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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

•	For	cale	ndar year 2016 or tax year beginning MA	R 22, 2016	, and ending	DEC 31, 2016	)
•			foundation		<del></del>	A Employer identification	n number
	M	lub	ea Helps Foundation In	C		81-2076025	5
•	Nur	nber a	and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
	6	80	0 Industrial Road			859-746-53	300
•	City	y or t	own, state or province, country, and ZIP or foreign	postal code		C if exemption application is p	pending, check here
			rence , KY 41042				<b>3</b> ,
	G (	Check	all that apply:	Initial return of a	former public charity	D 1. Foreign organization	s, check here
			Final return	Amended return	ı		
			, Address change	Name change		Foreign organizations me check here and attach cr	eeting the 85% test, omputation
	H C	heck	type of organization: X Section 501(c)(3)	exempt private foundation		  E   If private foundation sta	itus was terminated
		] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private four	ndation	under section 507(b)(1	
	l Fa	ur ma	arket value of all assets at end of year   J Accoun	ting method: Cash	X Accrual	F If the foundation is in a	
	(fr	om i	Part II, col (c), line 16)	Other (specify)		under section 507(b)(1	
		\$	275 , 882 . (Part I, col	umn (d) must be on cas	h basis)		
	Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
•			necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
· ·		1	Contributions, gifts, grants, etc., received	275,900		N/A	
107		2	Check If the foundation is not required to attach Sch. B				
_		3	Interest on savings and temporary cash investments			T	
<u>-</u>		4	Dividends and interest from securities				
•		5a	Gross rents				
		b	Net rental income or (loss)				
``	a	6a	Net gain or (loss) from sale of assets not on line 10				
	evenue	Ь	Gross sales price for all assets on line 6a				
;	ě	7	Capital gain net income (from Part IV, line 2)		) 0.		
لمة	Œ	8	Net short-term capital gain				
Ď		9	Income modifications Gross sales less returns			<u> </u>	
)		10a	and allowances				
		b	Less Cost of goods sold	<u> </u>			
		C	Gross profit or (loss)		<del></del>	<del></del>	
			Other income	075 000	<del></del>	<del> </del>	<b></b>
-		$\vdash$	Total. Add lines 1 through 11	275,900			ļ
		13	Compensation of officers, directors, trustees, etc	0	. 0.	·}	0.
		14	Other employee salaries and wages	<del></del>	<del> </del>	<del> </del>	<del>                                     </del>
	S		Pension plans, employee benefits	<del></del>	<del> </del>	<del> </del>	<del> </del>
	enses		Legal fees	<del></del>	<del></del>	<del> </del>	<del> </del>
	Expe		Accounting fees Other professional fees Stmt 1	18	18.	<del>}</del>	0.
	e		Other professional fees Stmt 1 Interest	10	RECEIVE	<del></del>	<del> </del>
	Operating and Administrative	17	Taxes	<del></del>	INCOLIVE		<del> </del>
	str	19	Depreciation and depletion	<del></del>	8		<del> </del>
	Ë	20	Occupancy	<del></del>	MAR 2 720	17 131	<del> </del>
	Ad n	21	Travel, conferences, and meetings	<del></del>	11	<u> </u>	<del> </del>
	þ	22	Printing and publications	<del></del>	OGDEN.	T	<del></del>
	g	23	Other expenses		CACILLEIN, U	<del>                                     </del>	<del> </del>
	ţį	i .	Total operating and administrative		<del> </del>	<del></del>	
	ers		expenses. Add lines 13 through 23	18	. 18.		0.
	Ö	25	Contributions, gifts, grants paid	0		<del> </del>	0.
			Total expenses and disbursements.	<del></del>	<del>                                     </del>	<del> </del>	1
			Add lines 24 and 25	18	. 18.		0.
-		27	Subtract line 26 from line 12:	<del>                                     </del>			1
		į.	Excess of revenue over expenses and disbursements	275,882			1
			Net investment income (if negative, enter -0-)		0.	,	1
		c	Adjusted net income (if negative, enter -0-)			N/A	
-							

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

Form **990-PF** (2016)

(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			
2014			
2013			
2012			
2011			

- 2 Total of line 1, column (d)
- 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
- 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 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.

