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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	or ca	lendar year 2010, d	or tax year beginning0		о ш осру с.		and endin	ig 12/31	, 20 10
		ck all that apply	Initial return		tial return	of a former p	ublic chard	ty	Final return
_			Amended return		X Addres	ss change		Name change	
Na	ime c	of foundation						A Employer identifi	cation number
		HARVEY	HUBBELL FOUNDAT	ION				06-60781	.77
Νι	ımbe	r and street (or P O bo	x number if mail is not delivere	d to street addr	ess)		Room/suit	e B Telephone number	(see page 10 of the instructions
		40 Wate	rview Drive					475-882-	-4000
Ci	ty or	town, state, and ZIP c	ode					C If exemption application pending, check here	ation is
		Shelton	, CT 06484					D 1 Foreign organiza	
								2. Foreign organiza	
Н	Che	ck type of organiza	tion. X Section 501	(c)(3) exem	ot private f	oundation		85% test, check i	
Γ			nexempt charitable trust			ivate founda	tion		
ī		market value of all		unting meth				E If private foundatio	o)(1)(A), check here .
	of v	ear (from Part II, col		ther (specify					in a 60-month termination
	-	▶ \$	7,811,975 (Part I,			cash basis.))(1)(B), check here .
P	art	Analysis of Reve	nue and Expenses (The	1					(d) Disbursements
		total of amounts in c	olumns (b), (c), and (d)	(a) Reve		(b) Net inve		(c) Adjusted net income	for charitable
			equal the amounts in e 11 of the instructions))	boo		Incom		mcome	purposes (cash basis only)
	1	1./.	etc , received (attach schedule) .	1	60,435				(555, 55, 55, 57, 57, 57, 57, 57, 57, 57,
	2	. I lifthe f	oundation is not required to Sch B						
	3	attacii	temporary cash investments	-	109		109	109	
	4		est from securities	1	93,997	19	3,997	193,997	
					· · · · · · · · · · · · · · · · · · ·				
			ss)			-			
_			sale of assets not on line 10						
Revenue		Gross sales price for all	sale of assets not on line to						
Š	7	assets on line 6a	ome (from Part IV, line 2) .			· -			
<u>۾</u>		=							
	8 9	•	algaın s						<u> </u>
	-	Gross sales less returns							
	_	and allowances · · ·	1		<u> </u>			··	
		Less Cost of goods sold	• •						
ĺ			(attach schedule)		_			· -	
			n schedule)	3	54,541	10	4,106	194,106	
\dashv				Ĭ	0 1 / 0 1 1		17200	231,200	
			rs, directors, trustees, etc						
g	14	• •	ries and wages	<u>. </u>					
Š	15		oyee benefits						
Administrative Expenses			hedule)						
Ψ			ach schedule)				-		
اڏِ		•	ees (attach schedule)		DE	CEIVED	\longrightarrow		
tra	17			Stmt 1	A, 000		4-000	4,000	4,00
훒	18	•	(see page 14 of the instructions)				4 000	4,000	4,00
Ē	19		schedule) and depletion.		S MAY	1'6 2011	S-08		
	20		• • • • • • • • • • • • •	<u> </u>					<u> </u>
_	21		and meetings		OCI	DEN. UT			
g	22		tions	<u> </u>	UG	DEN. U			·
≔∣	23		nch schedule)					····	
ara	24		administrative expenses.		4 000		4 000	4 000	4 00
اڄ		-	1 23		4,000	ļ	4,000	4,000	
٦	25	Contributions, gifts,	grants paid		54,808	<u> </u>			354,80
4	26	Total expenses and disbur	sements Add lines 24 and 25	3	58,808		4,000	4,000	358,80
	27	Subtract line 26 from				1			
ļ	а	Excess of revenue over ex	penses and disbursements		-4,267				
	b	Net investment inco	ome (if negative, enter -0-)			19	0,106		<u> </u>
	_	Adjusted not income	o (if posstwo enter 0)	ì		1	1	190.106	

