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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation RABE FAMILY FOUNDATION INC		A Employer identification number 46-3894725	
Number and street (or P O box number if mail is not delivered to street address) 171 OLD FARM ROAD		Room/suite	B Telephone number (see instructions) (913) 754-1368
City or town, state or province, country, and ZIP or foreign postal code NEWTON, MA 02459		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,792,782	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

Part 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) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,152,101			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7	7		
	4 Dividends and interest from securities . . .	19,995	19,904		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	189,021			
	b Gross sales price for all assets on line 6a 1,985,060				
	7 Capital gain net income (from Part IV, line 2) . . .		189,021		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,361,124	208,932		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	750	750		0
	c Other professional fees (attach schedule)	6,793	6,793		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	1,764	1,082		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	250	0		250
	24 Total operating and administrative expenses. Add lines 13 through 23	9,557	8,625		250
	25 Contributions, gifts, grants paid	79,412			79,412
	26 Total expenses and disbursements. Add lines 24 and 25	88,969	8,625		79,662
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,272,155			
	b Net investment income (if negative, enter -0-)		200,307		
c Adjusted net income(if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	37,630	494,604	494,604
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	520,768	1,267,795	1,297,845
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	86	333	333	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	558,484	1,762,732	1,792,782	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	558,484	1,762,732	
	30	Total net assets or fund balances (see instructions)	558,484	1,762,732	
31	Total liabilities and net assets/fund balances (see instructions) .	558,484	1,762,732		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	558,484
2	Enter amount from Part I, line 27a	2	1,272,155
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,830,639
5	Decreases not included in line 2 (itemize) ▶ _____	5	67,907
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,762,732

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a TD AMERITRADE (DETAIL INFORMATION AVAILABLE UPON REQUEST)	D	2016-01-01	2016-12-31
b TD AMERITRADE (DETAIL INFORMATION AVAILABLE UPON REQUEST)	D	2015-01-01	2016-12-31
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,408,396		1,304,128	104,268
b 559,813		491,911	67,902
c 16,851			16,851
d			
e			

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 Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			104,268
b			67,902
c			16,851
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	189,021
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) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see 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	150,038	328,111	0 457278
2014	47,675	114,496	0 416390
2013			
2012			
2011			

2 Total of line 1, column (d)	2	0 873668
3 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	3	0 436834
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	964,733
5 Multiply line 4 by line 3	5	421,428
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,003
7 Add lines 5 and 6	7	423,431
8 Enter qualifying distributions from Part XII, line 4	8	79,662

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

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% of Part I, line 27b	1	4,006
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,006
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,006
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,200
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,200
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	2,806
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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 law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ ART RABE Telephone no ▶ (617) 916-5585			

Located at **▶** 171 OLD FARM ROAD NEWTON MAZIP+4 **▶** 02459

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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, Form 4720, to determine if the foundation had excess business holdings in 2016). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ☐	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ART RABE 171 OLD FARM ROAD NEWTON, MA 02459	PRESIDENT & SECRETARY 1 00	0	0	0
PAULA RABE 171 OLD FARM ROAD NEWTON, MA 02459	VICE PRESIDENT 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ☐				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	901,616
b	Average of monthly cash balances.	1b	77,808
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	979,424
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	979,424
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	14,691
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	964,733
6	Minimum investment return. Enter 5% of line 5.	6	48,237

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	48,237
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	4,006
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,006
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	44,231
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	44,231
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	44,231

Part 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	79,662
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		
a	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	79,662
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 (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	79,662

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				44,231
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				43,592
e From 2015.				135,956
f Total of lines 3a through e.	179,548			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>79,662</u>				
a Applied to 2015, 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			
d Applied to 2016 distributable amount.				44,231
e Remaining amount distributed out of corpus	35,431			
5 Excess distributions carryover applied to 2016 (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	214,979			
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 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must 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 may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	214,979			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				43,592
d Excess from 2015.				135,956
e Excess from 2016.				35,431