-	4	L	
	5		
	6		
1	7		
i	8		

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Form 990-PF (2016)

	PF (2016) Mubea Helps Foundation Inc		2076			Page <b>4</b>
Part \	/I Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see	nstru	ictio	ns)
1a Exe	mpt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
Date	e of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1			
<b>b</b> Don	nestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	l			0.
of P	Part I, line 27b					
c All c	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		<u> </u>			
	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	j		•	0.
	l lines 1 and 2	3				0.
4 Sub	etitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	$\vdash$			Ō.
	based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del>                                     </del>			0.
	dits/Payments;	<del>  -</del>	<del>                                     </del>			
	6 estimated tax payments and 2015 overpayment credited to 2016	1	ł			
	mpt foreign organizations - tax withheld at source	1				
	paid with application for extension of time to file (Form 8868)  6c	1	1			
	kup withholding erroneously withheld  6d	1	i			
	al credits and payments. Add lines 6a through 6d	7	} -	-		0.
			┼──			
	er any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del>├</del> ──			0.
	due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	₩-			
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	├──			
	er the amount of line 10 to be: Credited to 2017 estimated tax  /II-A   Statements Regarding Activities	11	Ц			
				_	Vaa	TN <sub>0</sub>
	ing the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		<b>⊢</b> .⊣	Yes	
_	political campaign?			1a		X
	it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		X
	ne answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed o	•	١.,		
	tributed by the foundation in connection with the activities				-	
	the foundation file Form 1120-POL for this year?			10		Х
	er the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
. ,	On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .					
e Ente	er the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					ĺ
	nagers. ▶ \$ 0 .			_		
2 Has	the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
/f "}	es," attach a detailed description of the activities					
3 Has	the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	r		:		
byla	ws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a Didi	the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Y	es," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5 Was	there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
/f "Y	es," attach the statement required by General Instruction T					
6 Are	the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1		İ
<ul> <li>By</li> </ul>	y language in the governing instrument, or			}		İ
● By	y state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
rema	ain in the governing instrument?			6	_	X
7 Did t	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	,		7	X	
8a Ente	er the states to which the foundation reports or with which it is registered (see instructions)			1		
K						İ
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ĺ
	ach state as required by General instruction G? If "No," attach explanation			8b	X	
	ie foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	ndar		"	43	<u> </u>
	2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	iiudi				- <b>X</b> -
	any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
יט טוט פ	any persons become substantial contributors during the tax year. If Yes," attach a schedule listing their names and addresses				)- DE	
			101	rm <b>990</b>	<i>,</i> -PF	(2010)

Pa	art VII-A   Statements Regarding Activities (continued)			
_			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1		}
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	1	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address www.mubea.com			<b></b>
14	The books are in care of ▶ Brian Blanton  Telephone no. ▶859-7	46-5	300	
	Located at ▶ 6800 Industrial Road, Florence, KY ZIP+4 ▶4			
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	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country_	1	_	
Pa	rt 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.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	1 )		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1		
	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.)	1 1		
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)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1 1		
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1 1		
_	defined in section 4942(j)(3) or 4942(j)(5)):	1 1		
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 X No			
	If "Yes," list the years ▶ , ,	1 1		
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1 ]		
·	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1 1		ı
	statement - see instructions.)  N/A	2b		-
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	- <u></u> -		
Ī	►	1 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		
	during the year?	}		
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)  N/A	-: 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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	_	X
		orm <b>990</b>	)-PF	_