4

	art îl	Attached schedules and amounts in the	Beginning of year	End	of year
۲	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash - non-interest-bearing	24,663	24,556	24,556
ı		Savings and temporary cash investments			
		Accounts receivable			
		Less allowance for doubtful accounts ▶]		
		Pledges receivable			
	-	Less allowance for doubtful accounts ▶	1]
		Grants receivable			
		Receivables due from officers, directors, trustees, and other		. <u></u> . "	
		disqualified persons (attach schedule) (see page 15 of the instructions)	i I		
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
			1	· · · · · · · · · · · · · · · · · · ·	
Assets		Inventories for sale or use			
SS			1		
٩		Investments - U S and state government obligations (attach schedule).		148,800	7,787,419
		Investments - corporate stock (attach schedule)	140,000	110,000	7,701,123
	11 C	Investments - corporate bonds (attach schedule)			
		and equipment basis			
		(attach schedule)			
		Investments - mortgage loans			
	13 14	Investments - other (attach schedule)		····	
		Less accumulated depreciation			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe \)	 		
	16	Total assets (to be completed by all filers - see the	1	172 256	7 011 076
_		instructions Also, see page 1, item I)		173,356	
	17	Accounts payable and accrued expenses		4,000	-
	18	Grants payable	1		4
ies	19	Deferred revenue			_
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			_
jab	21	Mortgages and other notes payable (attach schedule)			_
_	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)		4,000	_
		Foundations that follow SFAS 117, check here ▶			İ
		and complete lines 24 through 26 and lines 30 and 31.	.		
Ses	24 25 26	Unrestricted			_
a	25	Temporarily restricted			
Bal	26	Permanently restricted			
헏		Foundations that do not follow SFAS 117,			
Ē		check here and complete lines 27 through 31. ▶			
ō	27	Capital stock, trust principal, or current funds	173,463	169,356	
ŧ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Ā	30	Total net assets or fund balances (see page 17 of the			
Ž		instructions)			
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)		173,356	
P	art II	Analysis of Changes in Net Assets or Fund		* - 1 , 2 - 11	
_		net assets or fund balances at beginning of year - Part		must agree with	[
-		of-year figure reported on prior year's return)	• •		
2		r amount from Part I, line 27a			-4,267
3	Othe	r increases not included in line 2 (itemize) ▶		3	<u> </u>
4	DHY				-4,267
		nes 1, 2, and 3		5	-,
		net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (b		-4,267
<u>~</u>	ividi	not accord of rand balances at end of year fille 4 millus	Uj i art ii, within (b	<u>,, 00 </u>	3/201

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Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	nd describe the kind(s) of property sold (e prick warehouse, or common stock, 200 s		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a None					
<u>b</u>					
С					
<u>d</u>			_		
<u>e</u>				<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
b					
<u> </u>					
<u>d</u>					
e					
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	
(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	col	(k), but not less Losses (from co	
а					
b					
С					
d					
е			Ì	.,	
2 Capital gain net income o		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital dai	יי ہا n or (loss) as defined in sections 12	• •	- 		
• =	I, line 8, column (c) (see pages 13				
_	line 8	-	3		
Part V Qualification	Under Section 4940(e) for Red	duced Tay on Net Investment I			
	the section 4942 tax on the distrib		ase perio	d?	Yes X No
	not qualify under section 4940(e). nount in each column for each year		efore mak	king any entries	
(a) Base penod years	(b)	(c)		(d) Distribution r	
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided b	
2009	294,143	4,708,555			0.0625
2008	351,314	5,891,723			0.0596
2007	416,073				0.0575
2006	388,158				0.0624
2005	485,584	6,032,472			0.0805
2 Total of line 1, column (d)		2		0.3225
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the four	ndation has been in existence if less	than 5 years	3		0.0645
4 Enter the net value of no	ncharitable-use assets for 2010 from	m Part X, line 5	4		6,323,831
5 Multiply line 4 by line 3			5		407,887
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,901
7 Add lines 5 and 6			7		409,788
8 Enter qualifying distribute	ons from Part XII, line 4		8		358,808
If line 8 is equal to or gi		n Part VI, line 1b, and complete t	nat part	using a 1% ta	ix rate. See th

