## Form **990-PF**

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Department of the Treasury

**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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018
Open to Public Inspection

For calendar year 2018 or tax year beginning and ending Name of foundation A Employer identification number LUBBE FAMILY FOUNDATION 45-6643003 Number and street (or P O box number if mail is not delivered to street address) B Telephone number C/O) 10 TECHNOLOGY DRIVE (603)298-8564 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WEST LEBANON NH 03784 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 4,111,283. Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes expenses per books income income (cash basis only) 500,000. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 840 840 STATEMENT 101.736 101.736 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 185,287 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,573,144. 185,287 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 1,037 STATEMENT -1-1-Other-income 1,037 12 Total Add lines Lithrough 788,900 288,900 0. Compensation of officers, directors, trustees, etc Other employee Salaries and wages Pension plans, employee benefits 16a Legal fees-N. UT STMT 4 2,425 606 1,819. c Other professional fees 17 Interest 10,995 10.995 18 Taxes STMT 5 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 33,201 0. 33,201 STMT 6 23 Other expenses 24 Total operating and administrative <u>46,6</u>21 44,802 1,819. expenses. Add lines 13 through 23 300,000 300,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 301,819. 346,621 44,802 Add lines 24 and 25 27 Subtract line 26 from line 12: 442,279 8 Excess of revenue over expenses and disbursements 244,098 b Net investment income (if negative, enter -0-) N/Ac Adjusted net income (if negative, enter -0-)

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 1	3,716,025
2	Enter amount from Part I, line 27a	2	442,279.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	4,158,304.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,158,304.

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45-6643003

	d coops for Tox on Invest				45	004	3003	rayes
<u> </u>	d Losses for Tax on Invest		[(b) Ho	w acquired			I (1) Date	
(a) List and describe the	kind(s) of property sold (for example, r nouse; or common stock, 200 shs. MLC	real estate,	1.00 - H	w acquired Purchase	(c) Date acq (mo., day,	uirea vr.)	(d) Date (mo., day	sola /. vr.)
			D-I	Donation			12/31	
1a MERRILL LYNCH ST			+	P	VARIOU VARIOU		$\frac{12/31}{12/31}$	
b MERRILL LYNCH LT c CAPITAL GAINS D				-	VARIO	<u> </u>	12/31	710
	LVIDENDS				<del>-</del> -	-		
<u>d</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		<del></del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain ((e) plus (f)	or (loss minus	) (g))	
a 782,622.		766,0	28.				16,	594.
ь 760,900.		621,8					139,	071.
c 29,622.							29,	622.
d								
e								
Complete only for assets showing (	gain in column (h) and owned by the fou	indation on 12/31/69.		(1	) Gains (Col.	(h) gaın	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		C0	(k), but not Losses (fro		(h))	
a								<u>594</u> .
b							139,	
c							29,	622
d						_		
_e								
2 Capital gain net income or (net capit	al loss) { If gain, also enter in Par If (loss), enter -0- in Pa	rt I, line 7 rt I, line 7	} _	2			185,	287
3 Net short-term capital gain or (loss)	•							
If gain, also enter in Part I, line 8, co			}					
If (loss), enter -0- in Part I, line 8	1 0 1: 4040(-) ( . D.	to a section of the section of the	<u> </u>	3		N/A	<u> </u>	
	der Section 4940(e) for Red				ome			
(For optional use by domestic private fo	undations subject to the section 4940(a	i) tax on net investment	income.)					
If section 4940(d)(2) applies, leave this	part blank.							
		of any year in the book of	oriod?				□ voc [	X No
Was the foundation liable for the section If "Yes," the foundation doesn't qualify u			Jenou *				163 [	ZZ NO
	h column for each year; see the instruct		entries.					
(a)	(b)		(c)	<del>,</del>			(d) oution ratio	
Base periód years Calendar year (or tax year beginning	ورفي والمراجع وأن أعلى والمراجع	ons Net value of r		able-use assets	(co	Distrit I. (b) div	oution ratio /ided by col. (i	c))
2017	251,7	787.	3.	876,958		(-,		4944
2016	203,8			999,732				7954
2015	204,4			626,836				7847
2014	102,4			280,784				4933
2013	101,1			657,832			.06	1043
				•				
2 Total of line 1, column (d)					2		.31	6721
• • • • • • • • • • • • • • • • • • • •	ear base period - divide the total on line	2 by 5.0, or by the num	nber of ye	ars				
the foundation has been in existence					3	_	.06	3344
	•							
4 Enter the net value of noncharitable-	use assets for 2018 from Part X, line 5				4		3,960,	467.
5 Multiply line 4 by line 3					5		<u>250,</u>	872
6 Enter 1% of net investment income	(1% of Part I, line 27b)				6		2,	441.
								_
7 Add lines 5 and 6					7		253,	<u> 313</u> .
							201	010
8 Enter qualifying distributions from P					8		301,	<u>819</u>
If line 8 is equal to or greater than lin	ne 7, check the box in Part VI, line 1b, ar	nd complete that part us	sing a 1%	tax rate.				