Form 990-PF (2016) Mubea Helps Foundation 1			81-20760	25 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	) )
(2) Influence the outcome of any specific public election (see section 4955);	ectly,	İ	} }	
any voter registration drive?		es X No	} }	
(3) Provide a grant to an individual for travel, study, or other similar purposes		es X No	} }	
(4) Provide a grant to an organization other than a charitable, etc., organization				- 1 - 1
4945(d)(4)(A)? (see instructions)	m described in section		es X No	<b>₹</b> {
			65 22 100	<b>↓</b> ↓
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		es X No	l (
the prevention of cruelty to children or animals?			es LA NO	1 1
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un	·	ın Regulations	l-	_
section 53.4945 or in a current notice regarding disaster assistance (see instru	··· <b>,</b>		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t			1	
expenditure responsibility for the grant?	ľ	1/A 🔙 Y	es 🔲 No	1 1
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		1	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		i	} }
a personal benefit contract?		Y	es X No	1 1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a page 1.	nersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			<u> </u> -	<del>"                                     </del>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax :	shalter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		L ''	<del> </del>	7b
Part VIII Information About Officers, Directors, Trust		nogora Highl		<del>'''</del>
Paid Employees, and Contractors	ees, roundation wa	magers, migni	у	
1 List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>		
		(c) Compensation	(d) Contributions to	(a) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	to position	`enter`-0-)	compensation	allowances
	-			
G G	4			_
See Statement 2	<del></del>	0.	0.	0.
		1		
		]		,
<del></del>		<u></u>	l	
		j		
	}	<b>\</b>	1	
	1	1		
<del></del>	1	}		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	<u> </u>	
/ More and address of each grade and address than 000 000	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other allowances
NONE	develou to pedition	<del> </del>	compensation	anovanoco
			<b>(</b>	
<del></del>		<del></del>		
		Į.	<b>(</b>	
	<del> </del>	<del></del>	<del> </del>	
	1	l	į	
		<u> </u>		<del> </del>
		1		
		<u> </u>		<u> </u>
		1	1	
Total number of other employees paid over \$50,000				0
				990-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		-
The Laurahor of others recovered over \$50,000 for professional engines		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	<u> </u>	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	1	Expenses
1 N/A		
	i	
	ĺ	
2		
	j	
	<u> </u>	
3	)	
	)	
_ <del></del>	<b> </b>	
4	1	
	ĺ	
Part IX-B Summary of Program-Related Investments	L	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
	1	
	l	
2		
	ĺ	
All other program-related investments, See instructions.	ĺ	
3	ĺ	
	ĺ	
<del></del>		
Total. Add lines 1 through 3	<b></b>	0.
	Forn	990-PF (2016)

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

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income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (se	ee instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7				6,690
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016:		0.		L
a From 2011	j			
b From 2012	1			
c From 2013	ļ			
dFrom 2014				
e From 2015	į.			
f Total of lines 3a through e	0.		i	
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 0 .				
a Applied to 2015, but not more than line 2a	1		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				0 .
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016	0.			0 .
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 instr.			0.	
f Undistributed income for 2016. Subtract			}	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017		<del></del> -		6,690.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	<del></del>			
8 Excess distributions carryover from 2011	0.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2017.	<del>+</del>	<del></del>		<del></del> -
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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Part XIV   Private Operating F	erps rounda		# A		76025 Page 10
				N/A	
1 a If the foundation has received a ruling o			' [		
foundation, and the ruling is effective fo		•	▶ Ĺ_		\40(\)(r)
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4)2010	(0)2013	(6) 2014	(0)2013	(6) 10141
investment return from Part X for					
each year listed	<del></del>	<del>                                     </del>	<del> </del>		<del></del>
b 85% of line 2a	<del> </del>	<del> </del> -	<del>- </del>	<del></del>	<del> </del>
c Qualifying distributions from Part XII,			}		
line 4 for each year listed	<del></del>	<del> </del>	<del> </del>		<u> </u>
d Amounts included in line 2c not			}		
used directly for active conduct of			}		
exempt activities	<del></del>	<del>}</del>	<del>-}</del>	<del></del>	<u> </u>
e Qualifying distributions made directly			ì		
for active conduct of exempt activities.  Subtract line 2d from line 2c			i		
3 Complete 3a, b, or c for the	<b></b>	<del> </del>	<del>-}</del>	<del> </del>	
alternative test relied upon:					
a "Assets" alternative test - enter:			1		
(1) Value of all assets		<del>}</del>	<del></del>	<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					<del></del>
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)	L	<u> </u>			
(2) Support from general public			T		
and 5 or more exempt organizations as provided in		}	1		•
section 4942(j)(3)(B)(iii)		<u> </u>	<u> </u>		
(3) Largest amount of support from					
an exempt organization	 	<u> </u>	<u> </u>		 
(4) Gross investment income	· · · · · · · · · · · · · · · · · · ·	L			
Part XV Supplementary Info			if the foundation	on had \$5,000 or mo	ore in assets
at any time during t	<del></del>	ructions.)			
1 Information Regarding Foundatio					
a List any managers of the foundation who year (but only if they have contributed π			itributions received by	the foundation before the clos	se of any tax
, , , ,	юте пин фо,000). (Осе з	(u)(2).)			
None	400/ 410		<i>i</i>	1 (1) - 1 ( 1 )	· · ·
b List any managers of the foundation who other entity) of which the foundation has			i (or an equally large po	ortion of the ownership of a pa	artnership or
None					
2 Information Regarding Contributi	on, Grant, Gift, Loan	. Scholarship, etc., F	Programs:		
Check here <b>X</b> if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	e organizations and doe	es not accept unsolicited requ	ests for funds. If
	<del>`</del>			<del></del>	ı u.
a The name, address, and telephone numl	der or e-mail address of t	the person to whom app	dications should be add	dressed:	
b The form in which applications should b	e submitted and informa	tion and materials they	should include:	<del></del>	
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions,	or other factors:	
					Form 900-PF (2016)
503601 11-03-16					LORM MINI 1- LIL (2016)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear 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 duning the year				
None				
Total	<del></del>		<b>▶</b> 3a	0.
<b>b</b> Approved for future payment				
None				
Total	<del></del>	<del></del>	<b>▶</b> 3b	0.