Form	990-PF (2010)				Page 4
_	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page	e 18 of 1	he ins		
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	T			31137
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	ŀ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			3,8	802
	here ▶ and enter 1% of Part I, line 27b	 			
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-)	İ			
3	Add lines 1 and 2	<u> </u>		3,8	802
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u> </u>			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			3,8	802
6	Credits/Payments	 		<u> </u>	
-	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 5, 150				
	Exempt foreign organizations-tax withheld at source	1			
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d	1			
7	Total credits and payments Add lines 6a through 6d			5.	150
8	Enter any penalty for underpayment of estimated tax. Check here	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	 			
-		 			348
10 11	Enter the amount of line 10 to be Credited to 2011 estimated tax 1,348 Refunded 11	+			
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
ıa			40	162	No X
	participate or intervene in any political campaign?		1a_		<u> </u>
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		,		×
	of the instructions for definition)?	• • • •	. 1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				,
	Did the foundation file Form 1120-POL for this year?		1c		Х
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$		1	:	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers ▶ \$ Non €				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/	A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 :		
	By language in the governing instrument, or				ĺ
	• 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?		6	x	<u></u> .
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part		7	х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	• •			
	instructions) ▶ Connecticut		1 :		1

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Х

8b

10

names and addresses

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2010? х

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4a

	990-PF (2010) t VILB Statements Regarding Activities for	r Which Form 4	720 May Be Requi	ired (continued)		Page 6
5a	During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influent (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitat purposes, or for the prevention of cruelty to children of any answer is "Yes" to 5a(1)-(5), did any of the transic Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast If the answer is "Yes" to question 5a(4), does the foundation of the prevention of the foundation of the transic Regulations relying on a current notice regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4), does the foundation of the transic regarding disast if the answer is "Yes" to question 5a(4).	nt to ice legislation (section (see section 4955), of the section 4955), of the section 4955,	4945(e))? r to carry on, n described in structions) or educational under the exceptions lee (see page 22 of the left) ere	Yes X No Yes X No Yes X No Yes X No Yes X No Yes X No Sedescribed in Instructions)?		N/A
	because it maintained expenditure responsibility for the gr		Ņ/Ā	. Yes No	,	
6 a	If "Yes," attach the statement required by Regulations section Did the foundation, during the year, receive any funds, don a personal benefit contract?	irectly or indirectly, to		. Yes X No	,	
b	Did the foundation, during the year, pay premiums, direct			ot?	6b	х
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a par					
	If "Yes," did the foundation receive any proceeds or have		 			N/A
	t VIII Information About Officers, Directors and Contractors		•		•	
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see	nage 22 of the instri	uctions).	
				,		
	(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) Expens	se account, owances
Tim	(a) Name and address	(b) Title, and average hours per week devoted to position Trustee	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
Tim	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484	(b) Title, and average hours per week devoted to position Trustee As required		(d) Contributions to employee benefit plans	(e) Expens	
Tim 40 Dav	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 ad G. Nord	(b) Title, and average hours per week devoted to position Trustee As required Trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances 0
Tim 40 Dav	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 1d G. Nord Waterview Drive Shleton, CT 06484	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
Tim 40 Dav 40	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 1d G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee Trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	0 0
Tim 40 Dav 40 Ste	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances 0
Tim 40 Dav 40 Ste 40	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 1d G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484 Compensation of five highest-paid employees (other)	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	0 0
Tim 40 Dav 40 Ste 40	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	0 0
Tim 40 Dav 40 Ste	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484 Compensation of five highest-paid employees (other none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 1uded on line 1 - se	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	(e) Expens other all	0 0 0
Tim 40 Dav 40 Ste	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484 Compensation of five highest-paid employees (other none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 1uded on line 1 - se	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	(e) Expens other all	0 0 0
Tim 40 Dav 40 Ste 40	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484 Compensation of five highest-paid employees (other none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 1uded on line 1 - se	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	(e) Expens other all	0 0 0
Tim 40 Dav 40 Ste	(a) Name and address othy H. Powers Waterview DRive Shelton, CT 06484 id G. Nord Waterview Drive Shleton, CT 06484 phen M. Mais Waterview Drive Shelton, CT 06484 Compensation of five highest-paid employees (other none, enter "NONE."	(b) Title, and average hours per week devoted to position Trustee As required Trustee As required Trustee As required Trustee As required (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 1uded on line 1 - se	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	(e) Expens other all	0 0 0

