

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 1545 0052

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number 68-0587962 STUBBEMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 701 325-627-7000 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here ABILENE, TX79604 G Check all that apply: Initial return D 1 Foreign organizations, check here Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 212,447. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not for charitable purposes expenses per books income income necessarily equal the amounts in column (a)) (cash basis only) 0. N/A 1 Contributions, gifts, grants, etc., received Check I If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 5. STATEMENT 3 5. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances 20,281 STATEMENT 19,563 STATEMENT b Less Cost of goods sold 718 c Gross profit or (loss) 47,961 11 Other income <u>47,961</u> TEMENT 47,966 (U) 48,684 12 Total Add lines 1 through 11 MAY 8 2016 0. 13 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 1 15 16a Legal fees 2,900 0 0. STMT 5 **b** Accounting fees c Other professional fees Operating and Administrative 17 Interest $4,3\overline{27}$ STMT 6 4,566. 0. 18 Taxes 9.789 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 7.354 6,154 0. 23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23 24,609 10,481 25 Contributions, gifts, grants paid 41,000 41,000. 26 Total expenses and disbursements 41,000. 65,609 10,481 Add lines 24 and 25 Subtract line 26 from line 12: <16,925. 8 Excess of revenue over expenses and disbursements 37,485 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form 990-PF (2015)

LHA For Paperwork Reduction Act Notice, see instructions

SCANNED MAY

| rorm 9 | 90-PF (2015) STUBBEMAN FAMILY FOUNDAT | | 68-0 | 587962 Page 2 |
|---|--|--|----------------|---------------------------------------|
| Part | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of y | |
| 1 | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | Cash - non-interest-bearing | 14 555 | E 530 | |
| 2 | | 14,666. | 7,530. | 7,530. |
| 3 | | | | |
| ١, | Less: allowance for doubtful accounts ▶ | | | |
| 4 | Pledges receivable > | | | |
| _ | Less: allowance for doubtful accounts | | | |
| 5 | - | | | |
| 6 | , and only | | | |
| _ | disqualified persons | | | |
| 7 | | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| Assets | | | | |
| Š 9 | Prepaid expenses and deferred charges | | | |
| 10 | a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| 11 | Investments - land, buildings, and equipment basis | | | |
| - | Less accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | | | | |
| 14 | Land, buildings, and equipment: basis ► 5,998. Less accumulated depreciation ► 5,998. | | | |
| | Less accumulated depreciation 5,998. | | | |
| 15 | | 210,936. | 210,936. | 204,917. |
| 16 | Total assets (to be completed by all filers - see the | | | |
| | instructions. Also, see page 1, item I) | 225,602. | 218,466. | 212,447. |
| 17 | Accounts payable and accrued expenses | | | · · · · · · · · · · · · · · · · · · · |
| 18 | Grants payable | | | |
| <u>ဖ</u> 19 | Deferred revenue | | | |
| ≝ 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | Mortgages and other notes payable | | | |
| - | Other liabilities (describe | | | |
| | , | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| <u> </u> | Foundations that follow SFAS 117, check here | | · · | |
| | and complete lines 24 through 26 and lines 30 and 31 | | | |
| ဗ္ဗ 24 | | 225,602. | 218,466. | |
| 25 25 | | 225,002. | 210,400. | |
| 26 | F= | | | |
| | | | · | |
| <u> </u> | Foundations that do not follow SFAS 117, check here | | | |
| 5 ₂₇ | and complete lines 27 through 31. | | | |
| 27 | , | | | |
| 28 | , | | | |
| 24 25 26 27 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30 | | 00= 000 | 0.5.0 | |
| 불 30 | Total net assets or fund balances | 225,602. | 218,466. | |
| | 7 | 005 500 | | |
| 31 | Total liabilities and net assets/fund balances | 225,602. | 218,466. | |
| Part | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| Tak | h pat appate or fund helease at heavy and the Delille Lease at heavy | | | |
| | al net assets or fund balances at beginning of year - Part II, column (a), line 30 | J | | 005 600 |
| | ist agree with end-of-year figure reported on prior year's return) | | 1 | <u>225,602.</u> |
| | er amount from Part I, line 27a | 777 777 777 777 777 777 777 777 777 77 | 2 | <16,925. |
| | er increases not included in line 2 (itemize) PERCENTAGE D | ELTELION | 3 | 9,789. |
| | lines 1, 2, and 3 | | 4 | 218,466. |
| | reases not included in line 2 (itemize) | | 5 | 0. |
| i lota | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu | ımn (b), line 30 | 6 | 218,466. |
| 00544 | | | | Form 990-PF (2015) |

