D Employer identification number

42-6126467

401(a) trust

If only one, complete Parts IV If more than one, describe the

Describe the only (or first) unrelated

(Employees trust see instructions)

E Unrelated business activity code

900099

Other trust

Yes

(C) Net

Form .990-T

Department of the Treasury Internal Revenue Service

B Exempt under section

X 501(C)

408(e)

408A

529(a)

C Book value of all assets

at end of year

21,670,277

The books are in care of

Gross receipts or sales Less returns and allowances

Check box if

address changed

220(e)

530(a)

trade or business, then complete Parts III V

Part I Unrelated Trade or Business Income

Cost of goods sold (Schedule A, line 7)

Print

Type

	aross promi submact time z from time to	L-3_							
4	a Capital gain net income (attach Schedule D)	4a						/_	
	b Net gain (loss) (Form 4797 Part II, line 17) (attach Form 4797)	<u>4</u> b							
	c Capital loss deduction for trusts	4c							
Ę	Inconie (loss) from a parmership or an Sicorporation (attach statement)	5		-54					
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7_							
8	Interest annuities royalties and rents from a controlled organization (Schedule F)	8							_
9	Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G)	9		_ /					
10	Exploited exempt activity income (Schedule I)	10							
11	Advertising income (Schedule J)	11							
12	Other income (See instructions, attach schedule)	12			STM'	r 1			
13	Total Combine lines 3 through 12	13		-54					- 54
}	art Deductions Not Taken Elsewhere (See instr connected with the unrelated business incom		ns for limitations	on d	eductions)	(Ded	uction	ns must b	e directly
14	Compensation of officers, directors, and trustees (Schedule K)						14		
15	Salaries and wages			~ ₁			15		
16	Repairs and maintenance		1110	1-1	<u>J.</u>		16		
) 17	Bad debts				-		17		
18	Interest (attach schedule) (see instructions)				STMT 2		18		
19	Taxes and licenses				_		19		
20	Depreciation (attach Form 4562)		20	[<u> </u>
21	Less depreciation claimed on Schedule A and elsewhere on re	eturn	21a				21b		
22	Depletion			'			22		
23	Contributions to deferred compensation plans				_		23		
24	Employee benefit programs		•		•		24		
25	Excess exempt expenses (Schedule I)		â	_	_		25		
26	Excess readership costs (Schedule J)		•				26		
. 27	Other deductions (attach schedule)						27		
_ 28	Total deductions Add lines 14 through 27						28		
29	Untelated business taxable income before net operating	loss	deduction Subtract	line	28 from line	1 3	29		<u>-54</u>
30							30		
31							31		-54
Fo	r Paperwork Reduction Act Notice, see instructions						•	Form	990-T (2019)
, JS4 X2740	HMN322 V17U 11/11/2020 09 42:23								49 -

Exempt Organization Business Income Tax Return

► Go to www irs gov/Form990Tfor 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)

501(ε) corporation

2

For calendar year 2019 or other tax year beginning

HUBBELL-WATERMAN FNDN

LAS VEGAS, NV 89118

Group exemption number (See instructions)

Number street and room or suite no. If a P.O. box, see instructions

City or town state or province, country and ZIP or foreign postal code

first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional

6325 S RAINBOW BLVD STE 300

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

c Balance

Name of organization (

Check organization type

If "Yes," enter the name and identifying number of the parent corporation

WELLS FARGO

H Enter the number of the organization's unrelated trades or businesses

trade or business here ▶ INCOME FROM PASSTHROUGH ACTIVITY

(and proxy tax under section 6033(e)) 1912

Check box if name changed and see instructions)

, 2019, and ending

X 501(c) trust

(A) Income

Telephone number ► 888

(B) Expenses

JOSEPH J. CASTRIANO **Preparer** Firm's name ► PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ **Use Only** Firm's address ► 600 GRANT STREET Phone no

> PITTSBURGH, PA 15219

13-4008324

JSA

9X2741 1 000

Schedule A - Cost of Good	de Sold Fa							P	Page 3
		iter method				T a T			
1 Inventory at beginning of year	1 1			y at end of ye		6		_	
2 Purchases	3			-	old Subtract line]			
3 Cost of labor	-3			line 5 Entel	r here and in Part	_			
4a Additional section 263A costs			I line 2			7	 1	Van	Na
(attach schedule)	4a		8 Do the		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No_
b Other costs (attach schedule)	4b		property	•	or acquired for	resale	e) apply		ļ
5 Total Add lines 1 through 4b	5 70-70 Book B			rganization?	Attale Deal Deserve	4			
Schedule C - Rent Income (F (see instructions)	TONS NEAS F	roperty a	nu rersonal Propen	y Leased 1	with Real Proper	ty)			
									
