# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ 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.lrs.gov/form990pf.

OMB No 1545-0052
2016
2016
Open to Public Inspection

For	calen	dar year 2016 or tax year beginning		, and ending		
Na	ne of	foundation	A Employer identificati	on number		
I	UB:	BE FAMILY FOUNDATION			45-664300	3
Nur	nber a	nd street (or P.O. box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
C	/0	10 TECHNOLOGY DRIVE	(603)298-	8564		
		own, state or province, country, and ZIP or foreign $\Gamma$ LEBANON, NH 03784	postal code		C If exemption application i	s pending, check here
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ons check here
u (	JIICON	Final return	Amended return	The public charty	D 1 1 Orongin organizatio	mor chook nore
		Address change	Name change		2 Foreign organizations check here and attach	meeting the 85% test,
Н (	Check	type of organization: X Section 501(c)(3) e			E If private foundation s	
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)	
I Fa			ing method <sup>*</sup> X Cash	Accrual	F If the foundation is in	
		Part II, col (c), line 16)	ther (specify)		under section 507(b)	
	\$	3,304,103. (Part I, colu	ımn (d) must be on cash b	pasis)		
Pa	art I	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	500,000.		N/A	
	2	Check ▶ if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	22.	22.		STATEMENT 1
	4	Dividends and interest from securities	63,606.	63,606.		STATEMENT 2
ē	5a	Gross rents				
	b	Net rental income or (loss)				ļ
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	7,705.			
enr	b	assets on line 6a 2,363,620.				
Revenue	7	Capital gain net income (from Part IV, line 2)		7,705.		
	8	Net short-term capital gain	- · · -			
	9   10a	Income modifications Gross sales less returns				<del>- </del>
	1 .	and allowances Less Cost of goods sold	<del> </del>			
		Gross profit or (loss)				
	ì	Other income	5,714.	5,714.		STATEMENT 3
	12	Total Add lines 1 through 11	577,047.	77,047.		
	13	Compensation of officers, directors, trustees, etc	0.	les Pro		0.
	14	Other employee salaries and wages				<u> </u>
es	Į.	Pension plans, employee benefits		18 NOV 7		
nse	16a	Legal fees	2 100	0 798.		2 202
∭ Administrative Expens	.  0	Accounting fees STMT 4	3,190.			2,392.
е П	17	Other professional fees Interest		900		
ativ	18	Taxes STMT 5	1,520.	1,520		0.
ist	19	Depreciation and depletion		2/323		
Ē	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
د من الأراد. Aing a	23	Other expenses STMT 6	29,391.	27,466.		1,925.
•	24	Total operating and administrative				
الارام Opera		expenses Add lines 13 through 23	34,101.	29,784.		4,317. 200,000.
-	25	Contributions, gifts, grants paid	200,000.			200,000.
	26	Total expenses and disbursements	234,101.	_29,784.		204,317.
<u> </u>	27	Add lines 24 and 25 Subtract line 26 from line 12:	434,101.	43,104.		404,311.
É		Excess of revenue over expenses and disbursements	342,946.			
) )	1	Net investment income (if negative, enter -0-)		47,263.		
" —	1	Adjusted net income (if negative, enter -0-)			N/A	
					<del></del>	C 000 DE (0040)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

<u>Fo</u>	rm '99	00-PF (2016) LUBBE FAMILY FOUNDATION			6643003 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End o	
_	art		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	04 255	70.066	70.066
	2	Savings and temporary cash investments	94,375.	70,066.	70,066.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts		<del> </del>	<del></del>
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable		<del></del>	<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts	····		
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations			<del></del>
	1 -	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	2,696,978.	3,067,423.	3,234,037.
	14	Land, buildings, and equipment; basis 🕨			1
	}	Less accumulated depreciation		····	
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	2,791,353.	3,137,489.	3,304,103.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	10,082.	13,272.	STATEMENT 8
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	10,082.	13,272.	
		Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
an	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	2,781,271.	3,124,217.	
žet	30	Total net assets or fund balances	2,781,271.	3,124,217.	
_				· · · · · · · · · · · · · · · · · · ·	
	31	Total liabilities and net assets/fund balances	2,791,353.	3,137,489.	
	art	III Analysis of Changes in Net Assets or Fund Ba		· · · <del>-</del>	
_		· · · · · · · · · · · · · · · · · · ·		<del></del>	
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		0 504 5
		st agree with end-of-year figure reported on prior year's return)		1	2,781,271.
		r amount from Part I, line 27a	2	342,946.	
		r increases not included in line 2 (itemize)	<del></del>	3	0.
		lines 1, 2, and 3		4	3,124,217.
		eases not included in line 2 (itemize)	<del></del>	5	0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	3,124,217.
					Form <b>990-PF</b> (2016)