4 i

| | 2013 | 04,400. | 441,001. | | • 143033 |
|---|---|---|---------------------------|---|----------|
| | 2012 | 90,000. | 447,517. | | .201110 |
| | 2011 | 90,000. | 340,867. | | .264033 |
| | 2010 | 59,000. | 239,976. | | .245858 |
| 2 | Total of line 1, column (d) Average distribution ratio for the 5-year ba | se period - divide the total on line 2 by 5 | or by the number of years | 2 | 1.107507 |
| Ŭ | the foundation has been in existence if less | | or by the number of yours | 3 | .221501 |
| 4 | Enter the net value of noncharitable-use as | | | 4 | 227,257. |
| 5 | Multiply line 4 by line 3 | | | 5 | 50,338. |
| 6 | Enter 1% of net investment income (1% o | Part I, line 27b) | | 6 | 375. |
| 7 | Add lines 5 and 6 | | | 7 | 50,713. |
| 8 | Enter qualifying distributions from Part XII | , line 4 | | 8 | 41,000. |

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.

Form 990-PF (2015)

| | 990-PF (2015) STUBBEMAN FAMILY FOUNDATION | | <u>-058796</u> | | Page 4 |
|----|--|-------------|-----------------|--------|--------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 | - see inst | ructio | ns)_ |
| 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: (attach copy of letter if necessary-see instructions) | | | _ | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1_1_ | | | 750 <u>.</u> |
| | of Part I, line 27b | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | 0. |
| | Add lines 1 and 2 | 3 | | | 750. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 750. |
| | Credits/Payments: | | İ | | |
| | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 960 | ∸ | | | |
| | Exempt foreign organizations - tax withheld at source 6b | _ | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 6c | = | | | |
| | Backup withholding erroneously withheld Tatalog and a second of the sec | ┥ ͺ | | | 160 |
| | Total credits and payments. Add lines 6a through 6d | 7 | ļ | | 960. |
| | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | <u> </u> | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | ļ | | 110 |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 210. |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 210 . Refunded ► rt VII-A Statements Regarding Activities | · <u>11</u> | | | 0. |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve | | | Yes | No |
| ıa | any political campaign? | .IC III | 1a | _ | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definiti | on\2 | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis | | 10 | + | - 21 |
| | distributed by the foundation in connection with the activities | neu or | | | Ì |
| c | Did the foundation file Form 1120-POL for this year? | | 1c | İ | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | 16 | + | Α_ |
| · | (1) On the foundation. > \$ 0. (2) On foundation managers. > \$ | | | - | |
| ۵ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | • | | İ | |
| ٠ | managers. > \$ | | | | 1 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | - | Х |
| - | If "Yes," attach a detailed description of the activities | | | + | - |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | or | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | X | 1 |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | Х | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | 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 of | ate law | | | 1 |
| | remain in the governing instrument? | | 6 | X | L |
| 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 2 | W | 7 | Х | |
| | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | TX | | | | |
| 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 G? 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 calculation $4942(j)(3)$ or $4942(j)(3)$ or $4942(j)(3)$ for $4942(j)(3)$ or $4942(j)(3)$ for $4942(j)(3)$ or $4942(j)(3)$ for 4 | ılendar | | - | |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | X |
| | | | Form 9 9 | 90-PF | (2015) |

523531 11-24-15

Form **990-PF** (2015)

