Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number '
THE HUBBARD BROADCASTING FOUNDATION			41-6022291	
Number and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
3415 UNIVERSITY AVENUE			6516424300	<u></u>
City or town, state or province, country, and ZIP or foreign p ST. PAUL, MN 55114	ostal code		C If exemption application is pe	ending, check here
G Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	, check here
Final return	Amended return			
Address change	Name change		Foreign organizations med check here and attach cor	eting the 85% test, mputation
H Check type of organization:, X Section 501(c)(3) ex	empt private foundation		 E If private foundation stat	tus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
I Fair market value of all assets at end of year J Accounting	ng method: Cash	X Accrual	F If the foundation is in a 6	60-month termination
	ther (specify)		under section 507(b)(1)	(B), check here $ ightharpoonup$
\$ 29,139,017. (Part I, colur	nn (d) must be on cash bas	is.)	,	· · · · · · · · · · · · · · · · · · ·
Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income-	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	234,760.		N/A JI	
2 Check if the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	173,688.	173,688.		STATEMENT 1
4 Dividends and interest from securities	625,108.	625,108.	,	STATEMENT 2
5a Gross rents	Parthicus 1. 7 marthicusia parte. Repre	(430) Zer eta transferioren en eta	nor a la colo la camentation de Care	
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 1 9 3 9 6 4	1,659,392.			
D assets on line 6a		E 250 755		LA COMO DE PROPERTO DE LA COMO DE LA COMO DE LA COMO DE
، احتم		5,259,755.		NOTE OF THE PARTY
o iver short-term capital gain				67 (0.27-22) 4 (0.27)
9 Income Traditications 10 access sales less returns 10 access actes less returns			21 114 124 92 51 52 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1	
b. Cost or opposite State (one to the termination of the te			DOL 16 (00233 - WANTED AND AND AND AND AND AND AND AND AND AN
	ACCOUNT TO S PLANTING RESIDENCE		The Edward of a second second second second as	9/5/25/25/2014
Ross protit or (loss)		20.4.4.0 (336 , 2.70 Sim ALC 1100 CONT. CO. 1.7000		
12 Total Add lines 1 th Ough 11	2,692,948.	6,058,551.		4
	101,450.	٠ 0.		101,450.
13 compersuo orottoers, directors, trustees, etc 14 Other employee salaries and wages				`
15 Pension plans, empleyee benefits				
16a Legal fees				
b Accounting fees	,			
c Other professional fees			,	
9 17 Interest			<u>. </u>	
c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	69,184.	0.	ļ	25.
실 .텔 19 Depreciation and depletion				
20 Occupancy			-	
21 Travel, conferences, and meetings				
22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23	255 550	256,148.		521.
23 Other expenses STMT 4	256,669.	230,140.		521.
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23	427,303.	256,148.		101,996.
	1,819,167.	230,140.	**************************************	2,237,834.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	2,015,107.	DOMESTINAND JODEN SIMILAR BANK	C ANTINOS. MENAMENTALISME	
Add lines 24 and 25	2,246,470.	256,148.	·	2,339,830.
27 Subtract line 26 from line 12:			274	
2 Excess of revenue over expenses and disbursements	446,478.			
b Net investment income (if negative, enter -0-)		5,802,403.	(1)	14 E. W
c. Adjusted not income (if positive enter-0-)			N/A	