45-6643003 Form'990-PF (2016) LUBBE FAMILY FOUNDATION Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (d) Date sold (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 12/31/16 1a MERRILL LYNCH ST COVERED P VARIOUS b MERRILL LYNCH LT COVERED P 12/31/16 VARIOUS c CAPITAL GAINS DIVIDENDS d \_ е (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1,113,120 1,116,200. 3,080. 1,254,843. 1,262,801 -7<u>,9</u>58. b 12,583. 12,583. C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F M.V as of 12/31/69 as of 12/31/69 over col. (j), if any 3,080. а -7,958. b 12,583. C đ е If gain, also enter in Part I, line 7 7,705. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

.282742

.056548

2,999,732.

169,629.

Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	204,490.	2,626,836.	.077847
2014	102,482.	2,280,784.	.044933
2013	101,199.	1,657,832.	.061043
2012	99,797.	1,008,872.	.098919
2011	0.	985,001.	.000000
	<del></del>		

- 2 Total of line 1, column (d)
- Average distribution ratio for the 5-year base period divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- Enter the net value of noncharitable-use assets for 2016 from Part X, line 5
- Multiply line 4 by line 3
- Enter 1% of net investment income (1% of Part I, line 27b)
- 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.

<u>473.</u> 170,102. 7 <u>204,317.</u>

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_	m'990-PF (2016) LUBBE FAMILY FOUNDATION art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 49	15-66 148 - se	43003		Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.	)	10 00			
14	Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)	,	-			
h	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	' <b>\</b>	1		4	73.
Ü	of Part I, line 27b					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
c	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	\	1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	"	2			0.
	Add lines 1 and 2	Ī	3		4	73.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
			5		4	73.
		L,412.				
	b Exempt foreign organizations - tax withheld at source 6b	-1				
	c Tax paid with application for extension of time to file (Form 8868) 6c 6c					
	d Backup withholding erroneously withheld 6d 5					
	Total credits and payments. Add lines 6a through 6d		7		1.4	12.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	<del></del>	9	39.
	Enter the amount of line 10 to be Credited to 2017 estimated tax   939. Re	funded	11			0.
	art VII-A Statements Regarding Activities	, to illustrate in the second				_ <u> </u>
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or intervene ii			Yes	No
	any political campaign?	D		1a		
h	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for t	he definition)?	,	1b		X
Ī	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate.	· · · · · · · · · · · · · · · · · · ·		1		
	distributed by the foundation in connection with the activities	, a.o p a o				
r	c Did the foundation file Form 1120-POL for this year?			10		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
u	(1) On the foundation. > \$ (2) On foundation managers. > \$	0.				
۵	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on four					
٠	managers > \$ 0.	Idation		1		}
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
•	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 inc	ornoration or				
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	orporation, or		3		X
42	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	-		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		Х
٠	If "Yes," attach the statement required by General Instruction T					<u></u>
6						
•	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict visiting in the conflict visiting visiting</li></ul>	with the state I	aw			
	remain in the governing instrument?			6	Х	
7		and Part XV		7	X	
•	to the state of th					
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
	VT		_	_		
h	b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design	nate)		-		
•	of each state as required by General Instruction G? If "No," attach explanation	,		8b	Х	]
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(	(i)(5) for calen	dar	"		
٠	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	(1/(0) 101 041011		9		х
10		iresses ST	гмт 9	10	Х	_ <u></u>
<u></u>	and and account manifestal manifestal and account manifestal manifestal and account manifestal mani			Form <b>99</b> 0		(2016)