X

3b

4a

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

| Form 990-PF (2015) STUBBEMAN FAMILY FOUNDAY | | | <u>68-05879</u> | <u>62 Page 6</u> |
|--|------------------------------------|-----------------------------|--|------------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be F | Required (contin | ued) | |
| 5a Quring the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | on 4945(e))? | Y | es X 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 X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purpose | s? | Y ₀ | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | | |
| 4945(d)(4)(A)? (see instructions) | | Y | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or t | for | | |
| the prevention of cruelty to children or animals? | | Y | es 🗓 No | 1 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur | nder the exceptions described | in Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instr | uctions)? | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check | here | | | 1 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | from the tax because it mainta | ined | | |
| expenditure responsibility for the grant? | N | I/A 🔲 Y | es 🔲 No 📗 | |
| If "Yes," attach the statement required by Regulations section 53.494 | 15-5(d). | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | Y | es 🗶 No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870 | • | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | | es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | . — | 7b |
| Part VIII Information About Officers, Directors, Trus | | nagers, Highl | | |
| Paid Employees, and Contractors | ··· • | , , | • | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| SUSAN STUBBEMAN MARCUS | PRESIDENT | • | | |
| P.O. BOX 701 | 1 | | | |
| ABILENE, TX 79601 | 0.00 | 0. | 0. | 0. |
| KARL STUBBEMAN | VICE PRESIDEN | | | |
| P.O. BOX 701 | | Ţ | | |
| ABILENE, TX 79601 | 0.00 | 0. | 0. | 0. |
| KAREN LILLEBO | SECRETARY | - | | |
| P.O. BOX 701 | | | | |
| ABILENE, TX 79601 | 0.00 | 0. | 0. | 0. |
| ZOE C. FAN | TREASURER | | 0. | |
| P.O. BOX 701 | TREADORER | | | |
| ABILENE, TX 79601 | 0.00 | 0. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those in | | | 0. | 0. |
| | (b) Title, and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | account, other allowances |
| NONE | devoted to position | | compensation | allowalices |
| NONE | _ | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | + | | | |
| | | | | |
| | + | | | |
| Total annual of other analysis of the constant | 1 | | L | |
| Total number of other employees paid over \$50,000 | | | | 000 PE (0045) |
| | | | Form | 990-PF (2015) |

| Form 990-PF (2015) STUBBEMAN FAMILY FOUNDATION | 68-0 | 587962 Page 7 |
|---|-------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | n Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "N | ONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce | information such as the | Expenses |
| 1 N/A | 4, 0.0. | |
| Ι | ···- | |
| | | |
| 2 | | |
| 2 | | |
| | | |
| 3 | | |
| <u> </u> | | |
| | | |
| 4 | | |
| 4 | | |
| | | |
| Part IY-B Common of Drawner Deleted Investment | | |
| 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 | 10040 | A |
| 1 N/A | s i aliu z. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | <u> </u> |
| | | Form 990-PF (2015) |

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations | see instructions) |
|----------|---|-------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 25,801. |
| C | | 1c | 204,917. |
| d | Total (add lines 1a, b, and c) | 1d | 230,718. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | - Indian |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 230,718. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,461. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 227,257. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 11,363. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 11,363. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | | |
| b | Income tax for 2015. (This does not include the tax from Part VI.) | İ | |
| C | Add lines 2a and 2b | 2c | 750. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 10,613. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 10,613. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 10,613. |
| <u>P</u> | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 41,000. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 41,000. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 41,000. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | ualifies fo | r the section |

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|----------------------------|-------------|---------------------------|
| Distributable amount for 2015 from Part XI, line 7 | | | | 10,613. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0 | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 47,893. | | | | |
| b From 2011 74,854. | | | | |
| c From 2012 69,939. | | | | |
| d From 2013 45,211. | | | | |
| e From 2014 80,799. | 212 525 | | | |
| f Total of lines 3a through e | 318,696. | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4: ► \$ 41,000. | | | | |
| a Applied to 2014, but not more than line 2a | _ | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 10,613. |
| d Applied to 2015 distributable amount | 20 207 | | | 10,613. |
| e Remaining amount distributed out of corpus | 30,387. | | | 0. |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 349,083. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | li: | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 | | | | |
| not applied on line 5 or line 7 | 47,893. | | | |
| 9 Excess distributions carryover to 2016 | | | | |
| Subtract lines 7 and 8 from line 6a | 301,190. | | | <u> </u> |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 74,854. b Excess from 2012 69,939. | | | | |
| b Excess from 2012 69,939. | | | | |
| c Excess from 2013 45, 211. | | | | |
| d Excess from 2014 80,799. | | | | |
| e Excess from 2015 30,387. | | | | Form 990-PF (2015) |

