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Schedule of Contributors

OMB No 1545-0047

2011

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

Name of the organization

CLAIRE M HUBBARD FOUNDATION

Employer identification number

20-2364902

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, \$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 33 1/3 % 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, total 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 total 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 during the year ▶ \$

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 Part I, 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).

Name of organization CLAIRE M HUBBARD FOUNDATION	Employer identification number 20-2364902
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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	CLAIRE M HUBBARD INDIVIDUAL RETIREMENT ACCT 1005 MEADOW ROAD OMAHA, NE 68154	\$ 219250	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	CLAIRE M HUBBARD ESTATE (REVOCABLE TRUST) 32018 EAST LAKE PARK DRIVE SOUTH BEND, NE 68058	\$ 2044049	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SEE ATTACHED	\$ 2191115	7/10/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SEE ATTACHED	\$ 1964381	6/18/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

0425876265
June 24, 2013 LTR 2697C O R
20-2364902 201211 44
00055545

CLAIRE M HUBBARD FOUNDATION
4532 S 163RD ST
OMAHA NE 68135



DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

T. Geoffrey Sullivan
Signature of Officer or Trustee
Corporate Secretary
Title

7-3-13
Date

055801

FORM 990-PF
SCHEDULE B
PART 1
NO. 2

CONTRIBUTIONS

765 ISHS MSCI CDA	\$ 19,782.90
888 ISHS S&P 500 VALUE	\$ 54,620.88
5304 ISHS TR LARGE GROWTH	\$ 391,329.12
682 VANG MSCI EUR	\$ 28,043.84
3901 DB US DOLLAR IND BULLISH	\$ 88,162.60
399 SPDR S P EMERG LAT AM	\$ 26,621.28
723 SPDR INDX SHS	\$ 19,224.57
3158 ISHS MSCI BRIC INDX	\$ 114,003.80
1112 ISHS S&P ASIA	\$ 46,192.48
5589 VANG MEGA CAP 300	\$ 295,937.55
847 ALPS ETF	\$ 30,627.52
1317 ISHS S&P MIDCAP 400	\$ 138,627.42
480 S&P 500	\$ 35,097.60
1182 ISHS S&P MIDCAP 400	\$ 94,500.90
360 ISHS S&P EUR 350	\$ 11,984.40
879 ISHS MSCI EMU	\$ 23,486.88
1892 VANG MTG BACKED	\$ 99,082.14
1105 VANG S&P 500	\$ 68,255.85
1610 VANG S&P GROWTH	\$ 105,471.10
1693 VANG S&P	\$ 99,920.86
1098 SPDR GOLD TR	\$ 173,407.14
	\$ 1,964,380.83
CASH	\$ 79,668.59
TOTAL	\$ 2,044,049.42

FORM 990-PF
SCHEDULE B
PART 1
NO. 1

CONTRIBUTIONS

28272 GOLDMAN SACHS SAT STRAT PT FD CL A

\$ 219,114.63

CASH

\$ 135.05

TOTAL

\$ 219,249.68