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 - see	ınstr	uctio	ns)	_
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					•
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			<b>-</b> -	~	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		2,4	41.	<u>.</u>
of Part I, line 27b					_
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		2,4	41.	<del>-</del> ,
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		2,4	41.	•
6 Credits/Payments:					•
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 4, 9	36.				
b Exempt foreign organizations - tax withheld at source 6b	0.				
c Tax paid with application for extension of time to file (Form 8868)  6c 3, 0	00.				
d Backup withholding erroneously withheld 6d 6d	0.				
7 Total credits and payments. Add lines 6a through 6d	7,		7.9	36.	,
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				-
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		5,4	95.	-
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax > 5,495. Refunde				0.	_
Part VII-A Statements Regarding Activities	<u> </u>				-
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or into	ervene in		Yes	No	-
any political campaign?		1a		Х	-
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	e definition	1b		X	-
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.		1	ĺ	ł	
c Did the foundation file Form 1120-POL for this year?		1c		x	
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.				1	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
If "Yes," attach a detailed description of the activities.			<b>.</b>		-
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	ation, or		7,		4
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	-	X	•
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	-
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		<del></del> -	•
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	-
If "Yes," attach the statement required by General Instruction T		<u> </u>			-
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ			
By language in the governing instrument, or					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	ie state law				
remain in the governing instrument?	C State law	6	_ X		•
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	1	7	X		-
To the foundation have at least \$5,000 in assets at any time during the year. If Test, complete that it, con (c), and that At At	,	<b>-</b>		<del> </del>	-
8a Enter the states to which the foundation reports or with which it is registered. See instructions.					,
VT					i
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)					ŧ
of each state as required by General Instruction G? If "No," attach explanation		8b	Х	-	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				<del>                                     </del>	•
•	JI GAIGHUAI	0		X	4
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	STMT 8	10	х	1	. '
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	O TIMT O	1 10	Δ.		_

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			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► (603) 2		<u>856</u>	4
	Located at ► C/O 10 TECHNOLOGY DRIVE, WEST LEBANON, NH ZIP+4 ►03	784		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>,</b> ▶	•
	and enter the amount of tax-exempt interest received or accrued during the year		<u>/A</u> Yes	No.
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		res	No X
	securities, or other financial account in a foreign country?	16		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			,
Pa	foreign country ► art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1		
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	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?			٠.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			· ;
	a disqualified person?			. '
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			١.
	(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)?			
	(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 X No			' ;
	· · · · · · · · · · · · · · · · · · ·			!
	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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	•	- '
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  Organizations relying on a current notice regarding disaster assistance, check here	10		
,	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 2018?	1c	•	x
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?			
	If "Yes," list the years $\blacktriangleright$ ,,,,,			
t	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			
	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.)  N/A	2b	_	<del></del>
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.			,
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			,
36	during the year?			
H	of "Yes," did it have excess business holdings in 2018 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 2018.)  N/A	3b_		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> X</u>
t	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 2018?	4b		X (2242)
	Fo:	m yyl	・・アト	(2018)