523581 11-24-15

Form **990-PF** (2015)

| | <u>AN FAMILY F</u> | | _ | | 587962 Page 1 |
|---|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------|
| Part XIV Private Operating F | | | II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective for | | - | ▶ | | |
| b Check box to indicate whether the found | | ng foundation described | | 4942(j)(3)_or | 4942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | (1) 0044 | Prior 3 years | (4) 0040 | (a) Tatal |
| income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | _ | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross 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 organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | <u> </u> | | | | <u></u> _ |
| Part XV Supplementary Info | | | if the foundatio | n had \$5,000 or m | nore in assets |
| at any time during t | he year-see insti | ructions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh year (but only if they have contributed n | | | tributions received by th | ie foundation before the cl | ose of any tax |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | (or an equally large por | tion of the ownership of a | partnership or |
| NONE | | | | | |
| 2 Information Regarding Contribute Check here ► X if the foundation of | | | | not accept unsolicited re | nuests for funds. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | ber or e-mail address of t | the person to whom app | lications should be addr | essed: | |
| . | | | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they s | nould include: | | |
| c Any submission deadlines; | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields | , kınds of ınstitutions, o | r other factors. | |
| | | | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|--|-------------------------|---|--|---------------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | ļ | | |
| b | · | | | | |
| | | | | | |
| | | | - | | -, |
| d | | | | | |
| e | | · · · | | | |
| <u> </u> | | | ├ | | |
| g Fees and contracts from government agencies | | · | <u> </u> | | |
| 2 Membership dues and assessments | | | ļ | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | <u> </u> | 14 | 5. | |
| 4 Dividends and interest from securities | LL | | <u> </u> | | |
| 5 Net rental income or (loss) from real estate: | 11 | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | 16 | 47,961. | |
| | | | 10 | 47,301. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | 211110 | 718. | | · | |
| 11 Other revenue: | 1 1 | | | į | |
| a | | | | | |
| b | | | | | |
| C | 1 1 | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 718. | | 47,966. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | <u> </u> | 13 | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | 2070021 |
| | | | | | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | emp | t Purposes | |
| Line No. Explain below how each activity for which income the foundation's exempt purposes (other than | | | contrib | outed importantly to the accon | nplishment of |
| | i by providing fun | us for such purposes). | | | |
| N/A | | | | ···· | |
| | | | | | |
| | | ··· | | | |
| | | | _ | | ···· |
| | -, | • | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u>-</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | XVII | | egarding Transfers To | | and Relation | | icharitable | | ige 13 |
|--|------------------|---------------------------------------|--|-----------------------------------|---------------------------|-----------------------------|--------------------------------|-----------|--------|
| | | Exempt Organ | | | | | | | |
| 1 D | d the or | ganization directly or indi | rectly engage in any of the following | ng with any other organiza | ation described in sec | tion 501(c) of | | Yes | No |
| th | e Code | (other than section 501(c) | (3) organizations) or in section 5 | 27, relating to political org | anizations? | | | i i | |
| | | from the reporting found: | ation to a noncharitable exempt or | rganization of | | | | | |
| |) Cash | | | | | | 1a(1) | | X |
| |) Other | | | | | | 1a(2) | | X |
| | | sactions: | .hla aa | | | | 4.44 | | 37 |
| | | of assets to a noncharita | | | | | 1b(1) | | X |
| | | al of facilities, equipment, | oncharitable exempt organization | | | | 1b(2) | | X |
| _ | - | bursement arrangements | | | | | 1b(3) 1b(4) | | X |
| | - | s or loan guarantees | 1 | | | | 1b(4) | | X |
| • | • | - | embership or fundraising solicitation | ons | | | 1b(6) | | X |
| | | | ailing lists, other assets, or paid em | | | | 1c | | X |
| | | | "Yes," complete the following sche | | always show the fair | market value of the go | | ets, | |
| | | | oundation. If the foundation receiv | | | | | · | |
| C | olumn (d |) the value of the goods, | other assets, or services received. | • | | | | | |
| (a) Line | по | (b) Amount involved | (c) Name of noncharitable | le exempt organization | (d) Description | n of transfers, transaction | s, and sharing ar | rangeme | nts |
| | | | N/A | | | | | | |
| | | | | | | | | | |
| | | <u>-</u> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - - | | | | | | | | |
| | +- | | | | | . | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | tly affiliated with, or related to, one | | nizations described | | | ···· | , |
| | | | r than section 501(c)(3)) or in sec | tion 527? | | | Yes | X | ∫No |
| <u>b</u> If | "Yes," co | omplete the following sche | | (h) Tupe of organization | | (a) December of rela | t o o o b o o | | |
| | | (a) Name of org | janization | (b) Type of organization | 1 | (c) Description of rela | HIONSHIP | | |
| | | N/A | | | + | | | | |
| | | | ** | | | | | | |
| | | | | | | | | | — |
| | | | 777.00 | | + | | | | |
| | Under | penalties of perjury, I declare t | that I have examined this return, includir | ng accompanying schedules ar | nd statements, and to the | best of my knowledge | May the IRS of | | |
| Sign | ' L | elief, it is true, correct, and con | poplete. Declaration of preparer to ther tha | an taxpayer) is based on all info | rmation of which prepare | er has any knowledge | return with the shown below | prepare | er e |
| Here | · • | (Down | Villey Much | 5-12-K | PRES | BENT | X Yes | (266 1121 | No |
| | Sign | nature of officer or trustee | The state of the s | Date | Title | <u> </u> | | | |
| | | Print/Type preparer's na | ame Preparer's s | signature | Date | Check if F | PTIN | | |
| | | | // | Λ - | 5/9/2016 | self- employed | | | |
| Paid | | SHERRY A M | | y// pasergel | 17/7/2016 | | P00023 | | |
| Preparer Firm's name ► CONDLEY AND COMPANY, L.L.P.0 Firm's EIN | | | Firm's EIN ► 75 | EIN ► 75-1056027 | | | | | |
| Use | Only | | | | | | | | |
| | | | O. BOX 2993 | | | | _, | | |
| | | AB | ILENE, TX 79604 | 1-2993 | | Phone no. (32 | 5) 677 | | |
| | | | | | | | Form 990 |)-PF (| 2015) |

