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Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 **2015** Open to Public Inspection

Form 990 (2015)

A I	or the	2015 calendar year, or tax year beginning and and	i enaing							
В	heck if	C Name of organization		D Employer identific	cation number					
	Addres	THE HUBBELL DIFFERENCE FOUNDATION, IN	iC							
	Name _change	Doing business as		45-3	<u>639526 </u>					
]initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r					
	Final return/	51 HUTCHINSON PARKWAY		860-	<u>567-0675 </u>					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	16,470.						
	Ameno	LIICHFIELD, CI 00755		H(a) Is this a group re						
	Application	F Name and address of principal officer nakvel nobbell v		for subordinates	⁷ Yes X No					
	pendin	⁹ 51 HUTCHINSON PARKWAY, LITCHFIELD, CT	<u>0675</u>	9 H(b) Are all subordinates in	ncluded? Yes No					
<u> 1 7</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list. (see instructions)					
		e: > N/A		H(c) Group exemption	n number 🕨					
	orm of	organization: X Corporation	L Yea	r of formation: 2011 N	State of legal domicile: CT					
		Briefly describe the organization's mission or most significant activities: THE	MISSI	ON STATEMENT	OF THE					
Activities & Governance	•			SE AWARENESS						
'n	2	Check this box if the organization discontinued its operations or disposition								
Ķ	3	Number of voting members of the governing body (Part VI, line 1a)		3	4					
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>-</u> 4					
ళ	5	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0					
iţie	6	Total number of volunteers (estimate if necessary)		6	0					
. €	[2] [2] a :	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
₹ S	D . L	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
1) 2	Total and account to the control of		Prior Year	Current Year					
F =	18 €	Contributions and grants (Part VIII, line 1h)		50.	880.					
25	9	Program service revenue (Part VIII, line 2g)		0.	15,590.					
Expense@CANINETRevenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
W	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50.	16,470.					
=	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	—	0.	0.					
Sei	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
per	.ou .	Total fundraising expenses (Part IX, column (D), line 25)	o.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	3,405.	9,634.					
		Fotal expenses Add lines 13-17 (must edgal Part IX, column (A), line 25)		3,405.	9,634.					
	19 1	Revenuelless expenses. Subtraction 18 from line 12		-3,355.	6,836.					
or		38 - WINT	В	eginning of Current Year	End of Year					
ets	20	Total assets (Part X, line 1.6)		2,667.	9,503.					
ABB	21	Total liabilities (Part X line 26)		0.	0.					
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		2,667.	9,503.					
Pa	rt II	Signature Block								
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of my	knowledge and belief, it is					
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	,					
		N 75/15			5.11.11					
Sigr	,	Signature of officer	_	Date						
Her		► HARVEY HUBBELL V, PRESIDENT								
		Type or print name and title								
	Print/Type preparer's name Preparer signature Preparer Signature Print/Type Preparer Signature Print/Type Preparer Print/Type Pri									
Paid		SNELLO S. MOSE STRUB M	au Ch	95/04/16 of self-employe	P00238993					
	arer	Firm's name SHEILA S. MOSES CPA, P.C.	- Cary	Firm's EIN	06-1355834					
-	Only	Firm's address 1615 FARMINGTON AVENUE								
	-	UNIONVILLE, CT 06085		Phone no.86	0 673-7444					
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		11	X Yes No					

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

32002 12-16-		Form 9	90 (2015)
4e	Total program service expenses ► 6,950.		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
- A - J	Other program sequeses (Describe in Schedule O.)		
4c	(Code) (Expenses \$		300.)
	DECODING DYSLEXIA		
4b	(Code) (Expenses \$	<u> </u>	956.)
4a	(Code) (Expenses \$6,950. including grants of \$) (Revenue \$ UNDERSTOOD PROJECT AT LANDMARK COLLEGE	. 13,	334.)
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported		
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u> </u>	X No
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	RAISE AWARENESS AND TO EDUCATE STUDENTS, PARENTS, AND EDUCATE OF DYSLEXIA THROUGH THE DISTRIBUTION OF "DISLECKSIA" "DISLECKSIA: THE MOVIE" IS A COMIC DOCUMENTARY ON THE SER		
1	Bnefly describe the organization's mission: THE MISSION STATEMENT OF THE HUBBELL DIFFERENCE FOUNDATION THE MISSION STATEMENT OF THE HUBBELL DIFFERENCE FOUNDATION STATEMENT OF THE HUBBELL FOUNDATION STATEMENT OF THE		
	Check if Schedule O contains a response or note to any line in this Part III		X
	rt III Statement of Program Service Accomplishments	45-3639526	Page 2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		١.,	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			or our
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1,10		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	2015)