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Ē	24.	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
٢٢	ařt≀	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	145,712.	748,339.	748,339.
		Savings and temporary cash investments		396,749.	396,749.
		Accounts receivable	THE PERSON NAMED IN		
	້	Less; allowance for doubtful accounts			**************************************
		Pledges receivable			
	"	Less: allowance for doubtful accounts			
	-	Grants receivable			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1			(
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		AT A CONTRACT OF THE STATE OF T	
	7	Other notes and loans receivable	77.00		377
		Less: allowance for doubtful accounts	 	1_	
ă		Inventories for sale or use		•	
Assets		Prepaid expenses and deferred charges			
\d		Investments - U.S. and state government obligations		<u> </u>	
	b	Investments - corporate stock STMT 5	33,149,317.	27,993,929.	27,993,929.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	AND THE PROPERTY OF THE PROPER		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	•	Less accumulated depreciation		_	
	15	Other assets (describe >	,	· · ·	
		Total assets (to be completed by all filers - see the	<u> </u>	·	
		instructions. Also, see page 1, item I)	33,295,029.	29,139,017.	29,139,017.
_		Accounts payable and accrued expenses	27,314.	27,314.	
	1	Grants payable	2,778,833.	2,360,167.	
	18	Deferred revenue	2,7,12,724	-,,	
ies	19				1974 - 1977 - 1974 - 19
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			7° 1321 (25-1 324)
į		Mortgages and other notes payable			
_	22	Other liabilities (describe			ACL - A MARK AND AND PARTY OF THE
'		7	2 006 147	2,387,481.	
	23	Total liabilities (add lines 17 through 22)	2,806,147.	2,307,401.	Committee of the commit
		Foundations that follow SFAS 117, check here			
,,	1	and complete lines 24 through 26, and lines 30 and 31.	20 400 000	26 751 526	
ances	1	Unrestricted	30,488,882.	26,751,536.	SOUTH TO SEE THE SECOND
		Temporarily restricted \(\cdot\)			SELECTION OF THE PROPERTY OF T
Ba	26	Permanently restricted			LOS CARROLINA CONTRACTOR
Pu		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31.			
õ	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			A CONTRACTOR OF THE CONTRACTOR
et	30	Total net assets or fund balances	30,488,882.	26,751,536.	
~					4
	31	Total liabilities and net assets/fund balances	33,295,029.	29,139,017.	
<u> </u>			alances		
ξĮ,	art	III	aiai IVC3	•	``
1	Total	I net assets or fund balances at beginning of year - Part II, column (a), line	30	1	
		st agree with end-of-year figure reported on prior year's return)		1	30,488,882.
	•	r amount from Part I, line 27a		2	446,478.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	-	4	30,935,360.
		eases not included in line 2 (itemize) UNREALIZED GAIN/(LOSS	S) ON INVESTMENTS	5	4,183,824.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	26,751,536.
v	· Uld	ring appylo or raine benanovo al one or your (mile 7 millos mile J) - Fall H _s C			i

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Part IV					Income							, ago o
	(a) List and describe 2-story brick wa		roperty sold (for examendation of the control of th		te,	1 2	How ac - Purc - Dona	nace i	(c) Date (mo., d	acquired lay, yr.)		ite sold day, yr.)
1a PUBL	ICLY TRADED SECUR	ITIES	,			۲		P		_	12/3	1/18
b						'						
<u> </u>	 -											
<u>d</u>				7.5								
e												
(e)	Gross sales price		ciation allowed allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
8	11,883,864.	_	-		6,654,3	99.					5,3	259,755.
Ь												
c												
d												
e				<u> </u>	<u> </u>							
Comp	lete only for assets showin	g gain in colum	in (h) and owned by	the foundation	on 12/31/69.			(i)	Gains (C	Col. (h) gain	minus	
(i) f	MV as of 12/31/69		justed basis f 12/31/69		cess of col. (i) col. (j), if any			COI.	Losses	not less thar (from col. (1 -U-) or h)) 	
a											5,2	259,755.
b											!	
C												
_d												
<u>e</u>												
2 Capital	gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0			}	2				5,3	259,755.
If gain, If (loss	ort-term capital gain or (los also enter in Part I, line 8,), enter -0- in Part I, line 8	column (c).			Tanan Nat	}	3	I		N/A		
	Qualification U							ent inco	me			
(For option	al use by domestic private	foundations si	ibject to the section 4	1940(a) tax on	net investment in	come.	.)					
If section 4	1940(d)(2) applies, leave th	nis part blank.										
	undation liable for the sect foundation doesn't qualif				· •	iod?					Yes	X No
1 Enter t	he appropriate amount in e				ore making any er	ntries.						
Calenda	(a) Base period years r year (or tax year beginnir		(b) djusted qualifying dis		Net value of no	(c) inchar		use assets		Distrib (col. (b) div	(d) oution ratio ided by co	l. (c))
	2017		. 2	,418,667.			31	946,976				.075709
	2016		1	,352,148.			31	310,303				.043185
	2015		1	,979,233.			31	290,100			_	.063254
	2014			,602,044.				442,961			_	.052624
	2013		1	,497,157.			27	300,457	•		_	.054840
2 Total o	f line 1, column (d)								2			.289612
-	e distribution ratio for the			on line 2 by 5.0), or by the numbe	er of y	ears/					.057922
uie tou	ndation has been in exister	ice II Iess than	o years						3			.03/522
4 Enter th	ne net value of noncharitab	le-use assets fo	or 2018 from Part X,	line 5					4	<u></u>	32,6	64,894.
5 Multiply	y line 4 by line 3								5		1,8	392,016.
6 Enter 1	% of net investment incom	ne (1% of Part I	, line 27b)						6			58,024.