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Total number of other employees paid over \$50,000

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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		
		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	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.	Exper	nses
1 N/A		
2		
2	1	
3	_	
4	_	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amou	unt
1 <u>N/A</u>		
2		
	_	
All other program-related investments. See instructions.		
	-	
	<del>-</del>	
Total. Add lines 1 through 3	Form <b>99</b> f	0. <b>0-PF</b> (2018)

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P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
а	Average monthly fair market value of securities	1a	3,906,284.
b	Average of monthly cash balances	1b	114,495.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,020,779.
е	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	4,020,779.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	60,312.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,960,467.
6	Minimum investment return Enter 5% of line 5	6	198,023.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
_	foreign organizations, check here   and do not complete this part.)		<del></del>
1	Minimum investment return from Part X, line 6	1	<u> 198,023.</u>
2a	Tax on investment income for 2018 from Part VI, line 5	Ì	
b	Income tax for 2018. (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	<u>2,441.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	195,582.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	195,582.
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	195,582.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		· · · · · · · · · · · · · · · · · · ·
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	301,819.
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	301,819.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	2,441.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	299,378.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

`	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI,	COIPUS	Tours prior to 2017	2017	2010
line 7				195,582.
2 Undistributed income, if any, as of the end of 2018			_	
a Enter amount for 2017 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2018:		0.		
a From 2013 19, 415.				
b From 2014				
c From 2015 75, 252.				
d From 2016 54,803.				
e From 2017 62,811.				
f Total of lines 3a through e	212,281.			
4 Qualifying distributions for 2018 from			<del></del>	
Part XII, line 4: ► \$ 301,819.				
a Applied to 2017, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		•
c Treated as distributions out of corpus				, , , , , , , , , , , , , , , , , , ,
(Election required - see instructions)	0.			105 500
d Applied to 2018 distributable amount	106 005			195,582.
e Remaining amount distributed out of corpus	106,237.		·	
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				·
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	318,518.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	···	<u> </u>
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.	]		0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013	10 415			
not applied on line 5 or line 7	19,415.			
9 Excess distributions carryover to 2019	299,103.			
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:	299,103.			
a Excess from 2014				
b Excess from 2015 75, 252.				ı
c Excess from 2016 54,803.				
d Excess from 2017 62,811.				
e Excess from 2018 106, 237.				1
				Earm <b>QQA-PF</b> (2018)

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Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2018, enter the date of	the ruling	<b>•</b>		
<b>b</b> Check box to indicate whether the found	lation is a private operati	ng foundation described i	n section	4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
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				- <del> </del>	<del></del>
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	<del></del>	/	<del> </del>	<del> </del>	
alternative test relied upon.					
a "Assets" alternative test - enter:		<b>/</b>			
(1) Value of all assets	<del></del>	-			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				<del></del>	<del> </del>
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			}		1
investment income (interest, dividends, rents, payprents on					
securities loans (section					
512(a)(5)), or røyalties)				<del> </del>	
(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 Info			if the foundatio	n had \$5,000 or mo	ore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			ributions received by th	ie foundation before the clo	se of any tax
year (but only if they have contributed in	iore than \$5,000). (See s	ection 507(a)(2).)			
SEE STATEMENT 9	<del></del>	· · · · · · · · · · · · · · · · · · ·		·	
b List any managers of the foundation who			or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% of greater filteres	ы.			
NONE				<del></del>	- <del></del>
2 Information Regarding Contributi		• • • •	-		
	•	•	-	not accept unsolicited requ	lests for funds If
the foundation makes gifts, grants, etc.,					<del></del>
a The name, address, and telephone number				ssed:	
KLAUS LUBBE, (603) 2	•				
C/O 10 TECHNOLOGY DR					
<b>b</b> The form in which applications should b	e suomitted and imormat	ilon and materials they sh	outo miciade.		
c Any submission deadlines.					
			lunda af institut	- alb (- al	
d Any restrictions or limitations on awards	s, such as by geographica	u areas, charitable fields,	kinas of institutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year NEW HAMPSHIRE CHARITABLE FOUNDATION NONE PUBLIC FOUNDATION 37 PLEASANT STREET 300,000, CONCORD NH 03301-4005 ▶ 3a Total 300 000 **b** Approved for future payment NONE