Part IV Checklist of Required Schedules (continued)

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	-36		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		l.	
	instructions for applicable filing thresholds, conditions, and exceptions):		ľi,	i.i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	in wax	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
_		Form	990	(2015)

The Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1		Check if Schedule O contains a response or note to any line in this Part V			
tale first the number reported in Box 3 of Form 1966 Enter 0-4 not applicable be first the number of Forms W23 included in the in Enter 0-4 in that applicable c bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) withings to prace withness? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to a-file (see instructions) 3 be the organization have unrelated business gross income of \$1,000 or more dumpe the year? 3 be 1 "Yes," has a filed a Form 990 To the year? If "No," to file 30, provide an explanation in Schedule 0 5 b If "Yes," and the dark of foreign country (such as a bank account, securities account, or other financial account)? 5 b If "Yes," and the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR)). 5 was the organization of the organization the foreign country. 5 b If "Yes," and the organization the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If "Yes," or the sacro 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 b If "Yes," and the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 7 b If "Yes," or the sacro 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 b If "Yes," and the organization in the organization than it was or is a party to a prohibited tax shelter transaction? 9 b If "Yes," and the organization in the organization				Voc	No
b Enter the number of Forms WSQ included in line 1a. Enter O-If not applicable Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Itel of the calendar year ending with or within the year covered by this return. The calendar year ending with or within the year covered by this return. The calendar year ending with or within the year covered by this return. The calendar year ending with or within the year covered by this return. The calendar year and 2 as greater than 250, you may be required to e-life (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," and \$1 fled a Form 950 Tof this year? "I'vis," to line 30, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial accounts (FBAR). 5b If "Yes," in the the name of the foreign country. When the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial accounts (FBAR). 5c With "Yes," in the first the foreign country, which is a bank account sequent to a country or other financial accounts (FBAR). 5b Did any taxable party northy the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes," in the first of Sb, did the organization first was or is a party to a prohibited tax whether transaction any contributions that were not tax deductible as charitable contributions? 6c Did the organization sequent party or a prohibited that it was or is a party to a prohibited tax where the sequent party or a prohibited that the sequent party or t	12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withminings to prize withmer? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3b If at least on the reported on the 2A, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the organization have unrelated bisenses gross inciner of \$1,000 or more dump the year? 3c If Yes, 'has it filed a Form 990 T for this year? If 'No,' to file 3b, provide an explanation on Schedule O 5c If 'Yes,' to line file and foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, 'has it filed a form 990 T for this year? If 'No,' to file 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, 'to line 5a or 5b, did the organization than the tax was or is a party to a prohibited tax shefter transaction? 5c If Yes, 'to line 5a or 5b, did the organization than that was or is a party to a prohibited tax shefter transaction? 5c If Yes, 'to line 5a or 5b, did the organization than annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions? 6d Dess the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicid any organization than any receive deductible contributions under section 170(c). 6d Did the organization than any receive deductible contributions under section 170(c). 6d Did the organization than the contribution of the value of the goods or services provided? 6d Did the organization diversity of the value of the					
gambing) winnings to prize winners? Ear Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b if at least on its propriets on line 22, did the organization file all required federal employment tax returne? Note, if the sum of lane 13 and 2 as greater than 250, you may be required to e-life (see instructions) 3a bd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lay if if "Yea," has it field a Form 990Th for the year "1" his," for line 32, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yea," either the name of the foreign country, level. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yea," to line Sa or 5b, did the organization file Form 8886-17? 5c Was the organization and the organization file Form 8886-17? 5d Does the organization ratural gross receipts that are normally greater than \$100,000, and did the organization selection and the organization and the variety of a prohibited tax shelter transaction or grits were not its deductible as charitable contributions? 6c Was the organization shall were not tax deductible as charitable contributions and early organization shall were not tax deductible as charitable contributions under section 170(c). 6c Was a contribution of a was a contribution of a pathly for goods and services provided on the payor? 7a X Was if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization services a payor service services provided or the payor? 7c X Y 7d Did the organization se	_	· · · · · · · · · · · · · · · · · · ·			
2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. Section File and the section of the comparation File and the comparation File	·		10	x	İ
high for the calendar year ending with or within the year covered by this return Sal	22		<u></u>		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a bd the veganization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 990 T for this year? If "No." to line 3b, provide an explanation in Schedule O 3b at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If "Yes," to diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If "Yes," and the organization receives applient in excess of 357 made partly as a contribution of partly for goods and services provided to the payor? 7d If "Yes," and the organization receives applient in excess of 357 made partly as a contribution of partly for goods and services provided? 8d If "Yes," and the organization receives any funds, d	20				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h		i I		1
3a Det the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it field a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) bif "Yes," there the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Fince filing filing	_				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 889 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 889 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Did 11 Section 501(c)(12) organizations. Enter a Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b	d				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С				<u> </u>
			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 4						
	If there are material differences in voting rights among members of the governing body, or if the governing			,			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			i			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_			
6	Did the organization have members or stockholders?	6		_X_			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8 a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
		_	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		x	:			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c		<u> </u>			
13	Did the organization have a written whistleblower policy?	13		<u> </u>			
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
<u> </u>	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CT						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ie				
	for public inspection. Indicate how you made these available Check all that apply.						
46	Own website Another's website X Upon request Other (explain in Schedule O)	c					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial				
••	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	SHEILA S. MOSES, CPA, P.C 860-673-7444						
	1615_FARMINGTON_AVENUE, UNIONVILLE, CT 06085						