er gross amounts unless otherwise indicated.	Unrelated by	isiness income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
Program service revenue:	code	Alliount	code	AIIIOUIIL	function income
a	_				
ь	_	<del></del>	<u> </u>		<del></del>
C	_				
d	_		L		
e	_		L		. <u> </u>
f	_		Ļ		
g Fees and contracts from government agencies			ļ		
Membership dues and assessments		<del></del>	<u> </u>		
Interest on savings and temporary cash					
investments	<u> </u>		<u> </u>		
Dividends and interest from securities	<u> </u>				
Net rental income or (loss) from real estate:		<del></del>			
a Debt-financed property		<del></del>			
Not debt-financed property	<u> </u>	<del></del>			
Net rental income or (loss) from personal			1	- (	
property					
Other investment income					
Gain or (loss) from sales of assets other					
han inventory					
Net income or (loss) from special events			L		
Gross profit or (loss) from sales of inventory					
Other revenue:	} }		] ]		
a					
b					
c					
d	_				
e	_				
Subtotal. Add columns (b), (d), and (e)		0.		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
worksheet in line 13 instructions to verify calculations	.)				
art XVI-B Relationship of Activitie	s to the Accom	plishment of Ex	emp	t Purposes	
				uited importantly to the accom-	plishment of
Explain below how each activity for which is	acome is reported in co	lumn (e) of Part XVI-A	CONTrib		
e No. Explain below how each activity for which is the foundation's exempt purposes (other the			CONTrib	ated importantly to the accomp	
e No. Explain below how each activity for which is the foundation's exempt purposes (other the			contrib		
			contrib	oted importantly to the accomp	
			contrib	otto importantily to the accomp	
			contrib	oted importantly to the accomp	
			contrib	occoming to the accomi	
			contrib	occoming to the accomi	
			CONTrib	occomponently to the accomp	
			CONTrib	occoming to the accomi	
			contrib	occoming to the accomi	
			contrib		