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

Form 990-PF	(2010)		Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employ	/ees,
3 Five	highest-paid independent contractors for professional services (see page 2	23 of the instructions). If no	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
			1:
			 .
Total num	ber of others receiving over \$50,000 for professional services	<u></u>	
Part IX-	Summary of Direct Charitable Activities		
	indation's four largest direct charitable activities during the tax year. Include relevant statistical in its and other beneficianes served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1			
·			•
2	*****		
, ——			
3			
			<u></u>
4			
	Comment of the control of the contro		<u> </u>
Part IX-E	, , , , , , , , , , , , , , , , , , , ,		1 A
	ne two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1			
2			
All other p	ogram-related investments. See page 24 of the instructions		
3			

Form **990-PF** (2010)

..▶

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	l	
а	Average monthly fair market value of securities	1a	6,359,074
b	Average of monthly cash balances	1b	61,059
С	Fair market value of all other assets (see page 25 of the instructions)	1c	
d		1d	6,420,133
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Culphroot line 9 from line 4 d	3	6,420,133
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	11	4	96,302
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,323,831
6	Minimum investment return. Enter 5% of line 5	6	316,192
P	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this provided in the complete this provi		
1	Minimum investment return from Part X, line 6	1	316,192
2 a			
b	Income tax for 2010 (This does not include the tax from Part VI.)	1 1	
С		2c	3,802
3	Distributable amount before adjustments Subtract line 2c from line 1		312,390
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	312,390
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	312,390
_	art XII Qualifying Distributions (see page 25 of the instructions)	T T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		250 000
a	(-),	1a	358,808
þ		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	358,808
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 page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	358,808
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.		ner the foundation

Form 990-PF (2010)

2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only b Total for pnor years 20,20 3 Excess distributions carryover, if any, to 2010 a From 2005	
Inne 7	
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only b Total for pnor years 20, 20 3 Excess distributions carryover, if any, to 2010 a From 2005 185, 698 b From 2006 80, 681 c From 2007 57, 875 d From 2008 60, 345 e From 2009 62, 453 f Total of lines 3a through e 447,052 4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 358,808 a Applied to 2009, but not more than line 2a	12,390
a Enter amount for 2009 only b Total for pnor years 20	
b Total for pnor years 20,20,20	
3 Excess distributions carryover, if any, to 2010 a From 2005	
a From 2005	
b From 2006	
c From 2007	
c From 2007	
f Total of lines 3a through e	
f Total of lines 3a through e	
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 358,808 a Applied to 2009, but not more than line 2a	
line 4 ▶ \$ 358,808 a Applied to 2009, but not more than line 2a	
a Applied to 2009, but not more than line 2a	
h Assland to conduct hand assess of some one (Florida)	
b Applied to undistributed income of prior years (Election	
required - see page 26 of the instructions)	
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)	
	12,390
e Remaining amount distributed out of corpus 46, 418	
5 Excess distributions carryover applied to 2010	
(If an amount appears in column (d), the same	
amount must be shown in column (a)) 6 Enter the net total of each column as	
indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 493, 470	
b Prior years' undistributed income Subtract	
line 4b from line 2b	
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	
d Subtract line 6c from line 6b Taxable	
amount - see page 27 of the instructions	
4a from line 2a Taxable amount - see page	
27 of the instructions	
f Undistributed income for 2010 Subtract lines	
4d and 5 from line 1. This amount must be	
distributed in 2011	
to satisfy requirements imposed by section	
170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	
8 Excess distributions carryover from 2005 not	
applied on line 5 or line 7 (see page 27 of the	
9 Excess distributions carryover to 2011.	
Subtract lines 7 and 8 from line 6a 307,772	
10 Analysis of line 9	
a Excess from 2006 80,681	
b Excess from 2007	
c Excess from 2008 60, 345	
d Excess from 2009 62, 453	
e Excess from 2010 46, 418	