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

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

orm 990-PF (2016) LUBBE FAMILY FOUNDATION			<u>45-66430</u>	03 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:	<del></del>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); of		ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	11 403011000 111 00011011	[	s X No	1
, , , , , , , , , , , , , , , , , , , ,	or adjustional nurnoses or f			
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or concational purposes, or i		s X No	
·	dar the eventions described		.s _A	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		iii negalations	N/A	5b
section 53 4945 or in a current notice regarding disaster assistance (see instru				1
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		I/A.	es L No	
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	F		
a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			5b 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 s	shelter transaction?	Ye	es 🗶 No 🗀	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	inagers, Highly	/	
Paid Employees, and Contractors	<del></del>		···	
List all officers, directors, trustees, foundation managers and their		( ) Componentian	(d) Contabutage to	4 > 5
(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	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
KLAUS LUBBE	TRUSTEE			
C/O 10 TECHNOLOGY DRIVE			-	
NEST LEBANON, NH 03784	0.00	0.	0.	0.
PATRICIA LUBBE	TRUSTEE			
C/O 10 TECHNOLOGY DRIVE				
NEST LEBANON, NH 03784	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	cluded 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 and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	compensation	allowances
NONE				
	]	1		
				<del></del>
	<u> </u>			
				-
	7			
	1			
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

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Total. Add lines 1 through 3

0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
·	Average monthly fair market value of securities	1a	2,938,674.
	Average of monthly cash balances	1b	106,739.
	Fair market value of all other assets	1c	100,133.
ď		1d	3,045,413.
е	Reduction claimed for blockage or other factors reported on lines 1a and		0/010/1101
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,045,413.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	45,681.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,999,732.
6	Minimum investment return. Enter 5% of line 5	6	149,987.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	149,987.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	473.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	149,514.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	149,514.
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	149,514.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	204,317.
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	204,317.
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	473.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	203,844.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies f	
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7				149,514.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2016.				
a From 2011				
<b>b</b> From 2012 40,165.				
c From 2013 19,415.				
d From 2014				
e From 2015 75, 252.				
f Total of lines 3a through e	134,832.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 204,317.				
a Applied to 2015, but not more than line 2a			0.	
<b>b</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.			
d Applied to 2016 distributable amount				149,514.
e Remaining amount distributed out of corpus	54,803.			
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	189,635.			
b Prior years' undistributed income Subtract	107,033.			
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 2015. Subtract line		<del>-</del>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must		İ		
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		1		
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017			-	
Subtract lines 7 and 8 from line 6a	189,635.			
10 Analysis of line 9 <sup>-</sup>				
a Excess from 2012 40,165.				
b Excess from 2013 19,415.				
c Excess from 2014				
d Excess from 2015 75, 252.				
e Excess from 2016 54,803.				5 000 DE (0040)

	MILY_FOUN				643003 Page 1
Part XIV Private Operating Fo	undations (see I	nstructions and Part V	II-A, question 9)	N/A	
<b>1 a</b> If the foundation has received a ruling or o	letermination letter th	at it is a private operating			
foundation, and the ruling is effective for 2	016, enter the date of	f the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the found <u>at</u>	ion is a private operat	ing foundation described	ın section	4942(j)(3) or	4942( <u>J)(</u> 5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	<del></del>				
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,	<del></del>				
line 4 for each year listed					
d Amounts included in line 2c not		<del></del>	<del></del>		<u> </u>
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		<del> </del>			
1					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the		- <del> </del>	<del></del>	<del></del>	<del> </del>
alternative test relied upon					
a "Assets" alternative test - enter.					
(1) Value of all assets	<del></del>	<u> </u>	<del> </del>	<del>- </del>	
(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		<del> </del>	<del> </del> -	<del></del>	<del> </del>
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
an exempt organization	<del></del>	<del> </del>			<del> </del>
(4) Gross investment income  Part XV   Supplementary Inform	notion (Compl	oto this part only	if the foundation	n had \$5 000 or n	nore in accets
at any time during the			ii tile loulluatio	11 11au \$5,000 01 11	iore iii assets
1 Information Regarding Foundation	_	a than 20% of the total age	tributions resoured by th	a foundation hafare the a	logo of agu toy
a List any managers of the foundation who year (but only if they have contributed mo			mountains received by in	e foundation before the c	iose of ally lax
SEE STATEMENT 10		330			
b List any managers of the foundation who	own 10% or more of	the stock of a cornoration	/or an equally large port	tion of the ownership of a	nartnership or
other entity) of which the foundation has a			(or all equally large por	non or the ownership or a	partitions of
IONE	, , , , , , , , , , , , , , , , , , ,				
2 Information Regarding Contribution	Cront Citt Loo	Sobelerable etc. D	rogramai	<del></del>	
Check here  if the foundation onl				not accept uppolicited roa	quarte for funde. If
the foundation makes gifts, grants, etc. (si	e instructions) to ind	ividuals or organizations	inder other conditions i	complete items 2a h c a	ny y
a The name, address, and telephone numbe					
LAUS LUBBE, (603) 29				555EU.	
C/O 10 TECHNOLOGY DRI					
b The form in which applications should be					<u> </u>
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:	
	, g = 0 · ip · ·	,			

