| d From 2016 | | | | 85,030. |
| e From 2017 | | | | 233,264. |
| f Total of lines 3a through e | 318,294. | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ <u>1,429,694.</u> | | | | |
| a Applied to 2017, but not more than line 2a | | | NONE | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | NONE | | |
| c Treated as distributions out of corpus (Election required - see instructions) | NONE | | | |
| d Applied to 2018 distributable amount | | | | 1,429,694. |
| e Remaining amount distributed out of corpus | NONE | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) | 239,507. | | | 239,507. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 78,787. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | NONE | | |
| 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 | | NONE | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | NONE | | |
| e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions | | | NONE | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019. | | | | NONE |
| 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) | NONE | | | |
| 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) | NONE | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 78,787. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2014 | | | | NONE |
| b Excess from 2015 | | | | NONE |
| c Excess from 2016 | | | | NONE |
| d Excess from 2017 | | | | 78,787. |
| e Excess from 2018 | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2018, (b) 2017, (c) 2016, (d) 2015, (e) Total. Rows include: 2a Adjusted net income, b 85% of line 2a, c Qualifying distributions from Part XII, 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, 3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test, b "Endowment" alternative test, c "Support" alternative test.

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).)

NONE

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.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [X] 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 email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | 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 |
|--|--|--------------------------------------|-------------------------------------|------------|
| <p>a Paid during the year</p> <p>SEE STATEMENT 23</p> | | | | 1,316,950. |
| Total ▶ 3a | | | | 1,316,950. |
| <p>b Approved for future payment</p> | | | | |
| Total ▶ 3b | | | | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (900099, 5,587, 14, 787,975), 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, 946,221), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue: a, b OTHER INC P-SHIP A (900099, -557, 1, 4,493), c MISC RECEIPTS (1, 18), d GAIN/LOSS P-SHIP A (480000, 486, 18, 31,488), e, 12 Subtotal. Add columns (b), (d), and (e) (5,516, 1,770,195), 13 Total. Add line 12, columns (b), (d), and (e) (13, 1,775,711).

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

NOT APPLICABLE

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

HUBBELL-WATERMAN FNDN

Employer identification number
42-6126467

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, 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 HUBBELL-WATERMAN FNDN | Employer identification number 42-6126467 |
|--|---|

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 | WATERMAN, MARY H - CLUT 1 <hr/> 6325 S RAINBOW BLVD STE 300 <hr/> LAS VEGAS, NV 89118 | \$ 130,970. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | WATERMAN, MARY H - CLUT 2 <hr/> 6325 S RAINBOW BLVD STE 300 <hr/> LAS VEGAS, NV 89118 | \$ 200,380. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

HUBBELL-WATERMAN FNDN

42-6126467

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | 1,078. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 1,078. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a through 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for vehicle information and rows 30 through 36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with rows 37 through 41 and Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with columns (a) through (f) for amortization and rows 42 through 44.

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

=====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- |
|----------------------------|--|--------------------------------------|
| DIVIDENDS AND INTEREST | 725,196. | 725,196. |
| RETURN OF CAPITAL | 28,678. | |
| DIVIDENDS FROM PARTNERSHIP | 39,387. | 33,800. |
| INTEREST FROM PARTNERSHIPS | 301. | 301. |
| TOTAL | ----- 793,562. ===== | ----- 759,297. ===== |

FORM 990PF, PART I - OTHER INCOME
=====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- |
|---------------------------|--|--------------------------------------|
| OTHER INC P-SHIP ACTIVITY | 3,936. | 4,493. |
| MISC RECEIPTS | 18. | 18. |
| GAIN/LOSS P-SHIP ACTIVITY | 31,974. | 31,488. |
| | ----- | ----- |
| TOTALS | 35,928. | 35,999. |
| | ===== | ===== |

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | CHARITABLE PURPOSES |
|------------------------|---|---------------------------|
| ----- | ----- | ----- |
| SCHOLARSHIP ADMIN FEES | 57,859. | 57,859. |
| TOTALS | ----- 57,859. ===== | ----- 57,859. ===== |

