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

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Ford	calendar year 2011 or tax year beginning		, and ending		'
Nan	ne of foundation			A Employer identification	number
_	USAN GREENSPUN FINE FAMILY	Room/suite	26-2869122	<u> </u>	
_	nber and street (or PO box number if mail is not delivered to street a 01 N. GREEN VALLEY PARKWAY	B Telephone number 702-259-40	123		
	or town, state, and ZIP code		210	C if exemption application is p	
_H	ENDERSON, NV 89074				
G C	heck all that apply: Initial return		rmer public charity	D 1. Foreign organization:	s, check here
	Final return	Amended return		Foreign organizations me 2. check here and attach co	eting the 85% test,
	Address change Theck type of organization: X Section 501(c)(3) exe	Name change			, , , , , , , , , , , , , , , , , , , ,
, C	_	Other taxable private founda	ition	E If private foundation sta under section 507(b)(1)	
I Fa	air market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
	· I	ner (specify)		under section 507(b)(1	
	\$ 20,085. (Part I, colum	nn (d) must be on cash L	basis)		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	30,000.		N/A	
;	2 Check Interest on savings and temporary		F.B.		
	3 cash investments	57.	57.		STATEMENT 1
	4 Dividends and interest from securities				1
	5a Gross rents b Net rental income or (loss)				<u> </u>
	6a Net gain or (loss) from sale of assets not on line 10				
Revenue	Gross sales price for all b assets on line 6a				
9.0	7 Capital gain net income (from Part IV, line 2)		0.		
~	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances				
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income				-
	12 Total. Add lines 1 through 11	30,057.	57.		
_	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
2012	14 Other employee salaries and wages				
(A)	15 Pension plans, employee benefits	4 002	0		4 000
€\g	16a Legal fees STMT 2	4,093.	0.		4,093.
, The	b Accounting fees c Other professional fees				
) APP 1 rative Expens	17 Interest				
rati_	18 Taxes STMT 3	1.	0.		1.
五字子 Administr	19 Depreciation and depletion		- 1,52		
Z E	20 Occupancy				
のころろろい ng and Administr	21 Travel, conferences, and meeturins 22 Printing and publications				
	22 Printing and publications 23 Other expenses	160.	100.		60.
D E	24 Total operating and administrative	100.	100.		00.
のperating and	expenses Add lines 13 through 23	4,254.	100.		4,154.
ō	25 Contributions, gifts, grants paid	31,850.			4,154. 31,850.
	26 Total expenses and disbursements.		_		
_	Add lines 24 and 25	36,104.	100.		36,004.
	27 Subtract line 26 from line 12:	<6,047.			
	a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	<0,04/.	0.		
	C Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	
1235 12-0	2-11 LHA For Paperwork Reduction Act Notice, see i	nstructions.	·	<u></u>	Form 990-PF (2011)

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)	11	26,106.
2 Enter amount from Part I, line 27a	2	
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	20,059.
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	20,059.
		Form 990-PF (2011)

123511 12-02-11

(a) List and des	cribe the k	osses for Tax on In ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	income	1 P	low acquired - Purchase - Donation	(c) Date acc (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
1a		<u> </u>							
b NO	ONE								
<u>C</u>					4				
d					1				
<u>e</u>	1 45		4.10		<u> </u>		41.0		
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(n) Gain (e) plus (f	or (loss)) minus (
8	ļ								
<u>b</u>	 								
<u>c</u>	1								
<u>d</u>	 			<u></u>					
e Complete only for assets show	luu usin in	column (h) and owned by t	he foundation	on 12/31/69	-		(I) Counc (Col	/h) gain	minus
(i) F.M.V. as of 12/31/69	 	(i) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any	-	CC	(I) Gains (Col. I. (k), but not Losses (fr	less than	1 -0-) or
	 			(),, a	\dashv				<u></u>
b	1								
C	+					····			
d									
e					\neg				
2 Capital gain net income or (net o	anıtal loss	If gain, also enter If (loss), enter -0-			}	2		-	
3 Net short-term capital gain or (le	oss) as def	ined in sections 1222(5) an		,					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	3	•				3			
Part V Qualification	Jnder S	Section 4940(e) for	Reduced	Tax on Net	t Inv	estment in	come		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu 1 Enter the appropriate amount in	ction 4942 alify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.					Yes X No
(a) Base period years Calendar year (or tax year begini	ning in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) onchar	rtable-use asset	. (00	Distrib ol. (b) divi	(d) ution ratio ided by col. (c))
2010		3	9,580.	•		19,43	3.		2.036742
2009		8	4,960.			89,03	9.		.954189
2008			12.			18,46	7.		.000650
2007									···
2006									
2 Total of line 1, column (d)							2		2.991581
3 Average distribution ratio for the the foundation has been in exist			on line 2 by 5,	or by the number	r of ye	ars	3		.997194
4 Enter the net value of noncharita	able-use as	ssets for 2011 from Part X, I	line 5				4		23,417.
5 Multiply line 4 by line 3							5		23,351.
	ma /40/ -	FDort Line 97h							
6 Enter 1% of net investment inco	iiile (1% 0	i rait i, iiiie 270)					. 6		0.
7 Add lines 5 and 6		•	-	-			7		23,351.
8 Enter qualifying distributions from			1b, and comp	lete that part usir	ng a 19	% tax rate.	8		36,004.
See the Part VI instructions.						_		Fo	orm 990-PF (2011)