1,950,040.

2,339,830.

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	340 -	SEE IIISUU	CHOIIS	·)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter:			10.0	
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		58,	024.
-	of Part I, line 27b	374	2.20		g r
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		145 (4)		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0.
3	Add lines 1 and 2	3		58,	024.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		58,	024.
6	Credits/Payments:	1		e (fer	
. а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a ,67,000		1070		
	Exempt foreign organizations - tax withheld at source 6b 0		A STATE		
c	Tax paid with application for extension of time to file (Form 8868) 6c 20,000	.]	E Marco	å	7.7
d	Backup withholding erroneously withheld 6d 0				
7	Total credits and payments. Add lines 6a through 6d			87,	000.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			66.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		28,	910.
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax 28,910. Refunded	11			<u>0.</u>
	Statements Regarding Activities		Treesess.	×1.V1	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervei	e in	,	Yes	No_
	any political campaign?		1 <u>a</u>	+ +	<u>x</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the def	nition	1b	1 38000	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				X
	Did the foundation file Form 1120-POL for this year?		1c	5 904000	
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$				
_	(1) On the foundation. \$\Bigsim 0.\$ (2) On foundation managers. \$\Bigsim 0.\$ (2) On foundation managers. \$\Bigsim 0.\$ (2) On foundation managers.	<u>-</u>			
E	managers. > \$				
,	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
2	If "Yes," attach a detailed description of the activities.		36		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or			176
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,	4a	1 1	х
	of "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		x
	If "Yes," attach the statement required by General Instruction T				. 4
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	te law			
	remain in the governing instrument?		6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
	,				_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨				
	MN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G2 If "No," attach explanation		_ 8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call the foundation within the foundation wi	endar			Ţ,
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9	+ -	<u>x</u>
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	-	10		

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Form 990-PF (2018) THE HUBBARD BROADCASTING FOUNDATION (Continued)

		勝声。 後心と	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	_11_		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A	4.7.4		
14	The books are in care of ▶ BARB STRENGE Telephone no. ▶651-642-4			
	Located at ► 3415 UNIVERSITY AVE, ST. PAUL, MN ZIP+4 ►551	. 14	_	$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/	/ B	·Ш
4.	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	16	103	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	\$3.5°	7;57,1	7373
	foreign country	1. Spite.	,,,,,,,,,	
Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	y V.	<u> </u>	<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	13.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		125,00	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		، پسځولار سپځولار	33
	for the benefit or use of a disqualified person)?		ئر پر ائٹر پر	× 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		, ,,,	
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	T		#200 #200
			FY.	ا ^{اتوا} ت التراث
0	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	ستثند	X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	(C.\$.5)	ئىرگراڭ <u>ئ</u>	160
_	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			1.12
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?			A. 3
	If "Yes," list the years ▶		50 T	
, b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	"(\$1") "(\$7")		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	2. L.	, , , , , , , , , , , , , , , , , , ,	
	statement - see instructions.)	2b	16 . S. 1	2 > (3
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_				15 A 3
за	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	during the year? LYes X No If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
O	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	\$ \ \ \	ر د د	75
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		m 990)-PF	(2018)

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Part vil-by Statements Regarding Activities for which Fo	oriii 4720 Iviay be R	equired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to:	,			Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No 🖔	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire			
any voter registration drive?			es 🗓 No 🍴	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es 🗓 No 🍃	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		[a]	
4945(d)(4)(A)? See instructions			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f) ['95]	
the prevention of cruelty to children or animals?			es 🗓 No 🏅	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	<u> </u>	5h \ X
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b \ X
Organizations relying on a current notice regarding disaster assistance, check h		nad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	UIII LIIE LAX DECAUSE IL IIIAIIILAI	∏ Ye	es 🗀 No 🕌	200
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav premiums on		ζ.	
a personal benefit contract?	ay promisino on	☐ Y6	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?		· · · · · · · · · · · · · · · · · · ·	6b X
If "Yes" to 6b, file Form 8870.			3	
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	` □ Ye	es 🗓 No 🕏	
b If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			٤	
excess parachute payment(s) during the year?	· · · · · · · · · · · · · · · · · · ·		s X No	
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors		····		
1 List all officers, directors, trustees, and foundation managers and th		La) Companyation	(d) Contributions to	1.15
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Numb and address	to position	(If not paid, enter -0-)	compensation	allowances
SEE STATEMENT 6		101 450	0.	0.
SEE STATEMENT 0		101,450.		
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· · · · · · · · · · · · · · · · · · ·		·		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, (enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
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Table I number of other employees and over 000,000			L	
Total number of other employees paid over \$50,000		·	Form	990-PF (2018)
			FUIII	1 (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY - 1775 I STREET NW, SUITE 200,		
WASHINGTON, DC 20006	WEALTH ADVISORY AND MANAGEME	NT 252,172.
	_	
<u> </u>	_	
		