FORM 990PF, PART I - TAXES
=====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- |
|--------------------------------|--|--------------------------------------|
| FOREIGN TAXES | 27,075. | 27,075. |
| FEDERAL TAX PAYMENT - PRIOR YE | 28,052. | |
| FEDERAL ESTIMATES - PRINCIPAL | 32,100. | |
| FOREIGN TAXES ON NONQUALIFIED | 1,684. | 1,684. |
| | ----- | ----- |
| TOTALS | 88,911. | 28,759. |
| | ===== | ===== |

FORM 990PF, PART I - OTHER EXPENSES
=====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- | CHARITABLE PURPOSES ----- |
|-----------------------------|--|--------------------------------------|---------------------------------|
| ADR FEES | 582. | 582. | |
| PARTNERSHIP EXPENSES | 63,869. | 63,869. | |
| WEBSITE DESIGN & MAINT FEES | 20,385. | | 20,385. |
| MISC CONSULTING | 1,750. | 1,750. | |
| | ----- | ----- | ----- |
| TOTALS | 86,586. | 66,201. | 20,385. |
| | ===== | ===== | ===== |

FORM 990PF, PART II - OTHER INVESTMENTS

=====

| DESCRIPTION ----- | COST/ FMV C OR F ----- | ENDING BOOK VALUE ----- | ENDING FMV --- |
|--------------------------------|---------------------------------|-------------------------------|----------------------|
| 46432F842 ISHARES CORE MSCI EA | C | 1,952,844. | 1,556,500. |
| 89151E109 TOTAL FINA ELF S.A. | C | 191,377. | 182,630. |
| 112740303 BROOKFIELD GL LISTED | C | 875,000. | 774,520. |
| 7HF990041 INSTITUTIONAL VENTUR | C | 677,355. | 949,491. |
| 412295107 HARDING LOEVNER INTL | C | 600,000. | 496,382. |
| 92826C839 VISA INC-CLASS A SHR | C | 45,043. | 409,014. |
| 693390304 PIMCO LOW DURATION F | C | 459,724. | 436,699. |
| 883556102 THERMO FISHER SCIENT | C | 63,282. | 268,548. |
| 91324P102 UNITEDHEALTH GROUP I | C | 58,604. | 398,592. |
| 589509207 MERGER FUND-INST #30 | C | 450,000. | 464,643. |
| 7HC990350 STRATEGIC VALUE SER | C | 250,000. | 301,275. |
| 464287861 ISHARES S&P EUROPE 3 | C | 1,330,893. | 1,173,600. |
| 09260C703 BLACKROCK GL L/S CRE | C | 350,000. | 321,839. |
| 339128100 JP MORGAN MID CAP VA | C | 495,721. | 550,888. |
| 084670702 BERSHIRE HATHAWAY IN | C | 251,425. | 510,450. |
| 277911491 EATON VANCE FLOATING | C | 400,000. | 384,513. |
| 7HF990054 CRG PARTNERS III-PAR | C | 433,958. | 450,155. |
| 00766Y273 CARDINAL SMALL CAP V | C | 900,000. | 904,356. |
| 7HF990164 PARTNERS GROUP RE SE | C | 51,074. | 57,111. |
| 097023105 BOEING COMPANY | C | 56,022. | 354,750. |
| 68389X105 ORACLE CORPORATION | C | 190,541. | 264,128. |
| 38141G104 GOLDMAN SACHS GROUP | C | 61,689. | 104,406. |
| 04314H402 ARTISAN INTERNATIONA | C | 1,105,000. | 1,214,335. |
| 46625H100 JPMORGAN CHASE & CO | C | 129,294. | 322,146. |
| 902973304 US BANCORP DEL NEW | C | 108,312. | 162,235. |
| 03524A108 ANHEUSER-BUSCH INBEV | C | 84,155. | 92,134. |
| 166764100 CHEVRON CORP | C | 128,761. | 217,580. |
| 683974604 OPPENHEIMER DEVELOPI | C | 1,300,000. | 1,492,071. |
| 557492725 MADISON MID CAP FUND | C | 510,000. | 587,903. |