523622 11-24-15

STUBBEMAN FAMILY FOUNDATION

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| PENTRAL MICHIGAN UNIVERSITY GLOBAL | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| CAMPUS | | | | |
| ESEARCH DRIVE, SUITE 300 | | | | |
| ROY, MI 48083 | | | | 50 |
| CENTRAL OREGON ENVIRONMENTAL CENTER | NONE | SECT 501/C)/3) | OPERATING SUPPORT | |
| 6 NW KANSAS AVE | HONE | pher sur(e)(s) | JIMATING GOTTON | |
| BEND, OR 97701 | | | | 50 |
| | | | | |
| CENTRAL OREGON LANDWATCH | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| 60 SW BOND STREET SUITE 4 | | | | |
| BEND, OR 97702 | | | | 2,00 |
| DISABLED AMERICAN VETERANS | NONE | CECT 501/C)/3) | OPERATING SUPPORT | |
| 3725 ALEXANDRIA PIKE | NONE | BEC1 301(C)(3) | DIEMPING BUILDAY | |
| COLD SPRING, KY 41076 | | | | 50 |
| | | | | |
| OCTORS WITHOUT BORDERS | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| P.O. BOX 5030 | | 5201 501(0)(3) | | |
| HAGERSTOWN, MD 21741-0530 | | | | 1,00 |
| | | | | |
| FRED HUTCHINSON CANCER RESEARCH | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| P.O. BOX 19024, J5-200 | | | | |
| SEATTLE, WA 98109-1024 | | | | 1,50 |
| | | | | |
| ELLS CANYON PRESERVATION COUNCIL | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| P.O. BOX 2768 LA GRA <u>NDE, OR</u> 97850 | | | | 2,00 |
| | | | | |
| RAQ AND AFGHANISTAN VETERANS | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| 92 MADISON AVE, 10TH FLOOR | | | | |
| IEW YORK, NY 10017 | | <u> </u> | | 1,00 |
| | | | | |
| INTERNATIONAL RESCUE COMMITTEE | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| P.O. BOX 6068 | | | | 4 40 |
| ALBERT LEA, MN 56007-9847 | | - | | 1,40 |
| ATDMAN SCHOOL | NONE | CEOM E01/01/21 | ODEDAMINO GUIDDODA | |
| MIRMAN SCHOOL 16180 MULHOLLAND DR. | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| OS ANGELES, CA 90049 | | | | 10,00 |
| Total from continuation sheets | | | | 35,50 |