Pa	990-PF (2010)	ting Foundations (s	see page 27 of the	instructions and Pa	rt VII-A. au	estion 9)		Page 1
	If the foundation has re							
_	foundation, and the ruling	_		•	- 1			
b	Check box to indicate whe					4942())(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years				(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2	007	į	
	return from Part X for each year listed							
b	85% of line 2a							
С	Qualifying distributions from Part XII, line 4 for each year listed .							
ď	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				 			
а	alternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets (2) Value of assets qualifying under section				-	,		
b	4942(j)(3)(B)(i) "Endowment" alternative test-						 	
	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test - enter					•		•
	(1) Total support other than gross investment income (interest, dimdends, rents, payments on securities toans (section 512(a)(5)), or royalties)				:			
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942							
	(3) Largest amount of support from an exempt organization					 		
	(4) Gross investment income	-						
Pa				only if the found	ation had	\$5,000	or mo	ore in asset
		uring the year - see		estructions.)				
1 a	Information Regarding List any managers of t before the close of any	he foundation who ha	ave contributed moi					he foundation
Noi	•	7	,	, , . (-				
	List any managers of t	he foundation who o	wn 10% or more o	of the stock of a corn	oration (or	an equally	/ large	nortion of the
Ü	ownership of a partners					an equally	large	portion of the
No:	ne Information Regarding	Contribution Grant	Gift Loan Scholare	hin etc Programs				
_		•		• • •	table ere-	nizations -	and de-	on not come
	Check here ▶ X if the unsolicited requests for organizations under other characters.	r funds. If the found	ation makes gifts,	grants, etc (see page				
а	The name, address, an	d telephone number o	of the person to who	m applications should b	e addresse	d:		
b	The form in which appli	cations should be sub	mitted and informat	on and materials they	should incl	ude [.]		

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 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 358,808 SEE SCHEDULE ATTACHED 358,808 b Approved for future payment

▶ 3b

Total

art XVI-	A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
Program	service revenue	Business code	Amount	Exclusion code	Amount	the instructions)
_			<u>.</u>	<u> </u>		
_				-		
						· · · · · · · · · · · · · · · · · · ·
						
ř —						· · · · · · · · · · · · · · · · · · ·
	and contracts from government agencies			-		
_	ship dues and assessments		_	_		
	n savings and temporary cash investments			01	109	
	Is and interest from securities			01	193,997	
	al income or (loss) from real estate			-		
	financed property					
	debt-financed property					
	I income or (loss) from personal property			 		
	vestment income			 		
=	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a					
d						
е						
Subtotal	Add columns (b), (d), and (e)	L		<u> </u>	194,106	194,1
ine No. ▼	Explain below how each activit accomplishment of the foundationstructions)					
	,					
						.
		_				
——-					.	

Part	XVII	Information I Exempt Orga		nsfers To and Trans	actions a	nd Relation	onships With N	lonc	harit	able
II C	n sect organiza	ion 501(c) of the Co ations?	ode (other than so	gage in any of the follow ection 501(c)(3) organization	ns) or in se				Yes	No
		· · · · · · · · · · · · · · · · · · ·		haritable exempt organization of						v
							• • • • • • • • • • • • • • • • • • • •	1a(1)	 	X
-	-							1a(2)		
		ansactions	aritable average area	un vateo a				15/11		x
				Inization						X
									•	X
										X
										X
				ndraising solicitations						X
	•			r assets, or paid employees				1 .		X
	_		_	s," complete the following					fair	market
				s given by the reporting						
				nent, show in column (d)						
(a) Lin		(b) Amount involved		charitable exempt organization	i i		rs, transactions, and sha			
							 -			
		<u>. </u>					_			
		·					····-			
				· · · · · · · · · · · · · · · · · · ·			·			
							·····			
-				· · · · · · · · · · · · · · · · · · ·		·				
										
		-			 					
		-	•	ated with, or related to, n section 501(c)(3)) or in sect		re tax-exemp	t organizations	Y	es 🔀	No
b_	f "Yes	" complete the following	g schedule						_	
		(a) Name of organization	n	(b) Type of organization			c) Description of relation	ship		
		<u> </u>							-	
										