	_	
		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 N/A	,	•
		0.
2		
3		
4	_	
	 ,	
Port IV P O	<u>l</u> _	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
	illes I alid 2.	Amount
1 <u>N/A</u>		
		0.
^		
2		
All other program-related investments. See instructions.		•
3 N/A		
		^

Total. Add lines 1 through 3

Page 8

Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 32,415,733. a Average monthly fair market value of securities 1a 746,596. b Average of monthly cash balances 1b c Fair market value of all other assets 10 33 162 329. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 33,162,329. Subtract line 2 from line 1d 3 497,435, Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 32,664,894. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 1,633,245. Minimum investment return. Enter 5% of line 5 [PartiXiI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 1,633,245. Minimum investment return from Part X, line 6 58,024 Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018. (This does not include the tax from Part VI.) 58.024. 2¢ c Add lines 2a and 2b 1 575 221. Distributable amount before adjustments. Subtract line 2c from line 1 3 0. 4 Recoveries of amounts treated as qualifying distributions 1,575,221. 5 5 Add lines 3 and 4 0. Deduction from distributable amount (see instructions) 1,575,221. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 [Part XII] Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 2,339,830. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 2,339,830, Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 58,024. income. Enter 1% of Part I, line 27b 2,281,806.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2018)

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2018 from Part XI, line 7 2. Undestructed excess, 4 see, se at Pre-aved of 2018 a. Enter amount for 2017 only b. Total for prior years: 3. Excess distributions carryover, if any, to 2018; a. From 2014 1.44, 8, 6, 6, 6, 7 from 2015 4. 99, 4, 6, 6, 7 1. Total of lines 3a through e 4. Unablating distributions to 2018 from Part XII, line 4; № \$ 2. 339, 830 1. Total of lines 3a through e 4. Unablating distributions for 2018 from Part XII, line 4; № \$ 2. 339, 830 2. Applied to 2017, but not more than line 28 3. Applied to 2017, but not more than line 28 3. Applied to 2017, but not more than line 29 3. Applied to 2017, but not more than line 29 3. Applied to 2018 from line 1; lines (1) from 2018 from Part XII, line 4; № \$ 2. 339, 830 3. Total of lines 2 from 10 from years (Section original 4 see instructions) 4. Applied to 2018 distributions out of corpus (Section original 4 see instructions) 5. Excess distributions savyow applied to 2019 from anno amount distributed out of corpus (Section 10 from 10 fro			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
a Enter amount for 2017 only b Total for prory years: 3 Excess distributions carryover, if any, to 2018; a From 2014		or 2018 from Part XI,		-		1,575,221.
3 Excess distributions carryover, if any, to 2018; a From 2013		, as of the end of 2018				
S Excess distributions carryover, if any, to 2018: a From 2013	a Enter amount for 2017	only			0.	
\$ Excess distributions carryover, if any, to 2018: a From 2014	b Total for prior years:					
a From 2013		,		0.		
Defrom 2014	İ					
From 2015	-		1000 0 1901 0 1 1 1 1 1 1 1 1 1 1 1 1 1	77		
From 2016			,,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	May 25 to 22.22		1 11 6 1
From 2017 893,630 1 10 10 10 10 10 10 1		130,110.	NA NOVANIA - MARANTA AANAANIA	MAR dame I dendeliment h		
Total of lines 3a through e 4. Qualifying distributions for 2018 from Part XII, Intel 4:1 ► \$ 2, 339, 830, a Applied to 2017, but not more than line 2a b Applied to 2017, but not more than line 2a b Applied to 2017, but not more than line 2a b Applied to 2018 distributed income of prior years (Election required -see instructions) 6. Treated as distributions out of corpus (Election required -see instructions) 6. Applied to 2018 distributed amount e Remaining amount distributed out of corpus 5 (Excess distributions cerviove applied to 2018 difference amount incoming (i)) 6. Excess distributions cerviove applied to 2018 difference amount incoming (ii) and a solution to the composition of the section 494(2) at land to 164 solution to 164 s		893 630.				
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Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(h)(1)(F) or 4942(g)(3) (Flection may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 2 , 293 , 539. 10 Analysis of line 9: a Excess from 2014	be distributed in 2019					0.
section 170(h)(1)(F) or 4942(g)(3) (Flection may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2014	7 Amounts treated as dis	tributions out of		,		
may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2014 b Excess from 2015 490,446.						
may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 2 , 293 , 539 . 10 Analysis of line 9: a Excess from 2014 b Excess from 2015 490 , 446.				. /900.00.4.4.// / \ \ / A		111 /s mannesser de st militaris ; s. s.s.
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 2,293,539. 10 Analysis of line 9: a Excess from 2014 b Excess from 2015 490,446.	• •	•	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a 2,293,539. 10 Analysis of line 9: a Excess from 2014 144,854. b Excess from 2015 490,446.		-	176 206	· · · ************* / ****		, , ,
Subtract lines 7 and 8 from line 6a 2,293,539. 10 Analysis of line 9: a Excess from 2014 144,854. b Excess from 2015 490,446.	* *		1/0,320.		<u> </u>	
10 Analysis of line 9: a Excess from 2014 b Excess from 2015 490,446.		-	2 202 520			,
a Excess from 2014 144,854. b Excess from 2015 490,446.		rom line ba				
b Excess from 2015 490 , 446 .		144 854				
e Evides from 2016 I I I I I I I I I I I I I I I I I I	c Excess from 2016	250,220.	Ψ)			٧
d Excess from 2017 893.630.		893 630			W.W.	
e Excess from 2018 764,609.			w yywaaaa	, , , , , , , , , , , , , , , , , , ,		U v