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c 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					

3 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

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	79,412
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2016)

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name BENJAMIN M HAKE CPA	Preparer's Signature	Date	Check if self-employed ☐	PTIN P01270403
Firm's name ▶ CREATIVE PLANNING TAX LLC				Firm's EIN ▶ 47-1019942
Firm's address ▶ 3400 COLLEGE BLVD LEAWOOD, KS 66211				Phone no (913) 338-2727

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ART RABE
PAULA RABE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE MARFAN FOUNDATION 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
NETWORK FOR GOOD 1140 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	105
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
EPILEPSY FOUNDATION 540 GALLIVAN BLVD 200 BOSTON, MA 02124	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
WALKER HOME FOR CHILDREN INC 1968 CENTRAL AVE NEEDHAM, MA 02492	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	5,000
CURE SMA 925 BUSSE RD ELK GROVE VILLAGE, IL 60007	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
MASS AUDUBON 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
THE CHESNUT HILL SCHOOL 428 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	5,975
EARTH JUSTICE 50 CALIFORNIA STREET STE 500 SAN FRANCISCO, CA 94111	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	2,500
MSPCA 350 SOUTH HUNTINGTON AVE JAMAICA PLAIN, MA 02130	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
THREE SQUARES NEW ENGLAND RIDE FOR FOOD PO BOX 1055 DEDHAM, MA 02027	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
CARE 151 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	2,500
HABITAT FOR HUMANITY 824 MEMORIAL DRIVE SE ATLANTA, GA 30316	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	2,500
ASPCA HOSPITAL 424 EAST 92ND ST 1ST FLOOR NEW YORK, NY 10128	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
Total ► 3a				79,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a <i>Paid during the year</i>					
ST JUDES 313 WASHINGTON ST 310 NEWTON, MA 02458		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
STEM SYNERGY PO BOX 1073 ATKINSON, NH 03811		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	10,000
HUMANE SOCIETY 87 WHARF ST WEYMOUTH, MA 02189		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,500
SAMARITANS INC 41 WEST ST BOSTON, MA 02111		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	503
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
NORTHEAST ANIMAL SHELTER 347 HIGHLAND AVENUE SALEM, MA 01970		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
AMERICAN HEART ASSOCIATION 300 5TH AVE WALTHAM, MA 01701		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE CHICAGO, IL 60601		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
OXFAM AMERICA 1101 17TH STREET NW WASHINGTON, DC 20036		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
MOVEMBER FOUNDATION PO BOX 1595 CULVER CITY, CA 90232		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	254
MUSEUM OF SCIENCE 11 SCIENCE PARK BOSTON, MA 02114		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
NEWTON FREE LIBRARY 330 HOME ST NEWTON, MA 02459		NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
Total ▶ 3a					79,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MERCY FOR ANIMALS 8033 SUNSET BLVD STE 864 LOS ANGELES, CA 90046	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,500
DANA FARBER I JIMMY FUND 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	2,500
GIFFORD CAT SHELTER 30 UNDINE ROAD BRIGHTON, MA 02135	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
OLD FRIENDS SENIOR DOG SANCTUARY 12110 LEBANON ROAD MOUNT JULIET, TN 37122	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
MY DOG EATS FIRST 2640 GLEESON LANE SUITE 2D LOUISVILLE, KY 40299	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,047
LUTHERAN CHURCH CHARITIES 3020 MILWAUKEE AVE NORTHBROOK, IL 60062	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,028
ANIMAL RESCUE LEAGUE 10 CHANDLER ST BOSTON, MA 02116	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	3,000
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND STREET CHESTNUT HILL, MA 02467	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	10,000
CENTRE STREET FOOD PANTRY 11 HOMER ST NEWTON CENTRE, MA 02459	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
SAMARITANS INC 41 WEST ST BOSTON, MA 02111	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
UNICEF 3 UNITED NATIONS PLAZA NEW YORK, NY 10017	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	1,000
THE CHESNUT HILL SCHOOL 428 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	5,000
SCHOOL ON WHEELS - MASSACHUSETTS 790 W CHESTNUT ST BROCKTON, MA 02301	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	500
DANA FARBER I JIMMY FUND 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	PC	GENERAL CHARITABLE CONTRIBUTION	2,500
Total ► 3a				79,412