Form 990 (2015)	THE_HU	JBBELL	DIFFERENCE	FOUNDATION,	INC	45-3639526	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	dad	Key employee	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HARVEY HUBBELL V	5.00									
PRES, DIRECTOR	1 00	X	ļ	X				0.	0.	0
(2) WALTER FIEDOROWICZ	1.00	x		•				0.	0.	0
DIRECTOR (3) ERIC GARDNER	1.00	A						<u> </u>	. 0.	0
DIRECTOR	1.00	X						0.	0.	0
(4) MICHAEL KEATING	1.00									
DIRECTOR		\mathbf{x}	<u> </u>					0.	0.	0
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Par	VII Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C	Compensated Employe	es (continued)	—			
	(A)	(B)			(C Pos	C)			(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	,		timate 10unt	
		week					is bot or/trus			from related	' i		other	
		(list any	ector						the	organizations		com	pensa	ation
		hours for related	5	8			ated		organization	(W-2/1099-MIS	C)		om th	
		organizations	trustee	al trustee		99	mpen		(W-2/1099-MISC)			-	anızat d relat	
		below	Individual trustee or director	Institutional	a 5	Key employee	Highest compensated employee	يو					ınızatı	
	. <u></u> .	line)	횰	as a	Officer	Key	돌흥	Former						
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	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
u	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re		L 2,000 of reportable				<u> </u>
_	compensation from the organization	or miniou to th			, G u.		<i>.,</i>		ooonoa more triair ¢ rec	,,ooo or roportubio				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on			}	
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su			-					•	the organization			ļ	
5	and related organizations greater than \$150									idual for convece	}	4		X
3	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					_		eiai	led organization of fildiv	idual for services		5		х
Sec	ion B. Independent Contractors			<u> </u>	<u> , , , , , , , , , , , , , , , , ,</u>					· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	ors t	that received more than	\$100,000 of comp	ensa	ation fi	rom	
	the organization Report compensation for	the calendar y	ear e	endi	ng w	/th	or w	ıthır	n the organization's tax	year				
	(A) Name and business	addrass			_				(B) Description of s	200,1000	C.	(C		_
	Name and business	a001622	N	INC	<u> </u>			\dashv	Description of s	services		omper	ISALIO	<u> </u>
								ł						
								1						
								ŀ						
	_							\sqcap						
								\dashv						
	Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	thos	se lis	l	above) who received n	nore than				
	\$100,000 of compensation from the organization)							
												Form 9	990 (2015)

45-3639526 Form 990 (2015) THE HUBBELL DIFFERENCE FOUNDATION, INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 880 similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 880 Total, Add lines 1a-1f **Business Code** 15,590 15,590 900099 2 a PROGRAM FEES Program Service Revenue All other program service revenue 15,590 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 15,590 Total revenue. See instructions. 0