| NATIONAL RESOURCE DEPENSE COUNCIL A0 WEST 20TH STREET NEW YORK, NY 10011 1.2 OREGON NATURAL DESERT ASSOCIATION 50 SW BOND STREET SUITE 4 BERD, OR 97702 CREGON STATE UNIVERSITY 850 SW 35TH STREET CORVALLS, OR 97333-4015 OREGON WILD | Part XV Supplementary Information | | | | |
|--|---|---|----------------|-------------------|--------|
| Show any relationship to any relationship to any relationship to any function manager and address (frome or business) MY FRIEND'S PLACE P.O. BOX 3867 MONE SECT 501(C)(3) DEFRATING SUPPORT Amount or state University SO W BOND STREET SUITE 4 BEND OR 97702 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON WILD ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 ORBODON STATE UNIVERSITY SO SW 357H STREET CONVALUE, OR 97333-4015 NONE SECT 501(C)(3) DEFRATING SUPPORT 2.7 PERMISSION TO START DREAMING 310 JUDISON ST, PRB 144 GIG MARBOR, WA 98333 2 SEATTLE PARKS AND RECREATION NONE SECT 501(C)(3) DEFRATING SUPPORT SECT 501(C)(3) DEFRATING SUPPORT DO SAFFELLE BLUD., SUITE 210 LOS SAFFELLE BLUD., SUI | | | | | |
| MY FRIEND'S PLACE P.O. BOX 3667 MONE SECT 501(C)(3) DEFRATING SUPPORT MONE SECT 501(C)(3) DEFRATING SUPPORT MATIONAL RESOURCE DEPENSE COUNCIL AD WAST 207H STREET NEW YORK NY 10011 OREGON NATURAL DESERT ASSOCIATION SO SW BOXD STREET SUITE 4 DEEND, OR 97702 OREGON STATE UNIVERSITY SO SW 35TH STREET GORGON STATE UNIVERSITY SO SW 35TH STREET SECT 501(C)(3) DEFRATING SUPPORT SECT 501(C)(3) DEFRATING SUPPORT 1.0 MONE SECT 501(C)(3) DEFRATING SUPPORT SECT 501(C)(3) DEFRATING SUPPORT 1.0 ADDRESS N. GREELEY FORTLAND OR 97217 PERMISSION TO START DREAMING 3110 JUDGGN ST. PMB 144 GIG HARBOR, WA 98335 READING TO KIDS 160 SAMTELLE BLVD., SUITE 210 LOS ANGELES, CA 90925 SEATTLE PARKS AND RECREATION 1055 SOUTH SOUTHERN STREET SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE, WA 95108 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) DEFRATING SUPPORT ADDRESS SECT 501(C)(3) DEFRATING SUPPORT SEATTLE, WA 9509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT SECT SOUTH SOUTHERN STREET SEATTLE, WA 9809-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC MOME SECT 501(C)(3) DEFRATING SUPPORT | | show any relationship to any foundation manager | status of | | Amount |
| P.O. BOX 3867 SOLLYWOOD, CA 90078 NATIONAL RESOURCE DEFENSE COUNCIL NONE NATIONAL RESOURCE DEFENSE COUNCIL NONE SECT 501(C)(3) PERATING SUPPORT 1,2 OREGON NATURAL DESERT ASSOCIATION SO WE BEND, OR 97702 OREGON STATE UNIVERSITY SSO SW JSTM STREET CORVALLIS, OR 97333-4015 NONE SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT 1,0 OREGON WILD NONE SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT 2,7 PERMISSION TO START DREAMING NONE SECT 501(C)(3) PERATING SUPPORT 310 JUDSON ST. PMB 144 GIG HARROR, MA 98335 READING TO KIDS SEATTLE MASS AND RECREATION NONE SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT 1056 SOUTH SOUTHERN STREET SEATTLE, MA 98108 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT SECT 501(C)(3) PERATING SUPPORT | Maine and address (nome of business) | or substantial contributor | recipient | | |
| NATIONAL RESOURCE DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011 1,2 ORECON NATURAL DESERT ASSOCIATION 50 SW DOND STREET SUITE 4 BEND, OR 97702 ORECON STATE UNIVERSITY 850 SW 35TH STREET CORVALLIS, OR 97333-4015 ORECON WILD 5825 N. GREELEY FORTLAND, OR 97217 PERMISSION TO START DERAMING 310 JUDGEN ST. PMB 144 GIG HARBOR, WA 98335 READING TO XIDS READING TO XIDS READING TO XIDS READING TO XIDS SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 2,7 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 3,0 SECT 501(C)(3) DEFERATING SUPPORT 4,0 SECT 501(C)(3) DEFERATING SUPPORT 5,0 SECT 501(C)(3) DEFERATING SUPPORT | MY FRIEND'S PLACE | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| 40 WEST 20TH STREET NEW YORK, NY 10011 1,2 OREGON NATURAL DESERT ASSOCIATION 50 SW BOND STREET