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# Form 990-PF 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
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning . and ending A Employer identification number Name of foundation SUSAN GREENSPUN FINE FAMILY FOUNDATION 26-2869122 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 330 702-259-4023 2360 CORPORATE CIRCLE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 89074 HENDERSON, NV Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization; E 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 I Fair market value of all assets at end of year | J | Accounting method: X Cash F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 40,460. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a)) expenses per books ипсоте income 67,000. 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 10. STATEMENT 10. Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 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) 11 Other income 67,010 <u> 10 .</u> 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest · · STMT 2 25. 25. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 25. 0. expenses. Add lines 13 through 23 44,150. 44,150. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 44,150. 44,175 25 Add lines 24 and 25 Subtract line 26 from line 12: 22,835 8 Excess of revenue over expenses and disbursements o. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Form 990-PF (2015)

LHA For Paperwork Reduction Act Notice, see instructions.

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40,460.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	2012	47,272.	17,140.		2.757993
	2011	36,004.	23,417.		1.537515
	2010	39,580.	19,433.		2.036742
	Total of line 1, column (d)			2	9.358890
3	Average distribution ratio for the 5-year bas the foundation has been in existence if less		or by the number of years	3	1.871778
4	Enter the net value of noncharitable-use as:	sets for 2015 from Part X, line 5		4	24,202.
5	Multiply line 4 by line 3			5	45,301.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	0.
7	Add lines 5 and 6			7	45,301.
8	Enter qualifying distributions from Part XII,	line 4		8	44,150.
	If line 8 is equal to or greater than line 7, ch See the Part VI instructions.	eck the box in Part VI, line 1b, and compl	lete that part using a 1% tax rate.		

_	n 990-PF (2015) SUSAN GREENSPUN FINE FAMILY FOUNDATION 26-286			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	<u> instru</u>	ıctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%			0.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			^
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
	Credits/Payments:			
	1 2015 estimated tax payments and 2014 overpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source 6b			
	: Tax paid with application for extension of time to file (Form 8868)  6 Backup withholding erroneously withheld  6 Bd			
				0.
	Total credits and payments. Add lines 6a through 6d  7  Stars only people for undergournest of extracted by Cheek boxs    6			<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<del></del>
10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► 11    Int VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	$\neg$	Yes	No
14	any political campaign?	1a	103	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities			
r	Did the foundation file Form 1120-POL for this year?	10		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	- 10		<del>                                     </del>
ŭ	(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			
Ī	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities	<del></del>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	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:			i
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
	NV	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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			l <u>.</u> .
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 4	10	Х	L
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orm 990-PF (2015) SUSAN GREENSPUN FINE FAM	ILY FOUNDATION		<u> 26-28691</u>	22	Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es X No		•	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,	l			
any voter registration drive?		Ye	es X No	l		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<b>)</b>	Ye	es X No		1	
(4) Provide a grant to an organization other than a charitable, etc., organization			1			
4945(d)(4)(A)? (see instructions)						
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for						
the prevention of cruelty to children or animals?	, ·		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the excentions described i			- 1		
section 53.4945 or in a current notice regarding disaster assistance (see instrui			N/A	5b	ľ	
Organizations relying on a current notice regarding disaster assistance check hi				T T		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined	[			
expenditure responsibility for the grant?			es 🗀 No			
		./22				
If "Yes," attach the statement required by Regulations section 53 4945				į		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		es X No			
a personal benefit contract?		11	ا ۱۹۵ لیمی ۵۶	6b	x	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a program of the program of t	ersonal benefit contract?			עס	<del> ^</del>	
If "Yes" to 6b, file Form 8870		v	es X No			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		71		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	inagers, Highly	y			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnence	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other	
(0)	to position	enter -0-)	compensation	allo	wances	
					0	
SEE STATEMENT 5		0.	0.		0.	
				ļ		
		<u></u>		ļ		
			<u> </u>	<u></u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	173			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other	
(a) Name and address of each employee paid more than \$60,000	devoted to position	(C) Compensation	and deferred compensation		wances	
NONE				1		
				1		
	<del> </del>					
		<u> </u>				
				L		
· · · · · · · · · · · · · · · · · · ·						
<u> </u>		1	1	1		
The state of the s						
Total number of other employees paid over \$50,000			. ▶	•	0	
			Form	990-F	<b>PF</b> (2015)	

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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		
	l	
	Į.	
		I
Total number of others receiving over \$50,000 for professional services	▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 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 the tax year on lines 1 and 2.		Amount
1 NONE	<del></del>	7 tillount
		0.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Forn	m <b>990-PF</b> (2015)