	rt XIV Private Operating F	OUNDATIONS (See In		I-A guestion 9)	N/A	022291 Page 10	
	If the foundation has received a ruling o			1-A, question 3)	N/A		
	foundation, and the ruling is effective fo						
	Check box to indicate whether the found	•	•	ın section	4942(j)(3) or	4942(j)(5)	
	Enter the lesser of the adjusted net	Tax year	ig roundation deserred	Prior 3 years	<u> </u>	1 /	
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total	
	investment return from Part X for	`,	`	 	 		
	each year listed 85% of line 2a						
_	Qualifying distributions from Part XII,				 		
	line 4 for each year listed						
			<u> </u>				
_	Amounts included in line 2c not				ľ		
	used directly for active conduct of						
	exempt activities			 //	+		
	Qualifying distributions made directly						
	for active conduct of exempt activities.		/	1			
	Subtract line 2d from line 2c Complete 3a, b, or c for the		/				
Ü	alternative test relied upon:						
_	"Assets" alternative test - enter:						
	(1) Value of all assets				<u> </u>		
	(2) Value of assets qualifying	/					
	under section 4942(j)(3)(B)(i)	/-			 	 	
D	"Endowment" alternative test - enter 2/3 of minimum investment return						
	shown in Part X, line 6 for each year						
	listed					 	
	"Support" alternative test - enter:						
	(1) Total support other than gross	1					
	investment income (interest, dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more exempt		<u> </u>				
	organizations as provided in						
	sečtion 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from						
	an exempt organization					<u> </u>	
	(4) Gross investment income	1				<u> </u>	
Pai	rt XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets	
	at any time during t	ne year-see instri	uctions.)				
1	Information Regarding Foundatio	n Managers:					
	List any managers of the foundation wh			ributions received by the	foundation before the cl	ose of any tax	
	year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(a)(2).)				
NONE							
	List any managers of the foundation wh			(or an equally large porti	on of the ownership of a	partnership or	
	other entity) of which the foundation ha	s a 10% or greater interes	SI.				
NONE		··· ==····			· · · · · · · · · · · · · · · · · · ·		
	Information Regarding Contributi						
	· · · · · · · · · · · · · · · · · · ·	only makes contributions t	•	-		quests for funds. If	
	the foundation makes gifts, grants, etc.,						
a	The name, address, and telephone number	ber or email address of th	e person to whom applic	cations should be addres	sed:		
	STATEMENT 7						
b	The form in which applications should b	e submitted and informat	ion and materials they s	noula incluae;			
C	c Any submission deadlines:						
d	Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	, kınds of ınstitutions, or	other factors:		

THE HUBBARD BROADCASTING FOUNDATION 41-6022291 Page 11 Form 990-PF (2018) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) a Paid during the year SEE STATEMENT I 2,262,834. 2,262,834. ➤ 3a Total **b** Approved for future payment SEE STATEMENT J 2,360,167.