SUITE 4 BEND, OR 97702 2,0 OREGON STATE UNIVERSITY 550 SW 35TH STREET CORVALLIS OR 97333-4015 OREGON WILD 5625 N. GREELEY FORTLAND, OR 97217 PERMISSION TO START DREAMING 3110 JUDSON ST. PMB 144 GIG HARBOR, WA 98335 READING TO KIDS 1600 SAWTELLE BLVD., SUITE 210 LOS ANGELES, CA 90025 SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE WA 98108 THE AMERICAN LEGION DEPT OF WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) DPERATING SUPPORT 5 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) DPERATING SUPPORT 5 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) DPERATING SUPPORT 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE | | | | | 3,000 |
| 50 SW BOND STREET SUITE 4 BEND, OR 97702 OREGON STATE UNIVERSITY 850 SW 35TH STREET CORVALLIS, OR 97333-4015 NONE SECT 501(C)(3) OPERATING SUPPORT 1,0 OREGON WILD SECT 501(C)(3) OPERATING SUPPORT 525 N, GREELEY PORTLAND, OR 97217 PERMISSION TO START DREAMING 3110 JUDSON ST., PMB 144 GIG HARBOR, WA 98335 READING TO KIDS 1600 SAWTELLE BLVD., SUITE 210 LOS ANGELES, CA 90025 SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE, WA 98108 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) OPERATING SUPPORT 2.0 SEATTLE, WA 98108 2.0 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) OPERATING SUPPORT SECT 501(C)(3) OPERATING SUPPORT 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | 40 WEST 20TH STREET | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 1,250, |
| 850 SW 35TH STREET CORVALLIS, OR 97333-4015 OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON WILD OREGON OPERATING SUPPORT OREGON OFFI ORE | 50 SW BOND STREET SUITE 4 | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 2,000. |
| 5825 N. GREELEY PORTLAND, OR 97217 2.7 PERMISSION TO START DREAMING NONE SECT 501(C)(3) OPERATING SUPPORT 3110 JUDSON ST. PMB 144 GIG HARBOR, WA 98335 READING TO KIDS NONE SECT 501(C)(3) OPERATING SUPPORT 1600 SAWTELLE BLVD., SUITE 210 LOS ANGELES, CA 90025 2 SEATTLE PARKS AND RECREATION NONE SECT 501(C)(3) OPERATING SUPPORT 1056 SOUTH SOUTHERN STREET SEATTLE, WA 98108 2.0 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) OPERATING SUPPORT WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 5 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | 850 SW 35TH STREET | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 1,000, |
| 3110 JUDSON ST. PMB 144 GIG HARBOR, WA 98335 READING TO KIDS 1600 SAWTELLE BLVD., SUITE 210 LOS ANGELES, CA 90025 SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE, WA 98108 THE AMERICAN LEGION DEPT OF WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) DPERATING SUPPORT SECT 501(C)(3) DPERATING SUPPORT SECT 501(C)(3) DPERATING SUPPORT SECT 501(C)(3) DPERATING SUPPORT SECT 501(C)(3) DPERATING SUPPORT | 5825 N. GREELEY | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 2,750. |
| 1600 SAWTELLE BLVD., SUITE 210 LOS ANGELES, CA 90025 SEATTLE PARKS AND RECREATION 1056 SOUTH SOUTHERN STREET SEATTLE, WA 98108 THE AMERICAN LEGION DEPT OF WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | 3110 JUDSON ST. PMB 144 | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 250, |
| 1056 SOUTH SOUTHERN STREET SEATTLE, WA 98108 THE AMERICAN LEGION DEPT OF NONE SECT 501(C)(3) OPERATING SUPPORT WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | 1600 SAWTELLE BLVD., SUITE 210 | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 250, |
| WASHINGTON P.O. BOX 3917 LACEY, WA 98509-3917 THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | 1056 SOUTH SOUTHERN STREET | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 2,000, |
| THE NATIONAL LYMPHEDEMA NETWORK, INC NONE SECT 501(C)(3) OPERATING SUPPORT | WASHINGTON P.O. BOX 3917 | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 500 |
| | THE NATIONAL LYMPHEDEMA NETWORK, INC 116 NEW MONTGOMERY STREET SUITE 235 | NONE | SECT 501(C)(3) | OPERATING SUPPORT | 1,000, |