FORM 990PF, PART II - OTHER INVESTMENTS

=====

| DESCRIPTION ----- | COST/ FMV C OR F ----- | ENDING BOOK VALUE ----- | ENDING FMV --- |
|--------------------------------|---------------------------------|-------------------------------|----------------------|
| 231021106 CUMMINS INC. | C | 168,903. | 200,460. |
| 235851102 DANAHER CORP | C | 37,190. | 206,240. |
| 25243Q205 DIAGEO PLC - ADR | C | 182,044. | 283,600. |
| 254687106 WALT DISNEY CO | C | 46,059. | 197,370. |
| 375558103 GILEAD SCIENCES INC | C | 87,804. | 150,120. |
| 191216100 COCA COLA CO | C | 135,975. | 165,725. |
| 00170K513 AMG SOUTHERNSUN US E | C | 1,000,000. | 756,526. |
| 7HF990169 FRANCISCO PARTNERS V | C | 56,616. | 57,556. |
| 74256W485 PRINCIPAL PREFERRED | C | 395,782. | 368,814. |
| 594918104 MICROSOFT CORP | C | 129,025. | 314,867. |
| 872540109 TJX COS INC NEW | C | 58,087. | 187,908. |
| 09247X101 BLACKROCK INC | C | 162,944. | 176,769. |
| 543495840 LOOMIS SAYLES BOND F | C | 685,344. | 596,869. |
| 34959J108 FORTIVE CORP | C | 11,571. | 67,660. |
| 7HN990333 LHP ATLAS LLC ASCEND | C | 495,169. | 462,456. |
| 150870103 CELANESE CORP | C | 113,966. | 224,925. |
| 7HF990162 PORTFOLIO ADV SECOND | C | 123,386. | 123,386. |
| 7HF990173 ARROWMARK GLOBAL OPP | C | 717,944. | 717,944. |
| 61760X836 MORGAN STANLEY INS F | C | 475,000. | 411,157. |
| G29183103 EATON CORP PLC | C | 99,552. | 109,856. |
| NT7715271 LUNA LIGHTS, INC. 4% | C | 24,219. | 24,219. |
| 008252108 AFFILIATED MANAGERS | C | 66,189. | 70,644. |
| 023135106 AMAZON COM INC | C | 215,234. | 525,690. |
| 17275R102 CISCO SYSTEMS INC | C | 126,438. | 337,974. |
| 7HF99HA12 HAYFIN DIRECT LENDIN | C | 44,347. | 44,347. |
| 693390841 PIMCO HIGH YIELD FD- | C | 140,738. | 131,369. |
| 747525103 QUALCOMM INC | C | 91,503. | 119,511. |
| 778296103 ROSS STORES INC | C | 87,811. | 262,080. |
| 907818108 UNION PACIFIC CORP | C | 85,606. | 276,460. |

FORM 990PF, PART II - OTHER INVESTMENTS

=====

| DESCRIPTION ----- | COST/ FMV C OR F ----- | ENDING BOOK VALUE ----- | ENDING FMV --- |
|--------------------------------|---------------------------------|-------------------------------|----------------------|
| 742537236 PRINCIPAL GL MULT ST | C | 300,000. | 268,966. |
| 02079K107 ALPHABET INC/CA | C | 58,632. | 181,232. |
| 126650100 CVS/CAREMARK CORPORA | C | 98,228. | 163,800. |
| 911312106 UNITED PARCEL SERVIC | C | 85,200. | 112,160. |
| 693391559 PIMCO EMERG MKTS BD- | C | 179,749. | 161,258. |
| 922908553 VANGUARD REIT VIPER | C | 370,551. | 521,990. |
| 78463X863 SPDR DJ WILSHIRE INT | C | 403,418. | 335,730. |
| 037833100 APPLE COMPUTER INC C | C | 41,940. | 425,898. |
| 151020104 CELGENE CORP COM | C | 45,601. | 108,953. |
| 437076102 HOME DEPOT INC | C | 127,020. | 171,820. |
| 641069406 NESTLE S.A. REGISTER | C | 132,704. | 210,496. |
| 7HF990212 RESOURCE CAPITAL FUN | C | 44,854. | 41,626. |
| 7HC991395 LAZARD OFFSHORE SER | C | 250,000. | 230,078. |
| 256206103 DODGE & COX INT'L ST | C | 2,250,000. | 1,652,687. |
| 003021714 ABERDEEN EMERG MARKE | C | 393,311. | 405,574. |
| 02079K305 ALPHABET INC/CA | C | 59,033. | 182,868. |
| 044820504 ASHMORE EMERG MKTS C | C | 269,129. | 239,146. |
| 697435105 PALO ALTO NETWORKS I | C | 127,504. | 188,350. |
| 74925K581 ROBECO BP LNG/SHRT R | C | 1,001,279. | 945,425. |
| 94987W737 WFA ABSOLUTE RETURN | C | 195,373. | 177,814. |
| 20030N101 COMCAST CORP CLASS A | C | 48,199. | 187,275. |
| 7HF990094 ORBIMED ISRAEL PARTN | C | 51,185. | 76,743. |
| 97717W851 WISDOMTREE JAPAN HED | C | 676,129. | 565,030. |
| FRAZIER HEALTHCARE GROWTH | C | -5,736. | |
| | | ----- | ----- |
| TOTALS | | 26,777,823. | 30,530,315. |
| | | ===== | ===== |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