TY 2016 Accounting Fees Schedule**Name:** RABE FAMILY FOUNDATION INC**EIN:** 46-3894725

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	750	750		0

TY 2016 Investments Corporate Stock Schedule

Name: RABE FAMILY FOUNDATION INC
EIN: 46-3894725

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VANGUARD FTSE DEVELOPED MARKETS	0	0
VANGUARD EMERGING MARKETS	0	0
VANGUARD CRSP US MID CAP INDEX	0	0
DFA EMERGING MARKETS SMALL CAP	0	0
BERKSHIRE HATHAWAY CL B	0	0
DFA INTL REAL ESTATE SEC PTF	0	0
DFA US MICRO CAP FD	0	0
DFA US SMALL CAP VALUE REPORT	0	0
ISHARES CORE S&P 500 ETF	0	0
ISHARES MSCI EAFE ETF	0	0
ISHARES MSCI EAFE SMALL-CAP ETF	0	0
SCHWAB SCH US REIT ETF	0	0
SELECT SECTOR SPDR TRUST ENERGY SELECT	0	0
FIRST TRUST NASDAQ CLEAN EDGE GRN ENERGY	38,264	39,817
ISHARES MSCI KLD 400 SOC IDX FD	119,676	124,723
ISHARES MSCI USA ESG SELECT ETF	119,794	124,674
ARIEL GROWTH FD	187,905	188,566
DFA EMERGING MARKETS SOCIAL CORE PTF	129,304	129,938
DOMINI FDS IMPACT INTL EQUITY INV	250,414	261,319
PARNASSUS CORE EQUITY INVESTOR	123,719	125,303
PARNASSUS FIXED INCOME PORT	79,710	76,742
PAX FUNDS HIGH YLD BD	34,304	35,616
PAX FUNDS SMALL CAP	56,563	60,528
PIMCO TOTAL RETURN FD	70,923	68,479
STEARD SMALL-MID CP ENHANCED INDX IND	57,219	62,140

TY 2016 Other Assets Schedule

Name: RABE FAMILY FOUNDATION INC

EIN: 46-3894725

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDENDS RECEIVABLE	86	333	333

TY 2016 Other Decreases Schedule

Name: RABE FAMILY FOUNDATION INC
EIN: 46-3894725

Description	Amount
UNREALIZED GAIN ON DONATED SECURITIES	67,907

TY 2016 Other Expenses Schedule**Name:** RABE FAMILY FOUNDATION INC**EIN:** 46-3894725**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MA ANNUAL REPORT FEE	250	0		250

TY 2016 Other Professional Fees Schedule**Name:** RABE FAMILY FOUNDATION INC**EIN:** 46-3894725

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEE	6,793	6,793		0

TY 2016 Taxes Schedule**Name:** RABE FAMILY FOUNDATION INC**EIN:** 46-3894725

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	1,082	1,082		0
FEDERAL TAXES	682	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016
	Name of the organization RABE FAMILY FOUNDATION INC	Employer identification number 46-3894725

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RABE FAMILY FOUNDATION INC	Employer identification number 46-3894725
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization RABE FAMILY FOUNDATION INC	Employer identification number 46-3894725
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Part II Noncash Property (see Instructions) Use duplicate copies of 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
_____	See Additional Data Table	\$ _____	_____
(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 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
_____		\$ _____	_____