Form	n 990-PF (2011) SUSAN GREENSPUN FINE FAMILY FOUNDATION			2869:			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e), or 4	948 -	· see ir	ıstrı	ıctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	J					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ns)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	}	1				0.
	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). 丿					
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				0.
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				0.
6	Credits/Payments:						
а	a 2011 estimated tax payments and 2010 overpayment credited to 2011 . 6a 6a						
b	b Exempt foreign organizations - tax withheld at source 6b 6b		i I				
C	c Tax paid with application for extension of time to file (Form 8868)		li				
d	d Backup withholding erroneously withheld . 6d 6		<u> </u>				
7	Total credits and payments. Add lines 6a through 6d		7				0.
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				0.
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 2012 estimated tax	Refunded ►	11				
	art VII-A Statements Regarding Activities						
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participa	ate or intervene	ın	l		Yes	No
	any political campaign?				1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions fo	or definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mat	enals publishe	ed or				
	distributed by the foundation in connection with the activities.			ŀ		~	<u> </u>
C	c Did the foundation file Form 1120-POL for this year?			l	1c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Ì			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.		l			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation		1			ŀ
	managers. ▶ \$ 0 •			1			<u> </u>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			1	2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	incorporation, o	r	1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-		į	3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u> </u>			4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A [4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			- 1	5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or			ĺ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confli	ct with the state	law	J		<u>.</u> .	
	remain in the governing instrument?				6	_X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			į	7	X	
	If "Yes," complete Part II, col (c), and Part XV.			1			'
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NV						
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de-	signate)		-			l _
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	42(j)(5) for cale	ndar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			[9		X
10		addresses S	TMT		10	X	
				Form	990	-PF	(2011)

Form 990-PF (2011)

Form 990-PF (2011) SUSAN GREENSPUN FINE FAM			20-28691	. 2 2	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	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		•	es 🗶 No		1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?		• ==	es X No	- 1	1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗓 No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				- }
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No		1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		Y	es X No	ŀ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described	in Regulations	1_		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b] -
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No	- 1	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es X No	- [
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	ŀ	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Information About Officers Directors Trust		nagers, Highl			 _
Part VIII Paid Employees, and Contractors	•	, ,	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	accou	mit, other wances
	•	, , , , , , , , , , , , , , , , , , ,	-		
SEE STATEMENT 7		0.	0.		0.
				ŀ	
]			
				<u> </u>	
			ľ	ł	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u>. </u>	
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	nt, other wances
NONE			compensacion		
		ļ			
		1	 		
		1			
		 			
T-A-L number of other amployace paid over \$50,000	L	_	l	Щ.—	
Total number of other employees paid over \$50,000			Ear	990 PI	F (2011)
			roim:	ココリーア!	- (ZUII)

Form 990-PF (2011) SUSAN GREENSPUN FINE FAM	ILY FOUNDATION 2	6-2869122 Page 7
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors (continued)	ees, Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services		
(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. Inclumber of organizations and other beneficiaries served, conferences convened, res	ide relevant statistical information such as the earch papers produced, etc.	Expenses
1 NONE		
		0.
2		_
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2.	Amount
1 NONE		
2		0.
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 1b b Average of monthly cash balances c Fair market value of all other assets 1c 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 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.) 1.171.Minimum investment return from Part X, line 6 2a Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 ĥ Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 36,004. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 36,004. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 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 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form **990-PF** (2011)