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign to	oundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	24,571.
c Fair market value of all other assets	1c	<del></del>
d Total (add lines 1a, b, and c)	1d	24,571.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	).	
2 Acquisition indebtedness applicable to line 1 assets		0.
3 Subtract line 2 from line 1d	3	24,571.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	369.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,202.
6 Minimum investment return. Enter 5% of line 5	6	1,210.
Part XI   Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	s and certain	
foreign organizations check here   and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1 1	1,210.
2a Tax on investment income for 2015 from Part VI, line 5		
b Income tax for 2015. (This does not include the tax from Part VI.)	7	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	1,210.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,210.
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	1,210.
Part XII Qualifying Distributions (see instructions)		
Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,150.
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	44,150.
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	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,150.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	on qualifies for the	section
4940(e) reduction of tax in those years.		

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SUSAN GREENSPUN FINE FAMILY FOUNDATION

Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
1 Distributable amount for 2015 from Part XI,	<u> </u>			
line 7				1,210.
2 Undistributed income, if any, as of the end of 2015	_			
a Enter amount for 2014 only	}		0.	
<b>b</b> Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2015.				
a From 2010 38,610.				
bFrom 2011 34,833.				
c From 2012 46,415.				
dFrom 2013 6,560.			İ	
eFrom 2014 26,661.				
f Total of lines 3a through e	153,079.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ▶\$ 44,150.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				1,210.
e Remaining amount distributed out of corpus	42,940.			
5 Excess distributions carryover applied to 2015	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;				
	196,019.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	150,015.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		<del></del>		• • • • • • • • • • • • • • • • • • • •
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.		<u> </u>
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_	ļ		
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	20 610			
not applied on line 5 or line 7	38,610.			
9 Excess distributions carryover to 2016	157 400			
Subtract lines 7 and 8 from line 6a	157,409.			
10 Analysis of line 9:				
a Excess from 2011 34,833.		į		
b Excess from 2012 46,415.				
c Excess from 2013 6,560.				
dExcess from 2014 26,661.				
e Excess from 2015 42,940.				Form 990-PE (2015)

	REENSPUN FI				2869122 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of t	the ruling	▶	<u> </u>	
b Check box to indicate whether the found	lation is a private operatir	ng foundation described		4942(j)(3) or	4942())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</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					<del></del>
alternative test relied upon:	ļ				
a "Assets" alternative test - enter: (1) Value of all assets					
, ,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed			-	<del> </del>	<del></del>
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)				<del> </del>	<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		-		<del></del>	<del></del>
(4) Gross investment income  Part XV   Supplementary Info		te this new early	if the foundation	n had \$5 000 ar	more in coaste
Part XV Supplementary Info			ii the foundation	n nau \$5,000 or	more in assets
1 Information Regarding Foundation	•	than 00/ of the total cont	whitena recovered by th	a faundation hafara tha	alogo of any tay
a List any managers of the foundation wh year (but only if they have contributed n			ribulions received by th	e ioungation before the	close of any tax
	, -				
SUSAN GREENSPUN FINE		a start of a corporation	/ar an agually large part	an of the ownership of	a partnership or
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of th s a 10% or greater intere	ie stock of a corporation st	(or an equany large port	ion of the ownership of	a partifership of
NONE	o a 1070 or ground intoro	<b></b>			
<del></del>		0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
2 Information Regarding Contribut				not accept upoplicated	requests for funds. If
Check here \( \bigcup \leftarrow	only makes contributions				
	<u>`</u>				
a The name, address, and telephone num	Der or e-mail address of t	ine person to wnom appi	ications should be addre	:>>tu.	
SEE STATEMENT 6					
b The form in which applications should b	a submitted and informa	tion and materials they s	hould include:		
the form in which applications should t	Je Submitted and informa		noute include.		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors:	
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Total

**▶** 3b Form 990-PF (2015)

0.