2,360,167.

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
Enter gross amounts amous summing maleates.	(a) Business	(b)	(c)	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a					
b		<u> </u>			
d					
f			 		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	173,688.	
4 Dividends and interest from securities			14	625,108.	*****
5 Net rental income or (loss) from real estate:					···
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					• • •
			1		
property 7. Other property property			1		
7 Other investment income					
8 Gain or (loss) from sales of assets other			18	1,659,392.	
than inventory			1	2,000,002.	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
• • • •					
11 Other revenue:					
a				-	···-
b					·- ·-
d		-	 		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ļ.			· -
e		0.		2,458,188.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)			′		
				_	
Part XVI-B Relationship of Activities to	the Acco	implishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contril	nuted importantly to the accom	nolishment of
the foundation's exempt purposes (other than b			00111111	outed importantly to the decom	
N/A	<u> </u>				· ····································

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				· · · · · · · · · · · · · · · · · · ·	*
					
					
		···			
					

THE HUBBARD BROADCASTING FOUNDATION 41-6022291 Form 990-PF (2018) Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash Х 1a(2) (2) Other assets **b** Other transactions: X 1b(1) (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization 1b(2) х (3) Rental of facilities, equipment, or other assets 1b(3) Х 1b(4) (4) Reimbursement arrangements X 1b(5) (5) Loans or loan guarantees X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A

2a Is th	e foundation directly or indirectly affiliated with, or	related to, one or more tax-exempt organiz	rations described	
ın se	ction 501(c) (other than section 501(c)(3)) or in s	ection 527?		Yes X No
b _lf"Ye	es," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of	relationship
	N/A			
	•			
	Under penalties of perjury, I doclare that I have examined the and belief it is true, correct and complete Declaration of programment of control of the second of the seco			May the IRS discuss this return with the preparer shown below? See instruction X Yes No.
Paid	Print/Type pleparer's name KATHERINE KRUMHOLZ	Preparer's signature	Date Check If self- employed	PTIN P01696738

86-1065772

Firm's EIN ▶

Phone no. 612-397-4000

Preparer

Use Only

Firm's name DELOITTE TAX LLP

Firm's address ▶ 50 SOUTH SIXTH STREET

MINNEAPOLIS, MN 55402

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number Name of the organization 41-6022291 THE HUBBARD BROADCASTING FOUNDATION 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 X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions)

		4
		,

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Pag
Name of organization	Employer identification numbe

Name of O	ganization		Embio	yer identification number
тне нивв	ARD BROADCASTING FOUNDATION		4:	1-6022291
Part I	Contributors (see instructions) Use duplicate copies of Part I if additions	al space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE ST. PAUL, MN 55114	\$134,	760.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	HUBBARD BROADCASTING, INC. 3415 UNIVERSITY AVENUE ST. PAUL, MN 55114	\$100,	000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Oncash Oceann (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns_	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for

Employer identification number

THE HUBBARD BROADCASTING FOUNDATION

Name of organization

41-6022291

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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
	3,930 SHARES OF AT&T STOCK		
		\$\$	07/30/18
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			_
		\$	90. 990-EZ. or 990-PF) (2

Page	. 4

Schedule B	Form 990.	990-EZ.	or 990-PF)	(2018)
Julicuale D	01111 000	JJU LL,	01 0000111	120.0)

Name of or	ganization			Employer identification number	
THE HUBBA	ARD BROADCASTING FOUNDATION			41-6022291	
Part III	Exclusively religious, charitable, etc., contribitor any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line en	try For organizations		
	Use duplicate copies of Part III if additional	al space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
-		(e) Transfer of git	t		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ransferor to transferee	
				,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
				,	
		(e) Transfer of gri	<u> </u>		
			•		
-	Transferee's name, address,	and ZIP + 4 '	Relationship of tr	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held	
		(e) Transfer of gif	t		
	Transferee's name, address,	and ZIP + 4	Relationship of t	ansferor to transferee	
			· · · ·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
				· · · · · · · · · · · · · · · · · · ·	
-		(e) Transfer of git	<u> </u>	~	
-	Transferee's name, address,	and ZIP + 4	Relationship of t	ansferor to transferee	