Page 9

Part XIII Undistributed Income (see instructions) (d) (c) (b) Years prior to 2010 2010 2011 Corpus 1 Distributable amount for 2011 from Part XI, 1,171. line 7 2 Undistributed income, if any, as of the end of 2011 0. a Enter amount for 2010 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2011: a From 2006 **b** From 2007 c From 2008 79,968. dFrom 2009 38,610 eFrom 2010 118,578 f Total of lines 3a through e 4 Qualifying distributions for 2011 from 36,004. Part XII, line 4: ►\$ Ō. a Applied to 2010, but not more than line 2a **b** Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 1,171. d Applied to 2011 distributable amount 34,833. e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2011 (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: 153,411 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0. section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 0. not applied on line 5 or line 7 Excess distributions carryover to 2012. 153,411 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 79,968. c Excess from 2009 38,610. dExcess from 2010 34,833 e Excess from 2011

123581 12-02-11

		NE FAMILY I		20-28t	SYIZZ Page I
Part VIV Private Operating Fo			i-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	·	-		4040(3)(2)	10(3)(5)
b Check box to indicate whether the found		ig loundation described	Prior 3 years	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(4) 2011	(0)2010	(0)2000	(4)2000	
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		 		 	
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					
` `				1	
(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)		ļ			
(3) Largest amount of support from					
an exempt organization			1		
(4) Gross investment income Part XV Supplementary Information	motion (Comple	to this part only	if the foundation	had \$5 000 ar ma	ro in cocata
<u>ाद्रवाप्रभूष्य</u> Supplementary info			ii the foundation	i nau \$5,000 or mo	re in assets
					· _
1 Information Regarding Foundation a List any managers of the foundation who	•	than 2% of the total con	tributions received by the	foundation before the close	of any tay
year (but only if they have contributed m			a ibations received by the	Touridation before the close	or any tax
SUSAN GREENSPUN FINE			· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	on of the ownership of a par	tnership or
NONE					
2 Information Regarding Contributi			-		
				not accept unsolicited reque	
the foundation makes gifts, grants, etc. (a The name, address, and telephone numb				omplete items 2a, b, c, and c	3.
	,				
SEE STATEMENT 8 b The form in which applications should b	o submitted and informa	tion and materials they s	hould include:		
u The form in which applications should be		tion and materials they s	nobia include.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, or e	other factors:	

3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	_	
a Paid during the year				
ASSISTANCE LEAGUE OF LAS VEGAS		501(C)(3)	DONATIONS	
5446 WEST CHARLESTON BLVD		NONPROFIT ORG.		
LAS VEGAS, NV 89146				30
CLODAL DOUBL CAMPROME		501(C)(3)	DOMARTONS	
GLOBAL DOWN SYNDROME 3300 E. FIRST AVENUE, SUITE 390		NONPROFIT ORG.	DONATIONS	
DENVER, CO 80206		NONFROFII ORG.		1,500
				<u> </u>
KNPR NEVADA PUBLIC RADIO		501(C)(3)	DONATIONS	
1289 S. TORREY PINES DRIVE		NONPROFIT ORG.		1 000
LAS VEGAS, NV 89146				1,000
OPPORTUNITY VILLAGE		501(C)(3)	DONATIONS	
6300 W. OAKEY BLVD		NONPROFIT ORG.		
LAS VEGAS, NV 89146				10,000
THE JEWISH FEDERATION OF LAS VEGAS		501(C)(3)	DONATIONS	
2317 RENAISSANCE DRIVE		501(C)(3) NONPROFIT ORG.	DONATIONS	
LAS VEGAS, NV 89119				10,000
Total SEE CO	NTINUATION SHE	ET(S)	▶ 3a	31,850
b Approved for future payment				
NONE				
NONE				
Total			▶ 3b	0
				m 990-PF (2011