Form 990 (2015) THE HUBBELL D
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	375.		375.	
С	Accounting	1,750.		1,750.	
d	Lobbying	 			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	10.	10.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	559.		<u>5</u> 59.	
15	Royalties .				
16	Occupancy		2 224		
17	Travel	2,394.	2,394.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest Source and the official and	· -			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				ţ
а	EDITING SERVICES	2,889.	2,889.		
b	CAMERA OPERATOR	1,150.	1,150.		
c	LOCATION SUPPLIES	507.	507.		
d					
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	9,634.	6,950.	2,684.	0.
26	Joint costs. Complete this line only if the organization		-,	_,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here If following SOP 98-2 (ASC 958-720)				
					= 000 (costs)

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,667.	1	9,503.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			'
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect			!	
sts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	-
Assets	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				ŗ
		basis Complete Part VI of Schedule D	10a	~ ~		
	þ	Less accumulated depreciation	10b	. <u> </u>	10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12	-	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	·	_	14	
	15	Other assets. See Part IV, line 11		0.665	15	0.500
	16	Total assets. Add lines 1 through 15 (must equa	2,667.	16	9,503.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20 21	Tax-exempt bond liabilities		20		
	22	Escrow or custodial account liability. Complete F Loans and other payables to current and former	r i	2	21	1
Liabilities	22	key employees, highest compensated employee				,
<u>≅</u>		Complete Part II of Schedule L	s, and disquaimed persons.		22	s. and
<u> </u>	23	Secured mortgages and notes payable to unrela	ted third parties		23	-
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, par			2-4	
		parties, and other liabilities not included on lines				
		Schedule D	, ,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and	· · · · · ·		
တ္ထ		complete lines 27 through 29, and lines 33 an	d 34.			
ĕ	27	Unrestricted net assets			27	
3alç	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets			29	
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🗶 📗			
ō		and complete lines 30 through 34.		-		
ets	30	Capital stock or trust principal, or current funds	1	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or eq	· ·	0.	31	0.
Ę	32	Retained earnings, endowment, accumulated in	come, or other funds	2,667.	32	9,503.
	33	Total net assets or fund balances		2,667.	33	9,503.
	34	Total liabilities and net assets/fund balances		2,667.	34	9,503.

Form **990** (2015)

orm	990 (2015) THE HUBBELL DIFFERENCE FOUNDATION, INC	45-363	9526	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets	· - ·			-
	Check if Schedule O contains a response or note to any line in this Part XI	- 			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	<u>6,4</u>	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 36.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>2,6</u>	<u>67.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	(9,5	03.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				ŧ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O.			_5
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			ν,
	separate basis, consolidated basis, or both:			:	st
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			ı
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	he audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.	× 2		ŧ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	lingle Audit			* :
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

532012 12-16-15

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number Name of the organization THE HUBBELL DIFFERENCE FOUNDATION 45-3639526 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches. or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 🗶 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II	Support	Schedule for	Organizations	Described in Sections	170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to		l				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			•			
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included					/	
	on line 1 that exceeds 2% of the] ,				, , ,	
	amount shown on line 11,					. ?	
	column (f)				ļ		
	Public support. Subtract line 5 from line 4	1. 3.(\$72.2 2		<u> </u>	<u></u>	^	
	ction B. Total Support		T	T	T salata i		
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					-	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				1:3 . 3	*	
	Total support. Add lines 7 through 10		l	*****	1 3		
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	rd faurth ar fifth t	ov veer ee e eeste	12	
13	organization, check this box and stor	-	s mst, second, tin	ra, ioartii, or iiitii t	ax year as a section	11 30 1(0)(3)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (column (fl)		14	ı
	Public support percentage from 2014			(7/		15	C
	33 1/3% support test - 2015. If the o			on line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan:	ces" test, check t	this box and stop I	here. Explain in Par	t VI how the organ	zation
	meets the "facts-and-circumstances"			-	•	-	▶ □
b	10% -facts-and-circumstances tes	=			•	17a, and line 15 is 1	0% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	nd see instructions	▶□
			- 		•	dule A (Form 990	
						•	