Part XVI-A Analysis of Income-Proc	ducing Activi	ties		_	
nter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclud	ed by section 512, 513, or 514	(e)
into gross amounts amous otherwise maleutes.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business	Amount	sion code	Amount	function income
a			1 1		
b					
C					
d					
е			1 1		
1					
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments			1 1		
Interest on savings and temporary cash			1 1		
investments			14	10.	
4 Dividends and interest from securities		-			·
5 Net rental income or (loss) from real estate:		•			
a Debt-financed property					
b Not debt-financed property			1 1	·	
3 Net rental income or (loss) from personal					
property			1 1		
7 Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory				·	
1 Other revenue:					
a					
b	_			•	
С					
d					
е					
2 Subtotal. Add columns (b), (d), and (e)	_	0		10.	
3 Total. Add line 12, columns (b), (d), and (e)				13	10
See worksheet in line 13 instructions to verify calculations	.)			_	
Part XVI-B Relationship of Activities	s to the Acc	omplishment of I	Exempt	Purposes	
					calchment of
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			I-A COITHIN	neu importantiy to the accom	ilplistiffett of
				· · · · · · · · · · · · · · · · · · ·	
I	<u>-</u>		-		
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				···	-

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				FAMILY FO					ige <b>13</b>
Part 2	XVII   Information R Exempt Organ		ansfers To	and Transaction	s and Rela	ationships With Nonch	aritable	е	
1 Did	the organization directly or ind		ny of the follows	no with any other organiz	ation describe	d in section 501(c) of	$\overline{}$	Yes	Nο
	Code (other than section 501(					a in 300001 00 1(0) 01			110
	nsfers from the reporting found		•		<b>3</b>				
(1)	Cash						1a(1)		Х
(2)	Other assets						1a(2)		Х
<b>b</b> Oth	er transactions,								
(1)	Sales of assets to a noncharit	able exempt organı	zation				1b(1)		X
٠,	Purchases of assets from a no		ot organization				1b(2)		X
	Rental of facilities, equipment						1b(3)		Х
	Reimbursement arrangements	8					1b(4)	<u> </u>	X
	Loans or loan guarantees	ambarahin ay filindi					1b(5)	<u> </u>	X
	Performance of services or m aring of facilities, equipment, ma	•	-				1b(6)		X
		- ·			f always show	the fair market value of the goods		L	
						insaction or sharing arrangement,		,010,	
	ımn (d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) c	Description of transfers, transactions, an	d sharing ar	rangeme	nts
			N/A						
	<u> </u>	ļ							
		<del> </del>							
		-						-	
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	<u> </u>			<del> </del>					-
2a  s t	l l l l l l l l l l l l l l l l l l l	the affiliated with in	or related to one	or more tay-evennt ore	anizatione dec	crihad			
	ection 501(c) of the Code (othe				amzauona uca		Yes	X	No
	'es," complete the following sch		<b>(-/(-//</b>			·			
	(a) Name of or	ganization		(b) Type of organization	n	(c) Description of relation	ship		
	N/A								
-						,			
	Under penaltres of perjury, I declare	that I have examined	this return, includir	g accompanying schedules	and statements, a	and to the best of my knowledge			
Sign	and belief, it is due, correct, and compare Declaration of prepare totals darpayer is based on an information of which prepare has any knowledge						lay the IRS of	e prepar	er
Here	) Sufue	Une	<b>ノ</b>	3/20/10		5	rown below Yes		] No
	Signature of officer or truster	9		Date	Title				
	Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check if PTIN			
ne:J						self- employed			
Paid Prepa	ror c								
Light	arer Firm's name ▶					Firm's EIN ▶			