	_									
	Unde	er penalties of perjury, I d	eclare that I have exa	mined this return, including acco	mpanying sche	dules and state	ments, and to the best	of my l	knowle	dge and
Sign	belie	f, it is true, correct, and cor	mplete Declaration of p	preparer (other than taxpayer or fid	1		on of which preparer has	s any kr	iowledg	je
Here	- 1	these of	من	17	7 10, 201	1	TRUSTEE			
		ignature of officer or truste	e	Da	6 '	Tit	le			
Paid	- 	Print/Type preparer's	name	Preparer's signature		Date	Checkıf	PTIN		
							self-employed			
Prep	arer	Firm's name					Firm's EIN ▶			

Phone no

Use Only Firm's address ▶

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Internal Revenue Service Employer identification number Name of the organization HARVEY HUBBELL FOUNDATION 06-6078177 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 [x] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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

line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

of of Part

Name of organization
HARVEY HUBBELL FOUNDATION

Employer identification number 06-6078177

Page

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	HUBBELL INCORPORATED 40 WATERVIEW DRIVE SHELTON, CT 06484	\$160,435	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

____ of Part II

Name of organization HARVEY HUBBELL FOUNDATION Page _____ of ____ of Employer identification number 06-6078177

Part II	Noncash Property (see instructions)		
(a) No.		(c)	

(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
		<u> </u>	
(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

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2010)

ge____ of ___ of Part III

Name of organization
HARVEY HUBBELL FOUNDATION

Employer identification number

06-6078177

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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.)

No. om	43.5		once. See instructions.) ▶\$		
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-		(e) Transfer of gift			
		(,,			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
—		·····			
					
No.		<u> </u>			
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
		(.,			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
_					
-					
No. om					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·····	 			
<u></u>		(e) Transfer of gift			
	177				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
					
—					
No.			40.2		
No. om ert I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
—					
	(e) Transfer of gift				
	(-)				
- 1	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
_					

The Harvey Hubbell Foundation 2010 Contributions

Electrical Safety Foundation International	Composito	45.000
The Bushnell Center For The Performing Arts	Corporate Corporate	15,000 10,000
Juvenile Diabetes Research Foundation	Corporate	5,000
Special Olympics Connecticut	Corporate	1,525
National MS Society	Corporate	1,000
Boy Scouts Of America	Corporate	640
American Cancer Society	Corporate	600
American Heart Association	Corporate	362
Veterans Of Foreign Wars	Corporate	250
Veteralia Or i Oralgii Wara	Corporate	230
Peace Center For The Performing Arts	HLI	10,000
Southern Carolina Children's Theater	HLI	6,000
Greenville Chamber	HLI	5,000
Montgomery County United Way	HLI	3,300
Red Cross	HLI	2,500
Greenville Meals On Wheels	HLI	2,500
Jewelers For Children	HLI	2,500
Artisphere	HLI	2,000
Mobile Meals Of Spartanburg	HLI	1,500
Mighty Moo Adopt A Crew	HLI	1,100
Greenville Fire Department	HLI	1,000
Greenville County EMS	HLI	1,000
Komen Updates SC Affiliate	HLI	1,000
March of Dimes	HLI	1,000
Greenville Literacy Association	HLI	1,000
Cowpens Police Department	HLI	1,000
Cowpens Volunteer Fire Department	HLI	1,000
Spartanburg County EMS	HLI	1,000
Fred Jordon Mission In LA	HLI	1,000
Ronald McDonald House	HLI	1,000
The Children's Museum Of The Upstate	HLI	1,000
Christiansburg Middle School	HLI	600
Christiansburg Fire Department	HLI	500
Christiansburg Rescue Squad	HLI	500
Christiansburg Police Department	HLI	500
New River Community College	HLI	500
Riner Voluntary Fire Department	HLI	100
United Way	HPS	5,000
Columbia Area United Way	HPS	3,500
United Way	HPS	3,000
Children's Advocacy Center	HPS	2,500
Adult Literacy Council	HPS	2,000
University of South Carolina	HPS	2,000
Centralia Anchor Festival	HPS	2,000
Friendship Christian - Buddy Backpack Program	HPS	2,000
Optimist Int'l Foundation Centralia Panther Youth Football	HPS	1,500
United Way Jefferson & Shelby Counties	HPS	1,500
United Way Of Medina County	HPS	1,500
Area Churches Together Servicing	HPS	1,200