=====

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION | METHOD/ CLASS | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE |
|----------------------------|------------------|----------------------|-----------|-----------|-------------------|----------------------|-----------|-----------|-------------------|
| ----- COMPUTER SOFTWARE | M3 | ----- | 9,700. | ----- | 9,700. | ----- | 1,078. | ----- | 1,078. |
| TOTALS | | ----- | | | 9,700. | ----- | | | 1,078. |
| | | ===== | | | ===== | ===== | | | ===== |

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

=====

| DESCRIPTION ----- | AMOUNT ----- |
|---------------------------------|-----------------|
| MUTUAL FUND TIMING DIFFERENCE | 15,609. |
| COST BASIS ADJUSTMENT | 11,012. |
| RECOVERY OF PY GRANTS | 10,464. |
| FEDERAL EXCISE TAX REFUND | 4,300. |
| PARTNERS GROUP PURCH PRICE DIFF | 607. |
| | ----- |
| TOTAL | 41,992. |
| | ===== |

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

=====

| DESCRIPTION ----- | AMOUNT ----- |
|--|-----------------|
| GAIN/LOSS ON CY SALES NOT SETTLED AT YEA | 28,672. |
| PY RETURN OF CAPITAL ADJUSTMENT | 10,638. |
| | ----- |
| TOTAL | 39,310. |
| | ===== |

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF
=====

NAME: WELLS FARGO

ADDRESS: 100 N MAIN ST MAC D4001-117
WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (888)730-4933

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Wells Fargo Bank, N.A.

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 129,082.

OFFICER NAME:

LYNN W. BLUM

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

LESLIE BANKS

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ANN E WATERMAN

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

LARNED A WATERMAN

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MR C D WATERMAN III

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5

OFFICER NAME:

ROBERT V P WATERMAN JR

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

PETER L LUNDY

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

DAVID W. LUNDY JR

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MEGHAN W. BAKER

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JENNIFER W. WATERMAN

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MELISSA B. FALKERS

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

CHRISTOPHER M. BERGLUND

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

SARI W. BLUM

ADDRESS:

104 W SECOND ST. SUITE 2A
DAVENPORT, IA 52801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

129,082.

=====

=====

RECIPIENT NAME:
BUCKTOWN MIDCOAST FINE ARTS
ADDRESS:
225 EAST 2ND STREET
Davenport, IA 52801
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 11,000.

RECIPIENT NAME:
DAVENPORT COMMUNITY SCHOOL
ADDRESS:
1702 N MAIN ST
Davenport, IA 52803
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SCHOLARSHIPS
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:
CHURCHES UNITED OF THE QUAD
ADDRESS:
2535 TECH DRIVE, SUITE 205
Bettendorf, IA 52722
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 5,000.

=====

RECIPIENT NAME:
180 ZONE, INC.
ADDRESS:
601 N MARQUETTE ST
Davenport, IA 52802
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 20,000.

RECIPIENT NAME:
BETHANY FOR CHILDREN & FAMILIES
ADDRESS:
1830 6TH AVE
Moline, IL 61265
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL O[PERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 12,250.

RECIPIENT NAME:
CHILDREN'S THERAPY CENTER OF THE
QUAD CITIES NFP
ADDRESS:
4450 48TH AVENUE CT
ROCK ISLAND,, IL 61201
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 37,500.

=====

RECIPIENT NAME:
ILLOWA-SHEET METAL WORKERS JOINT
APPRENTICESHIP & TRAINING COMM INC

ADDRESS:
8124 42ND ST W
ROCK ISLAND, IL 61201

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 30,700.