Name of organization RABE FAMILY FOUNDATION INC	Employer identification number 46-3894725
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and 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 gift		
	Transferee's name, address, and 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 gift		
	Transferee's name, address, and 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 gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 46-3894725
Name: RABE FAMILY FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ART & PAULA RABE	\$ 25,518	Person ☐
	171 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)
<u>2</u>	ART & PAULA RABE	\$ 32,522	Person ☐
	172 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)
<u>3</u>	ART & PAULA RABE	\$ 27,974	Person ☐
	173 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)
<u>4</u>	ART & PAULA RABE	\$ 29,313	Person ☐
	174 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)
<u>5</u>	ART & PAULA RABE	\$ 14,938	Person ☐
	175 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)
<u>6</u>	ART & PAULA RABE	\$ 58,439	Person ☐
	176 OLD FARM ROAD		Payroll ☐
	NEWTON, MA02459		Noncash ☒ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	ART & PAULA RABE	\$ 54,361	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	177 OLD FARM ROAD		
	NEWTON, MA02459		
<u>8</u>	ART & PAULA RABE	\$ 35,353	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	178 OLD FARM ROAD		
	NEWTON, MA02459		
<u>9</u>	ART & PAULA RABE	\$ 36,113	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	179 OLD FARM ROAD		
	NEWTON, MA02459		
<u>10</u>	ART & PAULA RABE	\$ 41,878	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	180 OLD FARM ROAD		
	NEWTON, MA02459		
<u>11</u>	ART & PAULA RABE	\$ 44,234	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	181 OLD FARM ROAD		
	NEWTON, MA02459		
<u>12</u>	ART & PAULA RABE	\$ 39,904	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	182 OLD FARM ROAD		
	NEWTON, MA02459		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	ART & PAULA RABE	\$ 16,738	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	183 OLD FARM ROAD		
	NEWTON, MA02459		
<u>14</u>	ART & PAULA RABE	\$ 31,184	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	184 OLD FARM ROAD		
	NEWTON, MA02459		
<u>15</u>	ART & PAULA RABE	\$ 63,925	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	185 OLD FARM ROAD		
	NEWTON, MA02459		
<u>16</u>	ART & PAULA RABE	\$ 25,831	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	186 OLD FARM ROAD		
	NEWTON, MA02459		
<u>17</u>	ART & PAULA RABE	\$ 31,025	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	187 OLD FARM ROAD		
	NEWTON, MA02459		
<u>18</u>	ART & PAULA RABE	\$ 41,135	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	188 OLD FARM ROAD		
	NEWTON, MA02459		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	ART & PAULA RABE	\$ 17,339	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	189 OLD FARM ROAD		
	NEWTON, MA02459		
<u>20</u>	ART & PAULA RABE	\$ 120,513	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	190 OLD FARM ROAD		
	NEWTON, MA02459		
<u>21</u>	ART & PAULA RABE	\$ 3,612	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	191 OLD FARM ROAD		
	NEWTON, MA02459		
<u>22</u>	ART & PAULA RABE	\$ 32,848	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	192 OLD FARM ROAD		
	NEWTON, MA02459		
<u>23</u>	ART & PAULA RABE	\$ 36,339	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	193 OLD FARM ROAD		
	NEWTON, MA02459		
<u>24</u>	ART & PAULA RABE	\$ 14,118	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	194 OLD FARM ROAD		
	NEWTON, MA02459		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	ART & PAULA RABE	\$ 14,926	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	195 OLD FARM ROAD		
	NEWTON, MA02459		
<u>26</u>	ART & PAULA RABE	\$ 11,375	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	196 OLD FARM ROAD		
	NEWTON, MA02459		
<u>27</u>	ART & PAULA RABE	\$ 48,999	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	197 OLD FARM ROAD		
	NEWTON, MA02459		
<u>28</u>	ART & PAULA RABE	\$ 47,225	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	198 OLD FARM ROAD		
	NEWTON, MA02459		
<u>29</u>	ART & PAULA RABE	\$ 23,015	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	199 OLD FARM ROAD		
	NEWTON, MA02459		
<u>30</u>	ART & PAULA RABE	\$ 7,386	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contribution)
	200 OLD FARM ROAD		
	NEWTON, MA02459		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ART & PAULA RABE	\$ 124,020	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
	200 OLD FARM ROAD		
	NEWTON, MA 02459		