Part XVI-A	Analysis of Income-Producing A	ctivities

I Program service revenue: a	nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
Program service revenue: code Amount code Cod	•	(a)	(b)	(C)		Related or exempt
c d d d d d d d d d d d d d d d d d d d	Program service revenue:		Amount		Amount	function income
c d d e d d d d d d d d d d d d d d d d	a		•			
d e	b					
te						
f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property b Not rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	d					
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a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) 13	Dividends and interest from securities		_			
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Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	a Debt-financed property					
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Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	property					
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Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	Gain or (loss) from sales of assets other					
Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	than inventory					
Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) 13	Net income or (loss) from special events					
a	Gross profit or (loss) from sales of inventory					
b	Other revenue:					
c	a	_				
d e Subtotal. Add columns (b), (d), and (e) O · 57 · Total. Add line 12, columns (b), (d), and (e)	b					
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) 13	c					_
Total. Add line 12, columns (b), (d), and (e)	d					
Total. Add line 12, columns (b), (d), and (e)	e					
	Subtotal. Add columns (b), (d), and (e)		().	57.	
	Total. Add line 12, columns (b), (d), and (e)	•			13	5
ee worksheet in line 13 instructions to verify calculations.)	ee worksheet in line 13 instructions to verify calculations.)				

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 1	ua tne	organization directly or indir	rectly engage in any o	ot the followin	g with any other organization	on aescribea in s	section 501(c) of		res	NO
1	the Cod	e (other than section 501(c))(3) organizations) or	ın section 52	7, relating to political organ	nizations?				
a ·	Transfe	rs from the reporting founda	ation to a noncharitab	le exempt org	ganization of:					
	(1) Cas	•		, ,	•			1a(1)		X
	٠,	ner assets			•		•	1a(2)		X
		ansactions:				•		14(2)		
		-	ble everet ergenizet:	10.0				45/4)		X
	• •	es of assets to a noncharital	· -					1b(1)		
	• •	rchases of assets from a nor	•	rganization			•	1b(2)		X
	• •	ntal of facilities, equipment,		•		•		1b(3)		Х
	(4) Rei	mbursement arrangements			•			1b(4)		X
1	(5) Loa	ans or loan guarantees						1b(5)		X
	(6) Pei	rformance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		X
c :	Sharıng	of facilities, equipment, ma	aling lists, other asset	ts, or paid em	ployees			1c		X
d I	If the ar	nswer to any of the above is	"Yes," complete the fo	ollowing sche	dule. Column (b) should alv	ways show the fa	air market value of the goods, o	ther ass	ets,	
	or servi	ces given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu	ie in any transac	tion or sharing arrangement, st	now in		
	column	(d) the value of the goods,	other assets, or servi	ces received.						
(a)Lin	e no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descrip	otion of transfers, transactions, and s	haring ari	angeme	nts
				N/A						
	 -									
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			<u> </u>		······································					
2a	Is the fo	oundation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt organi	zations describe	d			
	ın secti	on 501(c) of the Code (other	r than section 501(c)((3)) or in sect	ion 527 ?			Yes	X] No
b	lf "Yes,'	complete the following sch	edule.		_					
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	ıp		
		N/A								
							· · · · · · · · · · · · · · · · · · ·			
						1	······································		_	
										
		der penalties of perjury, I declare						the IRS d	iporto = "	nie -
Sig	n and	belief, it is true, correct, and con	mplete Declaration of pre	parer (other than	n taxpayer) is based on all inform	nation of which prep	retur	n with the	prepare	er .
Hei	re	Strand			1 4/2/12	Pres	ident snow	Yes	(see inst	7
	S	ignature of officer or trustee		-	Date	Title	<u> </u>	-1 162		J No
		Print/Type preparer's na		Preparer's si		Date	Check If PTIN			
		, , , , , , , , , , , , , , , , , , ,			₽ : ***		self- employed			
Pai	id					l				
_	pare	Firm's name				<u>. </u>	Firm's CIN			
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J31	J - 111	Firm's address >			·					
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		<u>.</u>				·····	Phone no.	000	DE	
							For	ո 990 ։	-PF (2	(1102)

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.

OMB No. 1545-0047

Employer identification number

Name of the organization SUSAN GREENSPUN FINE FAMILY FOUNDATION 26-2869122 Organization type (check one): Section: Filers of: ☐ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.