RECIPIENT NAME:
WESTERN ILLINOIS UNIVERSITY
FOUNDATION

ADDRESS:
1 UNIVERSITY CIRCLE NO 303
MACOMB, IL 61455

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:
I

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:
PUTNAM MUSEUM AND SCIENCES CENTER

ADDRESS:
1717 W 12TH ST
DAVENPORT, IA 52804

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 100,000.

=====

RECIPIENT NAME:
FRIENDLY HOUSE OF DAVENPORT IOWA
ADDRESS:
1221 MYRTLE ST
Davenport, IA 52804
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 60,000.

RECIPIENT NAME:
GIRL SCOUTS OF EASTERN IOWA
AND WESTERN ILLINOIS INC
ADDRESS:
940 GOLDEN VALLEY DR
BETTENDORF, IA 52722
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100,000.

RECIPIENT NAME:
BIG BROTHERS BIG SISTERS OF THE
MISSISSIPPI VALLEY
ADDRESS:
130 WEST 5TH STREET
Davenport, IA 52801
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 40,000.

=====

RECIPIENT NAME:
CAFE' ON VINE
ADDRESS:
PO BOX 3375
DAVENPORT, IA 52808
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:
UNITY HOUSE OF DAVENPORT, INC.
ADDRESS:
2341 E. PLEASANT ST.
Davenport, IA 52803
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:
EASTERN IOWA COMMUNITY COLLEGE
DISTRICT
ADDRESS:
101 W 3RD ST
DAVENPORT, IA 52801
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SCHOLARSHIPS
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100,000.

=====

RECIPIENT NAME:
SUPPLEMENTAL EMERGENCY ASSISTANCE
PROGRAM INC

ADDRESS:
1411 BRADY STREET
DAVENPORT, IA 52803

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 15,000.

RECIPIENT NAME:
LEADHER

ADDRESS:
PO BOX 4182
Davenport, IA 52806

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:
ST. JOSEPH THE WORKER HOUSE, INC.

ADDRESS:
901 20TH ST.
Rock Island, IL 61201

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 5,000.

=====

RECIPIENT NAME:

QUAD CITIES GOLF CLASSIC CHARITABLE
FOUNDATION

ADDRESS:

15623 COALTOWN RD
EAST MOLINE, IL 61244

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 615,500.

TOTAL GRANTS PAID:

1,316,950.

=====

FEDERAL FOOTNOTES

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PART VIII: INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS. THE COMPENSATION REPORTED IN COLUMN (C) IS CALCULATED BASED ON PERIODIC MARKET VALUES AND/OR THE APPLICABLE FEE AGREEMENT. IT IS NOT DETERMINED ON AN HOURLY BASIS AND THE REFERENCE TO ONE HOUR PER WEEK IS AN ESTIMATE ONLY. CORPORATE TRUSTEE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, ADMINISTRATIVE SERVICES SUCH AS FIDUCIARY ACCOUNTING, CUSTODY OF ASSETS, COMPLYING WITH TAX FILING REQUIREMENTS, COMPLYING WITH DISTRIBUTION PROVISIONS, AND COMPLYING WITH FEDERAL AND STATE LAWS APPLICABLE TO PRIVATE FOUNDATIONS, PLUS ASSET MANAGEMENT SERVICES SUCH AS CREATING ASSET ALLOCATION STRATEGIES, INVESTMENTS REPORTING AND REALLOCATING AND REBALANCING OF PORTFOLIOS AS NECESSARY.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

| | | | |
|--|----------|----------|---------------|
| A. 2019 Estimated Tax | | A | |
| B. Enter 100 % of Line A | B | | |
| C. Enter 100 % of tax on 2018 FORM 990-T | C | 183 | |
| D. Required Annual Payment (Smaller of lines B or C) | | | D 183. |
| E. Income tax withheld (if applicable) | | | E |
| F. Balance (As rounded to the nearest multiple of 4) | | | F 184. |

Record of Estimated Tax Payments

| Payment number | (a) Date | (b) Amount | (c) 2018 overpayment credit applied | (d) Total amount paid and credited (add (b) and (c)) |
|----------------|------------|------------|-------------------------------------|--|
| 1 | 04/15/2019 | 184. | NONE | 184. |
| 2 | 06/17/2019 | | | |
| 3 | 09/16/2019 | | | |
| 4 | 12/16/2019 | | | |
| Total | | 184. | NONE | 184. |

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

▶ Go to www.irs.gov/Form990W for instructions and the latest information.