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of 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
<u>1</u>	535 SHARES OF PFG	<u>\$ 25,518</u>	<u>2016-12-01</u>
<u>2</u>	1,854 SHARES OF CNP	<u>\$ 32,522</u>	<u>2016-12-01</u>
<u>3</u>	879 SHARES OF PFE	<u>\$ 27,974</u>	<u>2016-12-01</u>
<u>4</u>	732 SHARES OF AVA	<u>\$ 29,313</u>	<u>2016-12-01</u>
<u>5</u>	284 SHARES OF DOW	<u>\$ 14,938</u>	<u>2016-12-01</u>
<u>6</u>	759 SHARES OF CINF	<u>\$ 58,439</u>	<u>2016-12-01</u>
<u>7</u>	980 SHARES OF RSG	<u>\$ 54,361</u>	<u>2016-12-01</u>
<u>8</u>	483 SHARES OF PNW	<u>\$ 35,353</u>	<u>2016-12-01</u>
<u>9</u>	413 SHARES OF PM	<u>\$ 36,113</u>	<u>2016-12-01</u>
<u>10</u>	2,613 SHARES OF PBCT	<u>\$ 41,878</u>	<u>2016-12-01</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of 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
<u>11</u>	429 SHARES OF CVX	<u>\$ 44,234</u>	<u>2016-12-01</u>
<u>12</u>	716 SHARES OF VLO	<u>\$ 39,904</u>	<u>2016-12-01</u>
<u>13</u>	116 SHARES OF BRK B	<u>\$ 16,738</u>	<u>2016-07-01</u>
<u>14</u>	249 SHARES OF IJH	<u>\$ 31,184</u>	<u>2016-07-01</u>
<u>15</u>	1,792 SHARES OF IEMG	<u>\$ 63,925</u>	<u>2016-07-01</u>
<u>16</u>	593 SHARES OF SCHH	<u>\$ 25,831</u>	<u>2016-07-01</u>
<u>17</u>	286 SHARES OF MUB	<u>\$ 31,025</u>	<u>2016-07-01</u>
<u>18</u>	351 SHARES OF IWB	<u>\$ 41,135</u>	<u>2016-07-01</u>
<u>19</u>	195 SHARES OF VNQ	<u>\$ 17,339</u>	<u>2016-07-01</u>
<u>20</u>	3,686 SHARES OF VEA	<u>\$ 120,513</u>	<u>2016-07-01</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of 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
<u>21</u>	62 SHARES OF BPL	<u>\$ 3,612</u>	<u>2016-07-01</u>
<u>22</u>	163 SHARES OF IVV	<u>\$ 32,848</u>	<u>2016-07-01</u>
<u>23</u>	2,561 2 SHARES OFVWIUX	<u>\$ 36,339</u>	<u>2016-07-01</u>
<u>24</u>	1,274 49 SHARES OF VWALX	<u>\$ 14,118</u>	<u>2016-07-01</u>
<u>25</u>	2,987 69 SHARES OF DFITX	<u>\$ 14,926</u>	<u>2016-07-01</u>
<u>26</u>	631 964 SHARES OF DFSCX	<u>\$ 11,375</u>	<u>2016-07-01</u>
<u>27</u>	195 SHARES OF MDY	<u>\$ 48,999</u>	<u>2016-07-01</u>
<u>28</u>	225 SHARES OF SPY	<u>\$ 47,225</u>	<u>2016-07-01</u>
<u>29</u>	307 SHARES OF VDE	<u>\$ 23,015</u>	<u>2016-07-01</u>
<u>30</u>	484 SHARES OF PGX	<u>\$ 7,386</u>	<u>2016-07-01</u>