Schedule A (Form 990 or 990-EZ) 2015 THE HUBBELL DIFFERENCE FOUNDATION, INC 45-3639526 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

_	qualify under the tests listed b	elow, please comp	lete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]	
	ınclude any "unusual grants.")	5,000.	16,000.	195.	50.	880.	22,125.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			5,125.		15,590.	20,715.
3	Gross receipts from activities that		·				
•	are not an unrelated trade or bus-	1					
	iness under section 513	Ì					
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5,000.	16,000.	5,320.	50.	16,470.	42,840.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						42,840.
	etion B. Total Support	4		L		<u> </u>	42,040.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	5,000.	16,000.	5,320.	50.	16,470.	42,840.
_	dividends, payments received on securities loans, rents, royalties and income from similar sources	3,000.	10,000.	3,320.	50.	10,470	42,040.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	5,000.	16,000.	5,320.	50.	16,470.	42,840.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here_						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (li	ne 8, column (f) div	rided by line 13, co	lumn (f))		15 1	.00.00 %
16	Public support percentage from 2014					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			13. column (fl)		17	.00 %
18	Investment income percentage from 2	•	•	,		18	%
	33 1/3% support tests - 2015. If the	•	•	line 14. and line	15 is more than 3		
	more than 33 1/3%, check this box ar	-				•	▶ X
b	33 1/3% support tests - 2014. If the	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che Private foundation. If the organization		-			-	
~~				or Tun anacythu	C DAY AND AAA IRA	TE (01)000	— 1

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532023 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	ns	
Sections A, D, and E. If you checked	11d of Part I, complete Sections A and D, and complete Part V.)	
and by hyod onconcer his on rain, e	obmplete decitoris A and G. if you checked 110 of 1 art i, complete	

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			ĺ
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			ĺ
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		L
2	Did the organization have any supported organization that does not have an IRS determination of status			ĺ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ĺ
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			l .
	organization made the determination.	3b		·
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		l
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			· ·
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			. :
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			i
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	,		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	-		;
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	[
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			,
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		ŀ	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	İ		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

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	edule A (Form 990 or 990 EZ) 2015 THE HUBBELL DIFFERENCE FOUNDATION, INC 45-36	<u> 3952</u>	6 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		_	
	below, the governing body of a supported organization?	11a	<u> </u>	
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		İ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			٠ ا
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	f		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			•
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ı
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		ļ.
	the supported organization(s)	1		1
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			:
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			;
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	- '	~
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			,
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	2-		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
Ų		O.F.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

	dule A (Form 990 or 990-EZ) 2015 THE HUBBELL DIFFERENCE			15-3639526 Pa
Pa	Type in North anothernally integrated coolay(c) capporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
ect	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	<u> </u>	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	٤.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		L
3	Subtract line 2 from line 1d	3	-	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting org	anization (see
	instructions)	-		-

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 THE HUBBELL D			5-3639526 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	_ .	_	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(3)	/::\	/:::\
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	LACESS DISTIDUTIONS	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				1
d	From 2013			[
е	From 2014			
f	Total of lines 3a through e			-
	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7· \$,
	Applied to underdistributions of prior years		<i>A</i> .	-
	Applied to 2015 distributable amount		* ` `	
	Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if			
Ð	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			ı
6	Remaining underdistributions for 2015 Subtract lines 3h			
J	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
•	and 4c.			;
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Evenes from 2015			