Use Only

Firm's address 🕨

Phone no.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
BOYS TOWN OF NEVADA		501(C)(3)	DONATIONS	
821 NORTH MOJABE ROAD		NONPROFIT ORG.		
LAS VEGAS, NV 89101				6,500.
CONGREGATION NER TAMID		501(C)(3)	DONATIONS	
55 N. VALLE VERDE DR		NONPROFIT ORG.		
HENDERSON , NV 89074				3,500.
BDIENDO OR MUE ICDARI DERENCE BODGEO		501(C)(3)	DONATIONS	
FRIENDS OF THE ISRAEL DEFENSE FORCES	!	NONPROFIT ORG.	DONATIONS	
NEW YORK, NY 10018		ionimoral one.		12,000.
		501/61/21	DOWN THE OWN	
GIRL SCOUTS OF SOUTHERN NEVADA 2941 HARRIS AVENUE		501(C)(3) NONPROFIT ORG.	DONATIONS	
LAS VEGAS, NV 89101		HOMPROFIT ORG.		875.
				<u> </u>
GLOBAL DOWN SYNDROME		501(C)(3)	DONATIONS	
3300 E. FIRST AVE, SUITE 390 DENVER, CO 80206		NONPROFIT ORG.		1,000.
DENVER, CO 00200				1,000.
KNPR		501(C)(3)	DONATIONS	
1289 S. TORREY PINES DR		NONPROFIT ORG.		1,000.
LAS VEGAS, NV 89146				1,000.
MAKE A WISH SOUTHERN NEVADA		501(C)(3)	DONATIONS	
5105 SOUTH DURANGO DRI, SUITE 100 LAS VEGAS, NV 89113		NONPROFIT ORG.		441
LAS VEGAS, NV 69113	-			441.
NATHAN ADELSON HOSPICE		501(C)(3)	DONATIONS	
413 SWENSON ST		NONPROFIT ORG.		
LAS VEGAS, NV 89119				2,722.
PHASE ONE CANCER RESEARCH CURE		501(C)(3)	DONATIONS	
256 26TH ST SUITE 201		NONPROPIT ORG.		
SANTA MONICA , CA 90402	<del></del>			1,000.
SPECIAL OLYMPICS		501(C)(3)	DONATIONS	
3480 BUSKIRK AVE SUITE 340		NONPROFIT ORG.	1	
PLEASANT HILL, CA 94523	<u> </u>		L	500.
Total from continuation sheets	· · · · · · · · · · · · · · · · · · ·	••	· · ·	37,900.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.	F		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	- Isospieni		
				,
THE JEWISH FEDERATION 2317 RENAISSANCE DR		501(C)(3) NONPROFIT ORG.	DONATIONS	
LAS VEGAS, NV 89119		NONFROFIT ORG.		5,00
			-	<del>                                     </del>
THE JEWISH MUSEUM		501(C)(3)	DONATIONS	
1109 FIFTH AVE		NONPROFIT ORG.		
NEW YORK, NY 10128				16
JNLV FOUNDATION		501(C)(3)	DONATIONS	
4505 S. MARYLAND PKWY		NONPROFIT ORG.		
LAS VEGAS, NV 89154				3,00
uso		501(C)(3)	DONATIONS	
P.O. BOX 96860		NONPROFIT ORG.		
WASHINGTON, DC 20077				20
Total from continuation sheets	<u> </u>	L		

# 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

2015

Name of the organization Employer identification number SUSAN GREENSPUN FINE FAMILY FOUNDATION 26-2869122 Organization type (check one) Filers of: Section: ] 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 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) (2015)

Employer identification number

<u>SUSAN</u>	GREENSPUN FINE FAMILY FOUNDATION		6-2869122
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	SUSAN GREENSPUN FINE  2360 CORPORATE CIRCLE, SUITE 330  HENDERSON, NV 89074	\$67,000.	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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
500450 40.6		\$Schodulo B (For	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## SUSAN GREENSPUN FINE FAMILY FOUNDATION

26-2869122

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		_				
		\ \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		_				
		_   \$	<del></del>			
(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			
		_				
		\$				
523453 10-26	3-15	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2015)			

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOKS  10.		(B) NET INVESTMENT INCOME  10.		(C) ADJUSTED NET INCOME	
INTEREST INCOME							
TOTAL TO PART I, LINE 3							
FORM 990-PF		TAX	ES			STATEMENT	2
DESCRIPTION	EXPE	PENSES NET I		3) (C) NVEST- ADJUSTE INCOME NET INCO			
OTHER TAXES		25.	25.		5.		0.
TO FORM 990-PF, PG 1, LN 18		25. 25.		5.	0.		
FORM 990-PF		OTHER	ASSETS			STATEMENT	3
DESCRIPTION	•		NING O		ND OF YEAR BOOK VALUE	FAIR MARKE VALUE	т
DUE FROM RELATED PARTY		<del> </del>		0.	4,884.	4,884.	
TO FORM 990-PF, PART II, LINE 1				0.	4,884.	4,884.	

LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT FORM 990-PF PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS 2360 CORPORATE CIRCLE SUITE 330 SUSAN GREENSPUN FINE HENDERSON, NV 89074

FORM 990-PF PART VIII - LIST TRUSTEES AND	STATEMENT 5			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SUSAN GREENSPUN FINE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	PRESIDENT 0.50	0.	0.	0.
KATHRYN A. FINE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	SECRETARY 0.50	0.	0.	0.
ALYSON FINE-MARMUR 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	TREASURER 1.00	0.	0.	0.
JEFFREY ARON FINE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
SUSAN GREENSPUN FINE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
JONATHAN M FINE 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
ALYSON FINE-MARMUR 2360 CORPORATE CIRCLE SUITE 330 HENDERSON, NV 89074	DIRECTOR 0.50	0.	0.	0.
KATHRYN A. FINE 2360 CORPORATE CIRCLE SUITE 330 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

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.