STUBBEMAN FAMILY FOUNDATION

68-0587962

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contibution | , and |
| | | | | |
| VOLUNTEERS IN MEDICINE CLINIC | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| 2300 NE NEFF RD | | | | |
| BEND, OR 97702 | | | | 1,000 |
| | | | | |
| WIKIMEDIA FOUNDATION | NONE | SECT 501(C)(3) | OPERATING SUPPORT | |
| P.O. BOX 98204 | | | | |
| WASHINGTON, DC 20090-8204 | | | | 100 |
| | | | İ | |
| | | | | |
| | | | | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | ; | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

| FORM 990-PF | INTEREST | ON | SAVINGS | AND | TEMPORARY | CASH | INVESTMENTS | STATEMENT | 1 |
|--------------|-----------|----|---------|-----|----------------------------|------|-----------------------------|-------------------------------|---|
| SOURCE | | | | | (A) REVENUE ER BOOKS | NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME | |
| INTEREST | | | _ | | 5. | | 5. | | |
| TOTAL TO PAR | T I, LINE | 3 | _ | | 5. | | 5. | | |

| FORM 990-PF | INCOME AND COST OF GOODS SOI INCLUDED ON PART I, LINE 10 | | STATEMENT 2 |
|---|---|--------|-------------|
| INCOME | | | |
| 1. GROSS RECEIPTS . 2. RETURNS AND ALLO 3. LINE 1 LESS LINE | OWANCES | 20,281 | 20,281 |
| | OLD (LINE 15) | 19,563 | 718 |
| 6. OTHER INCOME 7. GROSS INCOME (AI | DD LINES 5 AND 6) | | 718 |
| 9. MERCHANDISE PURC 10. COST OF LABOR 11. MATERIALS AND SU 12. OTHER COSTS 13. ADD LINES 8 THRO 14. INVENTORY AT ENI | JPPLIES | 19,563 | 19,563 |

| FORM 990-PF COST | OF GOODS SO | OLD - OTHER C | OSTS | STATEMENT | 3 |
|---|---|---|--|---|-----------------|
| DESCRIPTION | | | | AMOUNT | |
| PRODUCTION TAXES LEASE OPERATING EXPENSE | | | | 93 18,62 | 36. 27. |
| TOTAL OTHER COSTS | | | = | 19,56 | 53. |
| FORM 990-PF | OTHER I | NCOME | | STATEMENT | 4 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTEI NET INCOM | |
| OIL & GAS ROYALTIES LEASE BONUS | | 44,977. | 44,977. 2,984. | | |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | 47,961. | 47,961. | | |
| | 100017177 | 270 7770 | | CM) MOVENIA | |
| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT | 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAE | 3LE |
| | (A) EXPENSES | (B) NET INVEST- MENT INCOME | ADJUSTED NET INCOME | (D) CHARITAE | 3LE |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED NET INCOME | (D) CHARITAE | BLE ES |
| DESCRIPTION FEES/ACCOUNTING | (A) EXPENSES PER BOOKS 2,900. | (B) NET INVEST- MENT INCOME 0 | ADJUSTED NET INCOME | (D) CHARITAE | BLE ES 0. |
| DESCRIPTION FEES/ACCOUNTING TO FORM 990-PF, PG 1, LN 16B | (A) EXPENSES PER BOOKS 2,900. | (B) NET INVEST- MENT INCOME 0 | ADJUSTED NET INCOME (C) ADJUSTED | (D) CHARITAE PURPOSE STATEMENT (D) CHARITAE | 0. 0. 6 |
| DESCRIPTION FEES/ACCOUNTING TO FORM 990-PF, PG 1, LN 16B FORM 990-PF | (A) EXPENSES PER BOOKS 2,900. 2,900. TAX (A) EXPENSES | (B) NET INVEST- MENT INCOME 0 0 ES (B) NET INVEST- MENT INCOME 2,052 2,275 | ADJUSTED NET INCOME (C) ADJUSTED NET INCOME | (D) CHARITAE PURPOSE STATEMENT (D) CHARITAE | 0. 0. 6 |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 7 | | |
|--|--|--|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| OTHER EXPENSES - RI TRUSTEE FEES - GENERAL TRUSTEE FEES - WORKING INT PROPERTY TAX CONSULTING LEASE NEGOTATIONS - RI | 1,102. 3,916. 1,200. 916. 220. | 1,102. 3,916. 0. 916. 220. | | 0. 0. 0. 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 7,354. | 6,154. | | 0. | |