Form **990-PF** (2018)

Total

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	( <b>b</b> ) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
			10000		
å			+	<del></del>	<del></del>
ь	—   <del></del>			<del></del>	<del></del>
C			<del>  </del>		
d			<del> </del>		
e					
f			$\perp$		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	840.	
4 Dividends and interest from securities			14	101,736.	
5 Net rental income or (loss) from real estate:			<del>                                     </del>		
a Debt-financed property	-		+-+		
b Not debt-financed property		·	<del>  </del>		
	<del></del> -	<del></del>	_		<del></del>
6 Net rental income or (loss) from personal					
property		· · · · · · · · · · · · · · · · · · ·	1 4	1 027	
7 Other investment income			14	1,037.	
8 Gain or (loss) from sales of assets other					
than inventory			18	185,287.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					<u></u>
11 Other revenue:			1		
a			<u> </u>		
b					
c	L I				
d	4				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		288,900.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				288,900.
(See worksheet in line 13 instructions to verify calculation	ne )				
Part XVI-B Relationship of Activiti	es to the Acco				lichment of
the foundation's exempt purposes (other				- Importantly to the accomp	IISTITIETIL OI
			<del></del> -		

Form **990-PF** (2018)

·	 90-PF (2018) <b>LUBBE</b>	FAMILY FOUND	NAME ON	45-6	643003	Pa	ge <b>13</b>
Part		egarding Transfers t		nd Relationships With Nonc			90 10
1 Di	d the organization directly or indir	ectly engage in any of the fol	lowing with any other organization	n described in section 501(c)		Yes	No
(0	ther than section 501(c)(3) organ	izations) or in section 527, re	elating to political organizations?		İ		
a Tr	ansfers from the reporting founda	ation to a noncharitable exem	pt organization of:		}		
(1	) Cash				1a(1)		X
(2	) Other assets				1a(2)		X
<b>b</b> Ot	her transactions:						
(1	) Sales of assets to a noncharitat	ble exempt organization			1b(1)		X
(2	) Purchases of assets from a nor	ncharitable exempt organizati	on		1b(2)		_X_
(3	) Rental of facilities, equipment, of	or other assets			1b(3)	_	X
(4	) Reimbursement arrangements				1b(4)		_X_
(5	) Loans or loan guarantees				1b(5)		X
(6	) Performance of services or me	mbership or fundraising solic	citations		1b(6)		X
c St	naring of facilities, equipment, mai	ılıng lısts, other assets, or pai	d employees		1c		X
d If	the answer to any of the above is '	"Yes," complete the following	schedule. Column (b) should alw	ays show the fair market value of the goo	ods, other ass	ets,	
or	services given by the reporting fo	oundation. If the foundation re	eceived less than fair market value	e in any transaction or sharing arrangeme	ent, show in		
CO	lumn (d) the value of the goods, o	other assets, or services rece	ived.				
a) Line	no (b) Amount involved	(c) Name of nonchar	itable exempt organization	(d) Description of transfers, transactions	and sharing ar	angeme	nts
		N/	Ä				
		_					
			···-				
			<u> </u>				
		<del></del>					
	the foundation directly or indirect			ations described		C	٦.
	section 501(c) (other than section		17		Yes	LX.	No
b If	Yes," complete the following sche		(1) T	(A) Description of solution			
	(a) Name of orga	anization	(b) Type of organization	(c) Description of relat	ionsnip		
	N/A						
	Indiana in the second	1573 1 h					
e:	and halist it is to the annual and defeat			statements, and to the best of my knowledge ation of which preparer has any knowledge	May the IRS of return with the	liscuss t	his er
Sign Here			18/11/10	Mactoo	shown below	7 See ins	str T
	Signature of officer or trustee		17/1/17	Title	X Yes		No