FORM 990-PF INTEREST ON S	AVINGS A	ND TEM	PORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A) REVEI PER BO	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	_		173,688.		173,688.	
TOTAL TO PART I, LINE 3		-	173,688.		173,688.	
FORM 990-PF DIVID	ENDS AND	INTER	EST FRO	M SEC	URITIES	STATEMENT 2
GROS SOURCE AMOU	S	CAPITAL GAINS VIDENDS		(A) EVENUE BOOK		
DIVIDEND INCOME 62	5,108.		0.	625,1	08. 625	,108.
TO PART I, LINE 4 62	5,108.		0.	625,1	08. 625	,108.
	,					
FORM 990-PF		TAXI	ES			STATEMENT 3
DESCRIPTION	EXPE	(A) ENSES BOOKS	(E NET IN MENT I	WEST-		
TAX EXPENSE MN FILING FEE		69,159. 25.).).	0. 25.
TO FORM 990-PF, PG 1, LN 1	8	69,184.		(),	25,
FORM 990-PF	C	OTHER EX	XPENSES			STATÉMENT 4
DESCRIPTION	EXPE	(A) ENSES BOOKS	(E NET IN MENT I	WEST-		
MONTHLY INSURANCE PREMIUMS INVESTMENT MANAGEMENT FEES		521. 256,148.		256,148). 3.	521.
TO FORM 990-PF, PG 1, LN 2	3	256,669.		256,148	3.	521.

FORM 990-PF CORPORATE STOCK	ζ	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY #4319 - STMT A	7,682,207.	7,682,207.
MORGAN STANLEY #4285 - STMT B	2,278,894.	2,278,894.
MORGAN STANLEY #4279 - STMT C	5,409,286.	5,409,286.
MORGAN STANLEY #4289 - STMT D	883,142.	883,142.
MORGAN STANLEY #4287 - STMT E	1,857,176.	1,857,176.
MORGAN STANLEY #4271 - STMT F	1,113,401.	1,113,401.
MORGAN STANLEY #4299 - STMT G	7,080,177.	7,080,177.
MORGAN STANLEY #4322 - STMT H	1,689,646.	1,689,646.
TOTAL TO FORM 990-PF, PART II, LINE 10B	27,993,929.	27,993,929.

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

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHRYN HUBBARD ROMINSKI 3415 UNIVERSITY AVE ST PAUL, MN 55114	EXEC DIRECTOR/	DIRECTOR 101,450.	, 0.	0.
STANLEY S. HUBBARD 3415 UNIVERSITY AVE ST PAUL, MN 55114	PRESIDENT/DIRE	CTOR 0.	0.	0.
KAREN H. HUBBARD 3415 UNIVERSITY AVE ST PAUL, MN 55114	VICE PRES/DIRE	CTOR 0.	· 0.	
C. THOMAS NEWBERRY 3415 UNIVERSITY AVE ST PAUL, MN 55114	SECRETARY/TREA	SURER 0.	0.	0.
STANLEY E. HUBBARD II 3415 UNIVERSITY AVE ST PAUL, MN 55114	DIRECTOR 1.00	0.	٥.	0.
VIRGINIA H. MORRIS 3415 UNIVERSITY AVE ST PAUL, MN 55114	DIRECTOR	0.	٥.	0.
ROBERT W. HUBBARD 3415 UNIVERSITY AVE ST PAUL, MN 55114	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	101,450.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHRYN HUBBARD ROMINSKI 3415 UNIVERSITY AVE ST PAUL, MN 55114

TELEPHONE NUMBER

651-642-4305

FORM AND CONTENT OF APPLICATIONS

SUMMARY FORM OF THE HISTORY AND PURPOSE OF THE ORGANIZATION, COPY OF IRC SECTION 501(C)(3) STATUS LETTER, SPECIFIC PROJECT OR PROGRAM THAT FUNDS WILL BE ALLOCATED TO, AND IF FUNDS ARE TO BE USED FOR OPERATING OR NON-OPERATING EXPENSES.

ANY SUBMISSION DEADLINES

MOST FOUNDATION ACTIVITY TAKES PLACE PRIOR TO END OF CALENDAR YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE