2000	/ / K 7
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TO Hecelved In	nebgo briter
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- Гоп	. 990-T	E		ization Busine				ırn	0	MB No. 1545-0047	-0 -3
		_		xy tax under	sectio	on 6033(e))		112	5	201 9	0
_		For cale	ndar year 2019 or other t	ax year beginning Form990T for instruct		, and ending	· · · · · · · · · · · · · · · · · · ·				8
	artment of the Treasury mail Revenue Service			this form as it may be ma				(cV3)		to Public Inspection to (3) Organizations Coly	_
Ā	Check box if		Name of organization (10 0 00 1			ntification number	- 10
В	Exempt under section	(Employees									4
	V 504 / C / 3 /								13.6	161746	
										-	
ĺ	408A 530(a)	Туре	City or town	State		ZIP code		(See m	structions	в)	
Ī	529(a)	, ,,,	New York	NY		10019					
	_ 	Ì	Foreign country name	Foreign pro	vince/state/	county Foreign posta	code				
									52	23000	_
	Book value of all assets at	F Grou	up exemption numbe		<u> </u>						-/
H	end of year 373,519,052			► X 501(c) corp		501(c) trust		401(a) t		Other trust	-4
••	Enter the number of t trade or business her	re ► Se	ecurities commodity	contracts and other	If only or	ne complete Par	Descri te LV	be the on If more ti	iy (or i han or	first) unrelated	ı
	Tirst in the blank spac	æ at the e	end of the previous s	entence, complete Pa	arts I and	II, complete a S	chedu	le M for e	ach ac	dditional	
	trade or business, the	en comple	ete Parts III–V.								_
i	During the tax year, wa	is the con	poration a subsidiary in	n an affiliated group or a	a parent-s	subsidiary controll	ed grou	ip?	. 🕨	Yes X No)
<u></u>	If "Yes," enter the name										-
	The books are in care	e of -	Mary Fisher, Assista	ant Treasurer & Contr	oller	Telephone num			649-3		- /
	a Gross receipts or sa	rade or	Business Incom	<u>e</u>		(A) Income	gr gr	(B) Expens	868	(C) Nat	<u>/</u>
•	b Less returns and allo			c Balance >	1c			*			
2			e A, line 7)		2	<u> </u>			-/		-
3	Gross profit. Subtra	ct line 2 f	from line 1c		3		0		===		<u>.</u>
4	a Capital gain net inci	ome (atta	ich Schedule D) .		4a						_
	b Net gain (loss) (For	m 4797, I	Part II, line 17) (attac	ch Form 4797)	4b		,449				_
_	c Capital loss deducti	on for tru	sts	· · · · · · · · ·	4c		11.27	2			_
5			ship or an S corporat		1 _ 1				-		_
6	(allach statement).	 dulo (C)	• • • • • • • • • • • • • • • • • • • •		5	200,7	86	<u> </u>	أسعد	200,78	<u>6</u>
7	Unrelated debt-final	nced inco			6 7						_
8	Interest, annuities, roya	lties, and n	ents from a controlled org	panization (Schedule F)	8	/	+				_
9	Investment income of a	section 50	1(c)(7), (9), or (17) organ	nization (Schedule G)	9		+-				_
10	Exploited exempt a	ctivity inc	ome (Schedule I) .		10						_
11	Advertising income	(Schedul	e J)	/.	11				3		_
12	Other income (See	instructio	ns; attach schedule)	<i>. /</i>	12			دمسلك	المريخوس		_
13	Deductions	S 3 Inrou	gn 12	ee instructions for	13	200,7	86)	Dad. Al	<u> </u>	200,78	<u> </u>
, a	dicactly cons	not lai	ith the unrelated b	usiness income?	illuliano	ns on deductions	ni s.) (Dedrica	ous ú	iust de	
14	Compensation of of	ecieu w	notes and tricks	(Schedule K)	33	3			14		-
15	Salaries and wages	iićeis, uii	eciois, and dustees	(Scriedule K)			• •		15		_
16	Repairs and mainter	nance .			10V 16	5 2020			16	:	_
17	Bad debts		/	ewhere on return					17		_
18	Interest (attach sche	edule) (se	e instructions)		<u> </u>	·		[18		_
19	Taxes and licenses	· · ·/	/	· · · · · · · · · · · · · · · · · · ·	Ugaen), D.L. ' ' - ' ' '		[19	1,71	<u>7</u>
20 21	Depreciation (attach	Form 45	962)			20					
22	Depletion	airred on	Schedule A and else	ewnere on return .		[21a]			21b 22		-
23	Contributions to defe	erred con	npensation plans					`	23	·	_
24	Employee benefit pr	ograms						[24		_
25	Excess exempt expe	enses (So	chedule I)					[25		_
26	Excess readership of	ósts (Sch	nedule J)					[.26		_
27	Other deductions (a	tach sch	edule)						27	·	-
28 29	l prelêtêd businssa	log lines	14 through 27	erating loss deduction				· · ·	28 29	1,717 199,069	
30	Planting the main			ha sississA	1	4 0040 /		r	7	199,065	<u> </u>
	instructions)	oraçing it		is beginning on or an	Janua	17 1, 2010 (868			30	. .	
<u>31</u>	Unrelated business	taxable ir	ncome. Subtract line	30 from line 29	· · · ·			: :M	30 31	199,069	_
For	Panenvork Reduction 4	ce Nation	Coo inctrictions					$\overline{}$		om 990-T (2019	

15

√ Form	990-T _, (2019	The Hearst Foundation	13-6161746	, Page 2
Pa	rt III	Total Unrelated Business Taxable Income		
32	Totallo	f unrelated business taxable income computed from all unrelated trades or businesses (see		
	instruc	innel 1	321	199,069
33	Amour	ts paid for disallowed fringes	, 33	0
34	Charita	ble contributions (see instructions for limitation rules).	. 4 34	149
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract		
		from the sum of lines 32 and 33	9 35 1 1	198,920
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instruc	tions)	36	
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		198,920
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions).	Y) 38	1,000
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	$\ddot{\mathbf{x}}$	
\		ne smaller of zero or line 37	\\ 39 1	197,920
<i>-</i>		Tax Computation		
^ 40		zations Taxable as Corporations. Multiply line 39 by 21% (0(21))	▶ 40	41,563
41		Taxable at Trust Rates. See instructions for tax computation Income tax on the		
		t on line 39 from Tax rate schedule or Schedule (Form 1041)	► 41	
42	-	tax. See instructions	▶ 42	
43		tive minimum tax (trusts only)	. 43	
44		Noncompliant Facility Income. See instructions	$\sim \frac{44}{6}$	44 502
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	41,563
\sim $-$		Tax and Payments	P #425	
46		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a credits (see instructions) 46b		
		credits (see instructions) al business credit Attach Form 3800 (see instructions) 46b 46c		
		for prior year minimum tax (attach Form 8801 or 8827) 46d		
		redits. Add lines 46a through 46d	. 46e	0
47		ct line 46e from line 45	47	41,563
48		xes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu		
49		ax. Add lines 47 and 48 (see instructions)	49	41,563
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51			,336 50 9	
		stimated tax payments 51b		
	c Tax de	posited with Form 8868	38	
	_	organizations Tax paid or withheld at source (see instructions) 51d		
		withholding (see instructions)		
		for small employer health insurance premiums (attach Form 8941)	465	
	g Other	credits, adjustments, and payments Form 2439		
		rm 4136 Other Total ▶ [51g]	0	
52	-	payments. Add lines 51a through 51g		234,336
53		ted tax penalty (see instructions). Check if Form 2220 is attached	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.	54	0
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	· · · 	192,773
56		te amount of line 55 you want Credited to 2020 estimated tax 192,773 Refunded		0
		Statements Regarding Certain Activities and Other Information (see instructions)		
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature or c	· · · · · · · · · · · · · · · · · · ·	es No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	E. P.	建设。
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	reign country	F 5 F 1 M
58	here I		foreign trust?	-
36		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a " see instructions for other forms the organization may have to file	i loreign uust? .	
59		he amount of tax-exempt interest received or accrued during the tax year > \$		艺 建
		der penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	ny knowledge and belief, it is true, co	orrect,
Sig	20	d complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	·	
Siç He		Mandale 11/7/2020 Assistant Treasurer & Contro	May the IRS discuss this notice the preparer shown below	
ne	1	ignature of officer Date Trtle	instructions)? X Yes	
	`	Print/Type preparer's name Preparer's signature Date	Object PTIN	
Pa	id	manie Lamunen	Check if P00143	1920
	eparer	RRISIINA RASMOSSEN 11/03/2020		
	e Only	Firm's name DELOITTE TAX LLP	Firm's EIN ► 86-106577 Phone no 612-397-4	
		Firm's address ►50 SOUTH SIXTH STREET, MINNEAPOLIS, MN, 55402		
			Form 990	/ - (2019)