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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

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

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) (2011)

Name of organization

Employer identification number

SUSAN GREENSPUN FINE FAMILY FOUNDATION

26-2869122

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			
1	SUSAN GREENSPUN FINE 901 N. GREEN VALLEY PARKWAY, STE 210 HENDERSON, NV 89074	\$30,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
123452 01-2	3-12	Schedule B (Form 9	190, 990-EZ, or 990-PF\ (2011)			

Employer identification number

SUSAN GREENSPUN FINE FAMILY FOUNDATION

26-2869122

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of or	ganization			Employer identification number		
SUSAN	GREENSPUN FINE FAMILY	FOUNDATION		26-2869122		
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 50 the following line entry. For organize, contributions of \$1,000 or less also pace is needed.	1(c)(7), (8), or (10) or ations completing Part for the year. (Enter this info	ganizations that total more than \$1,000 for the III, enter		
(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			ip 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, a	nd ZIP + 4	Relationsh	ip 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		Relationsh	ip 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, a	nd ZIP + 4	Relationsh	ip of transferor to transferee		
			-			
	<u> </u>					

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME			_	57.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=	57.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
LEGAL FEES	4,093.	0.		4,093.
TO FM 990-PF, PG 1, LN 16A	4,093.	0.		4,093.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOM	
TAXES	1.	0.		1.
TO FORM 990-PF, PG 1, LN 18	1.	0.		1.
FORM 990-PF	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FILING FEES BANK FEES	60. 100.			60.
TO FORM 990-PF, PG 1, LN 23	160.	100.		60.
			=====	

FORM 990-PF	OTH	ER LIABILITIES		STAT	EMENT !
DESCRIPTION			BOY AMOUN	T EOY	AMOUNT
DUE TO RELATED PARTY		•	·	25.	26
TOTAL TO FORM 990-PF,	PART II, LIN	IE 22		25.	26
FORM 990-PF		TANTIAL CONTRIB	UTORS	STAT	EMENT 6
NAME OF CONTRIBUTOR		ADDRESS		.,,	
SUSAN GREENSPUN FINE		901 N. GREEN HENDERSON, NV		WAY, #210	
		OF OFFICERS, D FOUNDATION MANA TITLE AND AVRG HRS/WK	GERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
•	TRUSTEES AND	TITLE AND AVRG HRS/WK PRESIDENT	GERS COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS SUSAN GREENSPUN FINE 901 N. GREEN VALLEY P.	TRUSTEES AND	TITLE AND AVRG HRS/WK PRESIDENT 0.50 SECRETARY	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS SUSAN GREENSPUN FINE 901 N. GREEN VALLEY PHENDERSON, NV 89074 KATHRYN A. FINE 901 N. GREEN VALLEY PHENDERSON	TRUSTEES AND ARKWAY, #210	TITLE AND AVRG HRS/WK PRESIDENT 0.50 SECRETARY 0.50 TREASURER	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT 0.

DIRECTOR

0. 0. 0.

SUSAN GREENSPUN FINE

HENDERSON, NV 89074

901 N. GREEN VALLEY PARKWAY, #210 0.50

SUSAN GREENSPUN FINE FAMILY FOUNDATION			26-2869122	
JONATHAN M FINE 901 N. GREEN VALLEY PARKWAY, #210 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
ALYSON FINE-MARMUR 901 N. GREEN VALLEY PARKWAY, #210 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
KATHRYN A. FINE 901 N. GREEN VALLEY PARKWAY, #210 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SCREENING COMMITTEE, SUSAN GREENSPUN FINE FAMILY FOUNDATION SAME AS ON PAGE 1

TELEPHONE NUMBER

702-259-4023

FORM AND CONTENT OF APPLICATIONS

NO PRESCRIBED FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE NONPROFIT CORPORATION WAS ORGANIZED FOR THE PUBLIC BENEFIT SOLEY FOR GENERAL ELEEMOSYNARY PURPOSES, MORE SPECIFICALLY FOR THE PURPOSE OF DONATING FUNDS PRIMARILY TO OTHER ESTABLISHED 501(C)(3) ORGANIZATIONS WHICH BENEFIT EDUCATIONAL AND CHARTIBLE OPPORTUNITIES FOR THE ADVANCEMENT OF RELIGION, SCIENCE, AND THE ARTS.

Rart XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor UNLV FOUNDATION 501(C)(3) DONATIONS NONPROFIT 4505 S. MARYLAND PARKWAY, BOX 451006 LAS VEGAS, NV 89154 6,250. BEST BUDDIES NEVADA 501(C)(3) DONATIONS NONPROFIT 500 N. RAINBOW BLVD, STE 314 LAS VEGAS, NV 89107 1,000. FRIENDS OF THE ISRAEL DEFENSE FORCES 501(C)(3) DONATIONS 6505 WISHIRE BLVD, SUITE 625 NONPROFIT LOS ANGELES, CA 90048 1,800. 9,050.

Total from continuation sheets