Form **990-PF** (2018)

P00394172

Check X If

self- employed

PTIN

Firm's EIN  $\triangleright 02 - 0423102$ 

Phone no. (603)448-4224

Paid

**Preparer** 

**Use Only** 

PATRICIA H. MORSE 11/06/19

Preparer's signature

Date

Print/Type preparer's name

PATRICIA H. MORSE

Firm's name ▶ PATRICIA H. MORSE, CPA

Firm's address ▶ 103 HANOVER ST., SUITE #7

LEBANON, NH 03766

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

LU	JBBE FAMILY FOUNDATION	45-6643003				
Organization type (check o	ine)					
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					
General Rule  X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling cone contributor.	ig \$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 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 amon , line 1 Complete Parts I and II	a, or 16b, and that received from				
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III						
year, contributions is checked, enter h purpose Don't coi	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. Don't 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.					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ( 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.

Name of organization

Employer identification number

LUBBE	FAMILY	FOUNDAT	ION

LUBBE	FAMILY FOUNDATION	4	5-6643003
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	_
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIO X CELL, INC.  10 TECHNOLOGY DRIVE  WEST LEBANON, NH 03784	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash Contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### LUBBE FAMILY FOUNDATION

45-6643003

rt Îl Nonc	eash Property (see instructions) Use duplicate copies of I	Part II if additional space is needed		
(a) No. irom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom 'art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received	
		  \$		

LUBBEPR1

FORM 990-PF INTERE	ST ON SAVIN	GS AND	TEMPOR	ARY CASH	INVESTMENTS	STATEMENT	1
SOURCE			(A) REVENUE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
MERRILL LYNCH MERRILL LYNCH				56. 84.	756. 84.		
TOTAL TO PART I, LI	NE 3		8	40.	840.		
FORM 990-PF	DIVIDENDS	AND I	NTEREST	FROM SEC	CURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	GA:	ITAL INS DENDS	(A) REVENUE PER BOOK			
MERRILL LYNCH	131,358.	2	9,622.	101,73	36. 101,73	36.	
TO PART I, LINE 4	131,358.	2:	9,622.	101,73	101,73	36.	
FORM 990-PF		ОТН	ER INCO	ME		STATEMENT	3
DESCRIPTION				(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME		
NONDIVIDEND DISTRIB	UTIONS			1,037.	1,037	7.	
TOTAL TO FORM 990-P	F, PART I,	LINE 1	1	1,037.	1,037	7.	
FORM 990-PF		ACCO	UNTING	FEES		STATEMENT	4
DESCRIPTION		(A) EXPENS PER BO		(B) T INVEST- NT INCOME			
ACCOUNTING		2,	425.	606	5.	1,8	19.

FORM 990-PF	TAX	ES	STATEMENT 5			
DESCRIPTION	(A) (B) EXPENSES NET INVEST PER BOOKS MENT INCO					
FOREIGN TAX FEDERAL TAX	2,126. 8,869. 2,126. 8,869.				0. 0.	
TO FORM 990-PF, PG 1, LN 18	10,995.	10,	995.			0.
FORM 990-PF	OTHER EXPENSES		STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM		
INVESTMENT FEES INVESTMENT EXPENSES	32,086.					0. 0.
TO FORM 990-PF, PG 1, LN 23	33,201.	33,201.				0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD BOC		OK VALUE	FAIR MARKET VALUE	
PUBLICLY TRADED SECURITIES	COST		3,654,033.		3,607,012.	
TOTAL TO FORM 990-PF, PART I			3,654,033.	3,607,01	2.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS		
BIO X CELL, INC.	C/O 10 TECHNOLOGY DRIVE WEST LEBANON, NH 03784		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	9

NAME OF MANAGER

KLAUS LUBBE PATRICIA LUBBE