3 Grants and Contributions Paid During th	e rear or Approved for Future	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
		]		
ALS THERAPY DEVELOPMENT CORP	NONE	NON PROFIT		
300 TECHNOLOGY SQUARE		BIOTECHNOLOGY		
CAMBRIDGE, MA 02139		ORG		200,000
		1		
		1		
		<del>                                     </del>		
		1		
				- <del></del>
Total	<del></del>	<del></del>		200,000
<b>b</b> Approved for future payment				
NONTE				
NONE				
		ļ		
	<del></del>			
		1		
		-		
		<del>  </del>		
		1		
		1		
		] [		
Total		_ <del></del>	<b>▶</b> 3b	
			Foi	rm <b>990-PF</b> (201

rm 990-PF (2016) LUBBE FAMILY F				43-0	643003 Pag
Part XVI-A Analysis of Income-Produ	ucing Activitie	es			
nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b					
c	_				
d	_				
e					
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash				00	
investments			14	22.	
Dividends and interest from securities	<b></b>		14	63,606.	
Net rental income or (loss) from real estate:					
a Debt-financed property					<del></del>
b Not debt-financed property	<b> </b>				
Net rental income or (loss) from personal					
property			11	E 714	
Other investment income			14	5,714.	<del></del>
Gain or (loss) from sales of assets other			18	7,705.	
than inventory			10	1,705.	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory			<del></del>		
Other revenue:	<del> </del>				
				)	
<del></del>			<del></del>		
<u> </u>	1 1				
d	l i	<del></del>			<del></del>
e					<del></del>
Subtotal. Add columns (b), (d), and (e)			).	77,047.	<del> </del>
Total Add line 12, columns (b), (d), and (e)	l		<del>2.71 1</del> .	13	77,04
ee worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities	to the Accom	polishment of	Exempt P	urposes	
		<u> </u>			
ine No Explain below how each activity for which inc the foundation's exempt purposes (other that	•	• •		i importantly to the accomp	DISTIMENT OF
the foundation's exempt purposes (other tha	or by providing fund	3 101 04011 par p 0000 j	·		<del></del>
<del></del>		<del></del>	·············	<del></del>	
					<del></del>
		<del></del>			
		<del></del>		<del></del>	