Part XVII	Information Re Exempt Organ	egarding Tran	sfers To	and Transactions	and Relations	ships With Nonch	aritable	9	
1 Did the o			of the following	ng with any other organizat	ion described in sec	tion 501/c) of	<del>- 1</del>	Yes	No
				27, relating to political orga		11011 30 1(C) 01	- {	163	-140
	from the reporting founda				inzations.		}		l
(1) Cast	•	and to a nonditaria	oro oxompi or	gu211011 01.			1a(1)	-	х
(2) Othe							1a(2)	$\vdash$	X
b Other train							1-5(-)		
	s of assets to a noncharital	ble exempt organiza	tion				16(1)		Х
• •	hases of assets from a no						1b(2)		X
(3) Rental of facilities, equipment, or other assets									
(4) Reimbursement arrangements									
(5) Loans or loan guarantees									
(6) Performance of services or membership or fundraising solicitations									
c Sharing o	of facilities, equipment, ma	ılıng lısts, other asse	its, or paid em	ployees			10		X
<b>d</b> If the ans	wer to any of the above is	"Yes," complete the	following sche	edule. Column (b) should a	lways show the fair	market value of the goods	, other ass	ets,	
or service	es given by the reporting fo	oundation. If the fou	ndation receiv	ed less than fair market va	lue in any transaction	n or sharing arrangement,	show in		
column (	d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers, transactions, an	d sharing an	rangeme	ints
			N/A						
		ļ		<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>			
		<u></u>		<del></del>					
				or more tax-exempt organ	nzations described	ſ	<del>-</del> 1,,,	T	] No
	501(c) of the Code (other omplete the following sche	٠,	(3)) or in sect	1011 527 7		ı	Yes	LA	7 IAO
D 11 165, C	(a) Name of org			(b) Type of organization	1	(c) Description of relation	shin		—
	N/A			(c) type of organization	<del> </del> -	(b) Docomption of Foldardin			
					<del> </del>				
						<del> </del>			
landb	penalties of perjury, I declare t	that I have examined this	s return, including	ig accompanying schedules and n taxpayer) is based on all infor	d statements, and to the	- h to ded	ay the IRS o	iscuss t	his
Sign	, /2	7/1/1		10/15/1	_ 🛦	st	turn with the lown below	s prepare (see <u>inst</u>	3r !r )?
Here	V/ 2	18115			7 Treasu	irer	X Yes	L	J No
Sigi	nature of officer or trustee Print/Type preparer's na		Drapararia a	Date	Title	Chook I J # I DTIN			
	Transtype preparer S na	1116	Preparer's s	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	Check if PTIN self- employed			
Paid	Paula Hume		+ o	2 f Home	03/09/17		0537	516	
Preparer	Firm's name Bar	nes. Denn	ig & C	O., LTD	<del></del>	Firm's EIN ► 31-1			
Use Only	]	,	~ ~ ~	,		THE SERVE SEE	0		
•	Firm's address ▶ 15	0 East Fo	urth S	treet		<del> </del>			
	Ci	ncinnati,	OH 45	202		Phone no. (513)	241-	831	3
									(2016)

### 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.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

IAI	ubea helps foundation inc	81-70/0072			
Organization type (check of	one):	<del></del>			
Filers of:	Section:				
Form 990 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 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II	, or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter i purpose. Don't col	In described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,			
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F i Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number Mubea Helps Foundation Inc 81-2076025 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 1 Mubea Inc Person Payroli 6800 Industrial Road 275,900. Noncash (Complete Part II for Florence , **KY 41042** noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payrol! Noncash (Complete Part II for noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash

623452 10-18-16

(Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

## Mubea Helps Foundation Inc

81-2076025

Part II	Noncash Property (See instructions) Use duplicate copies of P	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
_		<b></b>   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee				

Form 990-PF C	ther Profes	sional Fe	es	·	State	ement 1	
Description	(a) (b) Expenses Net Inv		vest- Adju		sted Cl	(d) Charitable Purposes	
Bank Fees	18.		18.			0.	
To Form 990-PF, Pg 1, ln 16c	18. 1		18.			0.	
	List of Of and Founda			ors	State	ement 2	
Name and Address		le and Hrs/Wk		npen- ion	Employee Ben Plan Contrib	Expense Account	
Dr. Bettina Muhr 6800 Industrial Road Florence, KY 41042		of the B	oard	0.	0.	0.	
Joachim Riese 6800 Industrial Road Florence, KY 41042		Member		0.	0.	0.	
Katja Meyer-Dupont 6800 Industrial Road Florence, KY 41042		Member		0.	0.	0.	
Deborah Ramirez 6800 Industrial Road Florence, KY 41042		tant Trea	surei	0.	0.	0.	
Brian Blanton 6800 Industrial Road Florence, KY 41042	Treas 1	urer .00		0.	0.	0.	
Bianca Stohr 6800 Industrial Road Florence, KY 41042		dent, ED	& Sec	cretary 0.	0.	0.	
Totals included on 990-PF, Pa	ige 6, Part	VIII	· · ·	0.	0.	0.	