1 Description of property									
(1)									
(2)									
(3)					_ 				
(4)									
	2 Rent receiv	red or accrue	<u> </u>		4				
(a) From personal property (if the perco for personal property is more than 1 more than 50%)		percenta	rom real and personal proper age of rent for personal proper of the rent is based on profit	rty exceeds	3(a) Deductions dir in columns 2(a				me
(1)					T				
(2)				_					
(3)					 	-			
(4)									
Total		Total				_			
(c) Total income Add totals of colum					(b) Total deduction Enter here and on	page 1,			
here and on page 1, Part I, line 6, col Schedule E - Unrelated Debt		200ma (aa	0 .notrustion - l		Part I, line 6, colun	in (B)	<u>-</u>		
Schedule L - Officiated Debt	rillaliceu II	icome (se	instructions)		Deductions directly conn	ected w	th or allocable	to.	
1 Description of debt fina	inced arapedy		 Gross income from or allocable to debt-financed 		debt-finance				
. Description destinate	moca property		property	(a) Straig	ht line depreciation) Other deduct		
				(atta	ach schedule)		(artach schedu	<u></u>	
(1)						<u> </u>			
(2)				 					
(3)									
4 1	E Augrapa adu	-tool bears							
4 Amount of average acquistion debt on or allocable to debt financed property (attach schedule)	5 Average adju of or allocal debt-financed (attach sche	ole to property	6 Column 4 divided by column 5		income reportable in 2 x column 6)		Niocable dedu nn 6 x total of 3(a) and 3(b)	columi	ns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					re and on page 1, ne 7 column (A)		here and on , line 7, colu		
Totals .	•		•	-					
Total dividends-received deductions	included in co	olumn 8		<u> </u>	<u>.</u>			==	

Form **990-T** {2019}

*1

Form 990-T (2019)			_				12646			Page
Schedule F – Interest, Ann	uities, Royaltie						ions (se	e instructi	ons)	
1 Name of controlled organization	2 Employer identification numb	per 3	Net unrel	ntrolled Org	4 Total	of specified ents made	ıncluded	f column 4 to in the control	olling	6. Deductions directly connected with incom
1)										
2)										
3)					ļ					<u> </u>
4)					<u> </u>		<u> </u>			<u> </u>
Nonexempt Controlled Organiz						10 Pa	t of column	0.45.04.0	1 4	14. Dodustions directly
7 Taxable Income	8. Net unrelated in (loss) (see instruc	I		Total of specifications and the comments made		include	ed in the col ation's gros	ntrolling		1 Deductions directly nnected with income in column 10
1)						<u> </u>			├	
2)						<u> </u>			├─-	
3) 4)									├─	
''' -	·					Enterh	olumns 5 a tere and on line 8, colu	page 1,	En	add columns 6 and 11 ater here and on page 1, art I, line 8, column (B)
Totals	ncome of a Sec				▶ 7) Orga	nization	(see inst	ructions)	Щ_	
1 Description of income	2 Amount of			3 Deduction directly core	ctions nnected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)	<u></u>							,		<u> </u>
(4)										
	Enter here and Part I, line 9, c									Enter here and on page Part I, line 9, column (B
Totals ▶ Schedule I –Exploited Exe	mpt Activity Inc	ome Of	ther Th	an Advert	isina In	come (s	ee instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc	enses ctly ed with tion of lated	4 Net incor from unrela or business 2 minus col If a gain, co cols 5 thro	me (loss) ted trade (column lumn 3) ompute	5 Gross from act is not u	s income ivity that nrelated s income	6 Expe attribute colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 			-						
(2)				T		. <u>. </u>			_	
(3)						-				
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J –Advertising Ir	ncome (see instru	uctions)								
Part I Income From Per			Consol	idated Ba	sis	,				
1 Name of periodical	2 Gross advertising income	3 Di advertisi		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	ı	ulation ome	6. Read cos		7 Excess readershi costs (column 6 minus column 5, bu not more than column 4)
(1)										
2)										
3)										
(4)										
Totals (carry to Part II, line (5))						_				
										Form 990-T (201

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 26
Totals, Part II (lines 1-5)		<u> </u>				
Schedule K - Compensation	of Officers, D	irectors, and Tr	ustees (see instru	uctions)		

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 **990-T** (2019)

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FORM 990T - LINE 12 - OTHER INCOME

INTEREST INCOME OTHER PROTFOLIO INCOME

TOTAL OTHER INCOME

STATEMENT 1

FORM 990T - PART II - LINE 18 - INTEREST

FROM PASSIVE ACTIVITY

TOTAL INTEREST

STATEMENT 2

HUBBELL-WATERMAN	FNDN	
	UBBELL-WATERMA	

INCOME	
TAXABLE	11 11 11 11 11
BUSINESS	
NRELATED	
3 - 13	=======================================
LINE 3	======
III,	
PART	200000
990-T,	
FORM	;; ;;

42-6126467

						· ·
1. ACTIVITY DESCRIPTION	2 PRIOR YEAR LOSS	3. CURRENT YRAR UBTI	4. ALLOWABLE LOSS	5. NET UBTI =======	6. CURRENT YEAR LOSS	7. CARRYOVER LOSS
INCOME FROM PASSTHROUGH ACTIVITY COLUMN TOTALS					54.	54.
	11 11 11 11 11 11 11	0 11 11 12 13 14 11 11 11 12 13 14	## ## ## ## ## ## ## ## ## ## ## ## ##	8 11 11 11 11 11 11 11 11 11		. #0

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STATEMENT 3