Optimist Int'l Foundation Centralia Youth Basketball League		1,000
Centralia Community Recreation Center	HPS	1,000
Kid's Chance	HPS	1,000
Crippled Children's Clinic	HPS	750
March Of Dimes	HPS	750
American Cancer Society	HPS	500
Halifax Urban Ministries	HPS	500
Palatka Sunshine Rotary	HPS	500
Boy Scouts Of America	HPS	500
Girl Scouts Of The Missouri Hartland	HPS	500
Centralia Historical Society	HPS	500
Halisville Cub Scouts Pack 12	HPS	500
Sister Care	HPS	500
The Wadsworth-Rittman Hospital Foundation	HPS	500
Help Hands Of Aiken County	HPS	500
Family Connections	HPS	500
American Red Cross - Of Central South Carolina	HPS	500
Iva's Place	HPS	400
Wadsworth FISH	HPS	250
Center For Older Adults Meals-on-Wheels	HPS	250
Aiken YMCA	HPS	200
Good Samaritan Center	HPS	200
Pavillion Community Chest	HPS	100
LeRoy Little League	HPS	100
American Heart Association	HPS	100
Missouri Sheriffs' Association	HPS	100
LeRoy Rotary	HPS	100
		124,477
	Matching Gifts	28,690
TOTAL 1ST QUARTER 2010		153,167
American Red Cross - Connecticut Chapter	Corporate	33,000
Doctors Without Borders	Corporate	9,500
Save The Children	Corporate	5,000
Sisters Of St. Joseph	Corporate	3,000
Orange Volunteer Fire Association, Inc.	Corporate	500
The Home Depot Foundation	HES	5,000
Church Health Services, Inc.	HES	1,500
American Cancer Society Relay For Life	HES	1,000
National MS Society	HES	500
Newtown Hook & Ladder Co. No. 1	HES	500
		500
Choices A LifeTime Development	HPS	
Choices A LifeTime Development		60,000
Choices A LifeTime Development	HPS Matching Gifts	

National Merit Scholarship Corporation	Corporate	36,550
ACE Mentor Program Of America	Corporate	10,000
Ahlbin Centers Auxiliary	Corporate	5,000
Susan G. Koman Breast Cancer	Corporate	500
United Cerebral Palsy	Corporate	500
Greater Bridgeport Symphony	Corporate	400
MADD	Corporate	250
WFWD	Corporate	230
Sjogren's Syndrome Foundation	HES	2,000
United Way - Dodge County	HES	2,000
United Way of Greater St. Louis	HES	1,250
PAVE/Samaritan House	HES	1,000
YMCA Of Dodge County	HES	1,000
Mayville High School	HES	500
Moraine Park Technical College	HES	500
Mayville Fire Department	HES	500
Mayville Police Department	HES	500
Guide Dogs Of America	HES	500
Matthews-Dickey Boys Club	HES	500
Northside Community Center	HES	250
Salvation Army	HES	250
SLACO	HES	250
Golden Harvest Food Bank	HPS	2,000
American Red Cross Of Alken County	HPS	500
Children's Place Of Aiken County	HPS	500
Aiken High School Booster Club	HPS	300
South Aiken High School Booster Club	HPS	300
Hallsville Optimist Youth Football League	HPS	100
		67,900
	Matching Gifts	6,950
TOTAL 3RD QUARTER 2010		74,850
The American Writers Museum Foundation	Corporate	20,000
Connecticut Food Bank	Corporate	10,000
SoundWaters	Corporate	2,500
Birmingham Group Health Services	Corporate	2,500
Knight Of Columbus Council 2961	Corporate	2,000
The Hundred Club of Connecticut	Corporate	1,250
Connecticut Science Fair Association, Inc.	Corporate	1,000
Alzheimer's Association	Corporate	500
United Way of St. Joseph County	HES	5,000
Casa De Amparo	HES	1,000
Leukemia & Lymphoma Society		1 000
	HLI	1,000
Centralia Area Chamber Of Commerce	HLI HPS	·
Centralia Area Chamber Of Commerce		100
Centralia Area Chamber Of Commerce	HPS	100 46,850
Centralia Area Chamber Of Commerce		100
	HPS	100 46,850 11,580
Centralia Area Chamber Of Commerce TOTAL 4TH QUARTER 2010	HPS	100 46,850