▶ Keep for your records. Do not send to the Internal Revenue Service.

2019

Department of the Treasury
Internal Revenue Service

| | | |
|-----|--|-----|
| 1 | Unrelated business taxable income expected in the tax year | 1 |
| 2 | Tax on the amount on line 1. See instructions for tax computation | 2 |
| 3 | Alternative minimum tax for trusts. See instructions | 3 |
| 4 | Total. Add lines 2 and 3. | 4 |
| 5 | Estimated tax credits. See instructions | 5 |
| 6 | Subtract line 5 from line 4 | 6 |
| 7 | Other taxes. See instructions | 7 |
| 8 | Total. Add lines 6 and 7. | 8 |
| 9 | Credit for federal tax paid on fuels. See instructions | 9 |
| 10a | Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions | 10a |
| 10b | Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b |
| 10c | 2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | 10c |

| | | (a) | (b) | (c) | (d) |
|----|---|-----|-----|-----|-----|
| 11 | Installment due dates. See instructions | 11 | | | |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." | 12 | | | |
| 13 | 2018 Overpayment. See instructions | 13 | | | |
| 14 | Payment due (Subtract line 13 from line 12). | 14 | | | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning , 2018, and ending , 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section
C Book value of all assets at end of year

Name of organization (HUBBELL-WATERMAN FNDN)
Number, street, and room or suite no. (6325 S RAINBOW BLVD STE 300)
City or town, state or province, country, and ZIP or foreign postal code (LAS VEGAS, NV 89118)

D Employer identification number (42-6126467)
E Unrelated business activity code (900099)

F Group exemption number (27,670,277)
G Check organization type (501(c) trust)

H Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (INCOME FROM PASSTHROUGH ACTIVITY)

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

J The books are in care of (WELLS FARGO) Telephone number (888 730-4933)

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 for Statements Regarding Certain Activities.

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. Other preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Wells Fargo Bank, N.A.), Date (10/11/2019), Title (TRUSTEE). Includes a box for IRS discussion with preparer.

Paid Preparer Use Only: Print/Type preparer's name (JOSEPH J. CASTRIANO), Preparer's signature, Date (10/11/2019), Firm's name (PRICEWATERHOUSECOOPERS LLP), Firm's address (600 GRANT STREET), Firm's EIN (13-4008324), Phone no. (412-355-6000).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A... Yes/No columns.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

Table with 2 main sections: 1. Description of property (rows 1-4) and 2. Rent received or accrued (columns a, b, 3(a), 3(b)). Includes Total income and Total deductions sections.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a, b), 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes Totals and Total dividends-received deductions rows.

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Enter here and on page 1, Part II, line 26.

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

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

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 | 4. Advertising gain or (loss) (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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| | 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) ▶ | | | | | | |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

FORM 990T - LINE 12 - OTHER INCOME
=====

| | |
|------------------------|--------|
| INTEREST INCOME | 5,587. |
| OTHER PROTFOlio INCOME | 1. |
| | ----- |
| TOTAL OTHER INCOME | 5,588. |
| | ===== |

FORM 990T - PART II - LINE 18 - INTEREST
=====

FROM PASSIVE ACTIVITY

419.

TOTAL INTEREST

419.
=====

FORM 990-T, PART III, LINE 33 - UNRELATED BUSINESS TAXABLE INCOME

=====

| 1. ACTIVITY DESCRIPTION ===== | 2. PRIOR YEAR LOSS ===== | 3. CURRENT YEAR UBTI ===== | 4. ALLOWABLE LOSS ===== | 5. NET UBTI ===== | 6. CURRENT YEAR LOSS ===== | 7. CARRYOVER LOSS ===== |
|-------------------------------------|--------------------------------|----------------------------------|-------------------------------|-------------------------|----------------------------------|-------------------------------|
| INCOME FROM PASSTHROUGH ACTIVITY | ----- | 2,827. | ----- | 2,827. | ----- | ----- |
| COLUMN TOTALS | ===== | 2,827. | ===== | 2,827. | ===== | ===== |

FORM 990T - TAX DEPOSITED WITH EXTENSION
=====

| | |
|------------------------------------|-------|
| TAX DEPOSITED WITH FORM 8868 | 100. |
| | ----- |
| TOTAL TAX DEPOSITS MADE | 100. |
| | ===== |