11.

Form 9	190-T (2019) Th	e Hearst Found	dation				13-6	<u> 5161746</u>	Page 3
Sche	dule A-Cost of Goo	ds Sold. Ente	er method of	finventory v	aluatio	on ⊳			
1	Inventory at beginning of	year .	1		6 1	nventory at en	d of year	6	
2	Purchases	· . [~	2		7 (Cost of goods	sold. Subtract	5 , 7 ,	
3	Cost of labor	. [3		li	ine 6 from line	5 Enter here		
4 a	Additional section 263A	osts 「			a	and in Part I, Iir	ne 2	7	0
	(attach schedule)	. [4a		8 [Oo the rules of	section 263A (with	h respect to	Yes No
b	Other costs (attach sched	dule)	4b		F	property produc	ced or acquired fo	r resale)	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
5	Total. Add lines 1 through	n 4b	5	0		apply to the org	janization?	<u> </u>	<u> </u>
Sche	edule C-Rent Income	(From Real	Property a	nd Persona	l Prop	perty Leased	With Real Pro	perty)	
	e instructions)							·	
1. De	scription of property			·			·		
(1)							·		
(2)									
(3)	····								
(4)									
		2. Rent recei	ved or accrued						
	From personal property (if the per for personal property is more than more than 50%)		percentag	m real and person e of rent for perso the rent is based	nal prope	erty exceeds		rectly connected with and 2(b) (attach so	
(1)									
(2)									
(3)									
(4)			T.						
Total		C	Total			0			
here a	and on page 1, Part I, line 6,	column (A)	. •			0	(b) Total deduct Enter here and o Part I, line 6, colu	n page 1	0
Sche	edule E-Unrelated De	ebt-Financed	I Income (se	e instructions	5)				
	1. Description of debt-	financed property		2. Gross incom		r	Deductions directly con to debt-financ	ed property	
	·			propert	y 	(attac	line depreciation h schedule)	(b) Other de (attach sch	
(1)				1					
(2)						 	-		
						-	2		
(3)						-			
(3)									
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-finance (attach so	cable to ed property	6. Colum 4 divide by colum	ed n 5	7. Gross in (column	come reportable 2 × column 6)	8. Allocable d (column 6 × tota 3(a) and	anmuloo to l
	acquisition debt on or allocable to debt-financed	of or allo debt-finance	cable to ed property	4 divide	ed n 5	7. Gross in	come reportable	(column 6 × tota	anmuloo to l
(4)	acquisition debt on or allocable to debt-financed	of or allo debt-finance	cable to ed property	4 divide	d in 5	7. Gross in (column	come reportable 2 × column 6)	(column 6 × tota	l of columns 3(b))
(1)	acquisition debt on or allocable to debt-financed	of or allo debt-finance	cable to ed property	4 divide	ed n 5	7. Gross in (column) %	come reportable 2 × column 6)	(column 6 × tota	l of columns 3(b))
(1) (2)	acquisition debt on or allocable to debt-financed	of or allo debt-finance	cable to ed property	4 divide	ed n 5	7. Gross in (column	come reportable 2 × column 6)	(column 6 × tota	of columns 3(b))
(1) (2) (3)	acquisition debt on or allocable to debt-financed	of or allo debt-finance	cable to ed property	4 divide	ed n 5	7. Gross in (column) % % % % Enter here	come reportable 2 × column 6) 0 0 0 0 and on page 1,	(column 6 × tota	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(1) (2) (3)	acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo debt-finance	cable to ed property	4 divide	ed n 5	7. Gross in (column) % % % % Enter here	come reportable 2 × column 6) 0 0 0 0 and on page 1, 7, column (A).	(column 6 × tota 3(a) and	1 of columns 3(b)) 0 0 0 0 on page 1,
(4) (2) (3) (4)	acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo debt-finance (attach so	cable to ed property chedule)	4 divide	ed on 5	7. Gross in (column) % % % % Enter here	come reportable 2 × column 6) 0 0 0 0 and on page 1,	(column 6 × tota 3(a) and Enter here and Part I, line 7, c	1 of columns 3(b)) 0 0 0 0 0 on page 1, column (B).