623621 11-23-16

Part XV	Information Re Exempt Organ		sters To a	and Trar	isactions a	ind Relations	hips With No	ncharitable	e	
1 Did th	e organization directly or indi	·	of the followin	ng with any o	other organization	on described in sect	ion 501(c) of		Yes	No
	e organization directly of indi ode (other than section 501(c				-		1011 00 1(0) 01	Į	1.55	<del>                                     </del>
	fers from the reporting found			_		izations.				
(1) C		allon to a monenama	ioic exempt of	gamzanom o				1a(1)		X
	ther assets							1a(2)		X
٠,,	transactions:							10/2/	<del></del>	† <del></del> -
-	ales of assets to a noncharita	ible exempt organiza	tion					1b(1)		X
` '	urchases of assets from a no							1b(2)		X
	ental of facilities, equipment,	•	., gaa					1b(3)		X
	eimbursement arrangements							1b(4)		X
٠,,	oans or loan guarantees							1b(5)		Х
	erformance of services or me	embership or fundrai	sına solicitatio	ons				1b(6)	1	X
	ng of facilities, equipment, ma							1c		X
	answer to any of the above is	=			nn (b) should aiv	vays show the fair r	narket value of the g	goods, other as	sets,	
	vices given by the reporting f		_							
colum	in (d) the value of the goods,	other assets, or serv	rices received							
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	e exempt org	ganization	(d) Description	of transfers, transaction	ons, and sharing a	rangemo	ents
			N/A				·			
-										
		<del> </del>								
		ļ								
						<u> </u>		<del></del>		
	·	-				ļ		<del></del>		
	<del></del>		<del></del>							
	<u></u>	<u> </u>			<del></del>					
	foundation directly or indirect	=			c-exempt organi	zations described		г, .,	[ <del>-</del>	<b>.</b>
	tion 501(c) of the Code (other	· ·	)(3)) or in sec	tion 5277				Yes	LX	No
b if Yes	s," complete the following sch (a) Name of org			(h) Type (	of organization		(c) Description of re	alationship		
	N/A	Janization		(b) Type (	or gariization		(c) Description of R		<del></del>	
<del></del>	N/A			<del> </del>						
<del></del> -	<del></del>			<del>                                     </del>	<del></del>	<del></del>		<del>_</del>		
	<del></del>	<del></del>		<del> </del>		<del>-</del>	<del></del> -	<del></del>		
	<del></del>			<del> </del>						
- Tu	nder penalties of perjury.	that have examined th	ıs return, ınçludır	ng accompany	ing schedules and	statements, and to the	best of my knowledge			
	nd belief, it is true, co-ect, and co							return with the	ne prepar	rer
Here	Mad	-		1.4	リルリア	Mon	Int	shown below		str )?
4	Signature of officer or trustee			Date	<del>///</del> /	Title	34770		, L	
	Print/Type preparer's n		Preparer's s		<del></del>	Date	Check X if	PTIN		
	- The property of the	· <del>-</del>				. =	self- employed			
Paid	PATRICIA H	. MORSE	РАТРТО	יו גדי	MORSE	11/07/17	. ,	P00394	172	?
Prepar			MORSE,		11011011	<u></u>	Firm's EIN ▶ 0			
Use Or								_ ,,,,,,	. 🜙 🚨	
	Firm's address ▶ 10	3 HANOVER	ST	SUITE	#7		<del>                                     </del>			
		TIM MOMARI					Phone no 16	031448-	422	Δ.

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

OMB No 1545-0047

Name of the organization

Employer identification number

	LUB	BE FAMILY FOUNDATION	45-6643003
Organiz	ation type (check one)		
Filers of	r: S	ection:	
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	•	overed by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le See instructions.
General	Rule		
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling e contributor. Complete Parts I and II. See instructions for determining a contributor?	
Special	Rules		
	sections 509(a)(1) and any one contributor, of	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, luring the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoune 1 Complete Parts I and II	or 16b, and that received from
	year, total contributio	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an soft more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
	year, contributions ex is checked, enter here purpose Don't comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a clusively for religious, charitable, etc., purposes, but no such contributions totaled may the total contributions that were received during the year for an exclusively religious ete any of the parts unless the <b>General Rule</b> applies to this organization because it in the contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box ,, charitable, etc ,
but it m	ust answer "No" on Pa	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F rt IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

ني ا

Employer identification number

#### LUBBE FAMILY FOUNDATION

45-6643003

Part I	Contributors (See instructions) Use duplicate copies of Part I if	fadditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIO X CELL, INC.  10 TECHNOLOGY DRIVE  WEST LEBANON, NH 03784	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### LUBBE FAMILY FOUNDATION

45-6643003

art II	Noncash Property (See instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
l		\$	990, 990-EZ, or 990-PF)