Schedule A (Form 990 or 990-EZ) 2015

	(Form 990 or 99	0-EZ) 2015 T	HE HUBBE	LL DIFFER	ENCE FO	UNDATI	ON, INC	45-3639526 Page 8
Part VI	Supplemen	tal Informa	tion. Provide th	ne explanations re	quired by Par	t II, line 10; F	Part II, line 17a o	r 17b; Part III, line 12,
	Part IV. Section	n A, lines 1, 2, 3	3b. 3c. 4b. 4c. 5a	a. 6. 9a. 9b. 9c. 11	a. 11b. and 1	1c: Part IV. S	Section B. lines	1 and 2, Part IV, Section C.
	Section D. line	Section D, lines s 5. 6. and 8: a	s 2 and 3; Part IV nd Part V. Sectio	r, Section E, lines on E, lines 2, 5, and	ic, 2a, 2b, 3a d 6 Also com	and 3b, Par plete this pa	t v, line 1; Part v rt for anv additio	/, Section B, line 1e, Part V,
	(See instructio	ns.)		2, 2, 0, a		pioto tino pa		
SCHEDU	LE A, PA	RT III,	LINE 14					
THE FO	UNDATION	INCORP	ORATED I	N OCTOBER	<u>, 2011,</u>	THUS	<u>2011 WAS</u>	A SHORT
YEAR.								
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization THE HUBBELL DIFFERENCE FOUNDATION, INC	Employer identification number 45-3639526
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
EDUCATE STUDENTS, PARENTS, AND EDUCATORS ON THE TOPIC OF	DYSLEXIA
THROUGH THE DISTRIBUTION OF "DISLECKSIA: THE MOVIE".	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
MISUNDERSTOOD SUBJECT OF DYSLEXIA THAT GIVES VIEWERS A BE	TTER
UNDERSTANDING OF THE LEARNING DIFFERENCE AND HOW TO TEACH	THOSE WITH
IT. THIS FILM HOPES TO BE A CONVERSATION-STARTER THAT WIL	L LEAD TO
EDUCATIONAL AWARENESS THROUGHOUT THE NATION. ABOUT ONE IN	SEVEN
AMERICANS HAS SOME DEGREE OF DYSLEXIA, BUT MANY DON'T KNO	W WHAT IT IS,
OR THAT THIS CONDITION EVEN EXISTS.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, A MEMBER	OF THE
ORGANIZATION'S GOVERNING BODY, BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION C, LINE 18:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE EXECU	TIVE DIRECTOR.
	_
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE EXECU	TIVE DIRECTOR.
	
	-

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. THE HUBBELL DIFFERENCE FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number 45-3639526

Part	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	of the organization answered "Yes"	on Form 990, Part IV, line 33					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) The End-of-year assets		(f) Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organizations Complete organizations during the tax year	tions Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	r more related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) ed
					501(c)(3))		Yes	2
	-						_	

532161 09-08-15 LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 THE HUBBELL DIFFERENCE FOUNDATION, INC.

Page 2

45-3639526

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part

(a)	(Q)	(၁	(D)	(e)	E	(6)	Ξ	€	S	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes	
CAPTURED TIME PRODUCTIONS LLC										
- 06-1534926, 51 HUTCHINSON										
PARKWAY, LITCHFIELD, CT				_						
06759	FILM PRODUCTION	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
				-						
	-									
				•						
				-						
Dart IV Identification of Related Organizations Taxable as a Corporati	ganizations Taxable a	s a Corpo	oration or Trust Con	on or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	n answered "Yes'	on Form 990, Pa	rt IV, line 34	because it had or	e or mo	e related

rarr IV organizations treated as a corporation or trust during the tax year.

(i) Section 512(b)(13) controlled entity?			
98 G			
(h) Percentage ownership			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Type of entity (C corp, S corp, or trust)			
(d) (e) Direct controlling Type of entity (C corp., S corp., or trust)			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2015

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				\vdash
Note. Complete line I if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	le transactions with one or more related organizations listed in Parts II-IV?	in Parts II:IV?	Yes
	A			1a X X
				-
d Loans or loan guarantees to or for related organization(s)				ν pl
 Loans or loan guarantees by related organization(s) 				Je X
f Dividends from related organization(s)				×
				-
h Purchase of assets from related organization(s)				+
i Exchange of assets with related organization(s)				¥
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
 Sharing of paid employees with related organization(s) 				to X
				×
 Reimbursement paid by related organization(s) for expenses 				to X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1)				
6				
(3)				
(4)				
(5)				
532163 09-08-15	24		Schedule	Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015 THE HUBBELL DIFFERENCE FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding excusion for certain investment particlesmps	structions regarding excit	Sion for certain inve	estment partnersmps							
(a) Name address and FIN	(b) Primary activity	(c)	Predominant income	4re all	Share of	(g) Share of	Dispranor-	(i) Code V-HBI	(j)	(k) Percentade
of entity	franco (marin		(related, unrelated, 50 excluded from tax under 0	501(c)(3) 16r orgs?	total	end-of-year assets	tionate allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			(F10-310 S100000	Yes No			Ves No	(1003)	Ves No	
				-						
							_			
							<u> </u>		-	
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								_		
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Schedule R (Form 990) 2015