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The Harvey Hubbell Foundation 2010 Matching Gifts

Yale University	Comento	4,000
West Point Fund	Corporate	•
	Corporate	4,000
Villanova University	Corporate	3,000
Georgia Tech Foundation	Corporate	2,750
University of New Haven	Corporate	1,000
Avon Old Farms School	Corporate	1,000
Kingswood Oxford School	Corporate	500
Chase Collegiate School	Corporate	500
Phillips Exeter Academy	Corporate	500
Berkshire School	Corporate	125
Salem State College	Corporate	150
University Of Virginia	Corporate	100
University of Rochester	Corporate	100
University Of Connecticut Foundation, Inc.	Corporate	100
Florida State University Foundation	HES	2,000
Gettysburg College	HES	500
Massachusetts College Of Liberal Arts	HES	100
Assumption College	HES	100
Queen Anne School	HES	100
Westminster College	HES	50
Yale School Of Nursing	HES	50
Syracuse University	HES	50
Western Michigan University	HES	40
Indiana University Foundation	HES	25
The Pennsylvania State University	HLI	4,000
Clemson University	HLI	1,250
Clemson University	HLI	1,085
Virginia Tech	HLI	1,040
Stanley British Primary School	HLI	75
University Of Missouri	HPS	100
Columbia College	HPS	100
University of Notre Dame	HUBS	200
TOTAL FIRST QUARTER 2010		28,690
The Hill School	Corporate	4,000
University Of Florida	HES	675
Sacred Heart University	HES	600
Seattle Pacific University	HES	300
Bowdoin Coillege	HES	300
Northern Illinois University Foundation	HES	110
Quinnipiac University	HES	25

The Harvey Hubbell Foundation 2010 Matching Gifts

Georgia Tech Foundation	HLI	550
University Of Missouri	HPS	550
Flagler College	HUBS	1,250
TOTAL SECOND QUARTER 2010		8,360
Miami University - Farmer School Of Business The Rutgers University Foundation	Corporate Corporate	4,000 1,700
Cathedral School University of Portland	HES HES	400 325
Trustees Of Tufts College Clemson Fund - Annual Giving	HPS HPS	500 25
TOTAL THIRD QUARTER 2010		6,950
West Point Fund Duke University Philadelphia University	Corporate Corporate Corporate	4,000 3,555 1,000
Colorado School Of Mines Geoorgia Tech Foundation University Of North Texas University of Notre Dame	HEP HEP HEP HEP	400 300 250 200
St. Joseph's College University of Wisconsin Southern Connecticut State University St. Mary's College	HEP HEP HEP HEP	200 100 100 100
Massachusetts College Of Liberal Arts University Of New Hampshire	HEP HEP	100 25
The Gunnery University Of Missouri	HPS HPS	750 500
TOTAL FOURTH QUARTER 2010		11,580
TOTAL 2010		55,580

HARVEY HUBBELL FOUNDATION 06-6078177 2010 FORM 990-PF

STATEMENT 1

PART I, LINE 18 - Taxes

Estimated 2010 Taxes Paid Total Taxes

\$ 4,000
\$ 4,000

PART II, LINE 10(c) - INVESTMENTS - CORPORATE STOCK

	Shares		Cost	Market Value 12/31/2010	
Hubbell Incorporated "A" Hubbell Incorporated "B"	106,304 29,358	\$	141,716 7.084	\$	6,022,122 1,765,297
Total	_	\$	148,800	\$	7,787,419

PART XV, LINE 3

STATEMENT IN SUPPORT OF CONTRIBUTIONS

All amounts transferred are unrestricted gifts made to qualified organizations for the continuation of their general, charitable functions.

See attached list of donees by name and amount.