Name of org	anization		Employer identification number				
יוססני	FAMILY FOUNDATION		45-6643003				
Part III	completing Part III, enter the total of exclusively religious	olumns (a) inrough (e) and the folio , charitable, etc., contributions of \$1,000 or	$\frac{45-6643003}{\text{l in section 501(c)(7), (8), or (10) that total more than $1,000 for wing line entry. For organizations r less for the year (Enterthis info once)} > $$				
(a) No. from	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part!							
		(e) Transfer of gif	ft				
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ft				
	Transferee's name, address, an	od ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
İ	·	(e) Transfer of gif	ft				
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
İ							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Ţ	(e) Transfer of gift						
}	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTERE	ST ON SAVIN	GS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		REV			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH MERRILL LYNCH			15. 7.		15.		_
TOTAL TO PART I, LI	NE 3		22.		22.		
FORM 990-PF	DIVIDENDS	AND INTE	REST FRO	OM SEC	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDENI	RI	(A) EVENUE R BOOK			
MERRILL LYNCH	76,189.	12,5	83.	63,60	6. 63,60	16.	
TO PART I, LINE 4	76,189.	12,5	83.	63,60	6. 63,60	16.	
FORM 990-PF		OTHER :	INCOME			STATEMENT	3
		OTHER :	INCOME (A) REVENU		(B) NET INVEST- MENT INCOME	(C) ADJUSTE	D .
DESCRIPTION	UTIONS	OTHER :	(A) REVENT PER BOO		NET INVEST-	(C) ADJUSTE NET INCO	D .
DESCRIPTION			(A) REVENU PER BOO	OKS	NET INVEST-	(C) ADJUSTE NET INCO	D .
DESCRIPTION NONDIVIDEND DISTRIB			(A) REVENU PER BOO	OKS 5,714. 5,714.	MENT INCOME 5,714	(C) ADJUSTE NET INCO	D .
DESCRIPTION NONDIVIDEND DISTRIB TOTAL TO FORM 990-P FORM 990-PF	F, PART I,	LINE 11	(A) REVENT PER BOO	OKS 5,714. 5,714.	MENT INVEST- MENT INCOME  5,714  5,714  (C) ADJUSTED	(C) ADJUSTE NET INCO	D ME
	F, PART I,	ACCOUNT:	(A) REVENT PER BOO	DKS 5,714. 5,714. S NVEST-	MENT INVEST- MENT INCOME  5,714  5,714  (C) ADJUSTED NET INCOM	(C) ADJUSTE NET INCO	D ME 4

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
FOREIGN TAX FEDERAL INCOME TAX	1,020. 500.	1,02		0.		
TO FORM 990-PF, PG 1, LN 18	1,520.	1,52	0.	0.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
INVESTMENT FEES WEBSITE COSTS MISCELLANEOUS INVESTMENT EXPENSES	23,901. 1,925. 581. 2,984.	23,90 58 2,98	0. 1.	0. 1,925. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	29,391.	27,46	6.	1,925.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7		
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE		
PUBLICLY TRADED SECURITIES		COST	3,067,423.	3,234,037.		

3,067,423. 3,234,037.

TOTAL TO FORM 990-PF, PART II, LINE 13

FORM 990-PF LOANS PAYABLE TO	OFFICERS, DIRECTORS, ETC. STATEMEN	т 8
LENDER'S NAME AND TITLE  KLAUS & PATRICIA LUBBE, DIRECTOR		
DATE OF MATURITY INTEREST	RMS OF REPAYMENT	
.00% SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN	
DESCRIPTION OF CONSIDERATION	ADVANCE FOR LEGAL EXPENSES  FMV OF ORIGINAL  CONSIDERATION LOAN AMOUNT BALANCE	DUE
	0. 0. 13	,272.
TOTAL TO FORM 990-PF, PART II,	NE 20, COLUMN B	,272.
	STANTIAL CONTRIBUTORS STATEMEN VII-A, LINE 10	т 9
NAME OF CONTRIBUTOR	ADDRESS	
KLAUS AND PATRICIA LUBBE	C/O 10 TECHNOLOGY DRIVE WEST LEBANON, NH 03784	
	' XV - LINE 1A STATEMEN' OUNDATION MANAGERS	т 10

NAME OF MANAGER

KLAUS LUBBE PATRICIA LUBBE