Schedule F-Interest, Annuiti	es, Royalties,	and Rer	its From (Controlled Orga	anizations (se	e instruc	tions)		
		Exempt	Controlled (Organizations					
Name of controlled organization	2. Employer identification number		related income e instructions) 4. Total of specified payments made			e controlling	g conn	6. Deductions directly connected with income in column 5	
(1)				1					
(2)							1		
(3)									
(4)									
Nonexempt Controlled Organization	S								
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specified ayments made	10. Part of colu included in the organization's g	controlling	conne	eductions directly cted with income in column 10	
(1)							 		
(2)							1		
(3)			·				1		
(4)									
					Add columns Enter here and Part I, line 8, o	l on page 1 column (A)	Enter I	columns 6 and 11 here and on page 1, line 8, column (B)	
Totals				(47) 0	40		0	0	
Schedule G-Investment Inco	me of a Section	on 501(c		r (17) Organiza Deductions	1		5 To	tal deductions	
1. Description of income	2. Amount of a	ncome	direc	city connected ach schedule)	4. Set-aside (attach schedu		and se	and set-asides (col 3 plus col 4)	
(1)		<u></u>		· · · · · · · · · · · · · · · · · · ·				0	
(2)					<u> </u>			0	
(3)			<u> </u>		<u></u>			0	
(4)			<u></u>		<u> </u>			0	
Totals	Enter here and of Part I, line 9, col							c and on pago 1, e 9, column (B). O	
Schedule I—Exploited Exemp	t Activity Inco	<u>_</u>		dvertising Inco	ome (see instru	tions)		_	
Description of exploited activity	2. Gross unrelated business incor from trade or business	3. E conn prod ut	Expenses directly lected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				C		1		C	
(2)				C				C	
(3)				0				C	
(4)				0				C	
	Enter here and page 1, Part line 10, col (A	l, pagi i) line 1	here and on e 1, Part I, I0, col (B)					Enter here and on page 1, Part II, line 25	
Totals	<u> </u>	0]	0		<u> </u>				
Schedule J—Advertising Inco				4.15	· 				
Part I Income From Perio	dicals Report	ed on a (Consolida	ted Basis				r	
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			1						
(2)									
(3)									
(4)									
	>	0	0	0	0		0	0 990-T (2018)	

Done	5

Part II

13-6161746 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 or	a line-by-line l	pasis.)		·		
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 mirus column 5, but not more than column 4)
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0	1	•	0
Totals from Part I ▶	0	0	A STATE OF THE		ALC: U	0
Totale Dark II (lines 4.5)	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)			The state of the state of	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1–5)	0	<u> </u>	1		<u> </u>	<u> </u>
Schedule K-Compensation of C	Officers, Direct	tors, and Trus	tees (see instruction	ons) ·		
		1		1 3. Percent o	f l.a	4

3. Percent of time devoted to business 4. Compensation attributable to unrelated business 1. Name 2. Title (1) % (2) (3) % % (4) Total. Enter here and on page 1, Part II, line 14 0

Form **990-T** (2019)