Return of Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

	C 20, 2017	, and ending	DEC 31, 2017	Open to Public Inspection
Name of foundation	201 2017	, and ending	A Employer identification	
FINE FAMILY FOUNDATION			82-3531219	· · · · · · · · · · · · · · · · · · ·
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
6 IBIS STREET			504-282-43	79
City or town, state or province, country, and ZIP or foreign NEW ORLEANS, LA 70124	postal code		C If exemption application is p	ending, check here
G Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
Final return	Amended return			
Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, emputation
·	exempt private foundation		E If private foundation sta	itus was terminated
	Other taxable private foundate		under section 507(b)(1)(A), check here 🕨 🔲
Fair market value of all assets at end of year J Accour	=	Accrual	F If the foundation is in a	
	Other (specify) umn (d) must be on cash basis	.,	under section 507(b)(1)(B), check here $ ightharpoonup$
	7		() () ()	(d) Disbursements
Part 1 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	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	300,000.			
2 Check if the foundation is not required to attach Sch B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents			<u> </u>	
b Net rental income or (loss)			 	
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			 -	
D assets on line 6a		0.		
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			'	
9 Income modifications			 	
Gross sales less returns 10a and allowances		······································		1
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total Add lines 1 through 11	300,000.	0,		
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans employee benefits IVED 16a Legal fees b Accounting fees c Other professional fees MAY 2 5 2018			 	
C h Accounting face	161			
c Other professional fees MAY 2 5 2018	181		 	
2 17 Interest	980 0 50			
A STATE OF THE PARTY OF THE PAR	14			
20 Occupancy				
21 Travel, conferences, and meetings			 	
22 Printing and publications				
23 Other expenses STMT 1	29.	0.	. 0.	0.
19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 1 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions cutts grants paid	29.	0.	. 0.	
expenses. Add lines 13 through 23	0.			0.
20 Contributions, grito, granto para			 	
26 Total expenses and disbursements. Add lines 24 and 25	29.	0.	. 0.	. 0
27 Subtract line 26 from line 12:		<u> </u>	1	<u> </u>
Excess of revenue over expenses and disbursements	299,971.			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (If negative, enter -0-)			0.	, [

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
rait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing		299,971.	299,971.
2	*Savings and temporary cash investments			
3	Accounts receivable			
-	Less: allowance for doubtful accounts			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
'	Less: allowance for doubtful accounts			
8	Inventories for sale or use			
ssets 6 o	Prepaid expenses and deferred charges			
ASS	Investments - U.S. and state government obligations			
				
- 1	n Investments - corporate stock			
	Investments - corporate bonds			
111	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
- i	Investments - mortgage loans			
13	Investments - other			_
14	Land, buildings, and equipment; basis			
ĺ	Less accumulated depreciation			
	Other assets (describe			
16	Total assets (to be completed by all filers - see the		222 271	222 274
	instructions. Also, see page 1, item 1)	0.	299,971.	299,971.
17	Accounts payable and accrued expenses			
18	Grants payable			
ဖွ 19	Deferred revenue			
Liabilities 52 52 52 52 52 52 52 52 52 52 52 52 52	Loans from officers, directors, trustees, and other disqualified persons			ļ
G 21	Mortgages and other notes payable			1
<u>ت</u> 22	Other liabilities (describe 🕨)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			1
	and complete lines 24 through 26, and lines 30 and 31	\$		
8 24	Unrestricted			
E 25	Temporarily restricted			İ
E 26	Permanently restricted			
Fund Balanc	Foundations that do not follow SFAS 117, check here			ĺ
괴	and complete lines 27 through 31.	1	}	ì
Ö 27	Capital stock, trust principal, or current funds	0.	0.	1
Assets 58	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS 29	Retained earnings, accumulated income, endowment, or other funds	0.	299,971.	
₹ 30	Total net assets or fund balances	0.	299,971.	Í
2				
31	Total liabilities and net assets/fund balances	0.	299,971.	
				-
Part	Analysis of Changes in Net Assets or Fund Ba	iances		
1 Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 3			
	ist agree with end-of-year figure reported on prior year's return)		11	0 -
	er amount from Part I, line 27a		2	299,971.
	er increases not included in line 2 (itemize)		3	233,371.
	I lines 1, 2, and 3			299,971.
	reases not included in line 2 (itemize)		4	233,3/1.
		lump (h) lung 20	5 6	299,971.
וטו ט	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	այու (Ե), որբ ՏՍ		299,911.

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	990-PF (2017) FINE FAMILY FOUNDATION t VI Excise Tax Based on Investment Income (Section 4940)	(a), 4940(b), 4940(e), or	82- 4948 -	-3531: see in:	219 struc	tions	age 4
	exempt operating foundations described in section 4940(d)(2), check here and en			T	_		- -
	Date of ruling or determination letter: (attach copy of letter if nece	•	i	1			ł
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		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).	L				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	ers, 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; oth	ners, enter -0-)	4				0.
5	Fax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
6	Credits/Payments:		- 1	1			- 1
a	2017 estimated tax payments and 2016 overpayment credited to 2017		<u>.</u>				1
b	exempt foreign organizations - tax withheld at source		<u> </u>				- 1
C	Tax paid with application for extension of time to file (Form 8868)		<u>.</u>				j
d	Backup withholding erroneously withheld	6d C		<u> </u>			
7	Total credits and payments. Add lines 6a through 6d		7	ļ			0.
	Enter any penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is attac	ched	_ 8_	<u> </u>			0.
9	Fax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	► <u>9</u>	 			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,	► <u>10</u>	 			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded	<u> </u>				
	t VII-A Statements Regarding Activities					V	Nia
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participate or interve	ene in			Yes	
	any political campaign?	00 "			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposi		efinition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	rany materials published or		i			Į.
	distributed by the foundation in connection with the activities.						<u>x</u>
	Did the foundation file Form 1120-POL for this year?				1c		^
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y (1) On the foundation. > \$ 0 • (2) On foundation managers.		١.		i		
	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	·	<u>' • </u>				Ì
	managers. > \$ 0 •	ure tax imposeu on touridation					- 1
	Has the foundation engaged in any activities that have not previously been reported to the IR	\$7			2		X
	If "Yes," attach a detailed description of the activities.	0.			-		
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument articles of incorporation	n or				.
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	on one, articles of moorporation	, 01		3		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?			4a	_	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		1	A\N	4b	_	
	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 eith	her:					
	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 s	tate law		L1		
	remain in the governing instrument?				6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ete Part II, col. (c), and Part XV			7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. NONE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	<u>X</u>	
	Is the foundation claiming status as a private operating foundation within the meaning of sec		alendar			_	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comp				9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? It "Yes," attach a schedul	e listing their names and addresses			10		X
				For	m 99 0	-PF	(2017)

Ра	rt 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ PAUL FINE Telephone no. ▶ 504 – 28	2-4	379	
	Located at ▶ 6 IBIS STREET, NEW ORLEANS, LA ZIP+4 ▶70	124		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			}
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?		1	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No		[[ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?)		- 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	l	! !	ł
	for the benefit or use of a disqualified person)?			ì
	(6) Agree to pay money or property to a government official? (Exception Check "No"			ſ
	If the foundation agreed to make a grant to or to employ the official for a period after	Į	i i	ļ
	termination of government service, if terminating within 90 days.)	ĺ	1	ŀ
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53,4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	 		
	. 🗖	1b	├	\neg
_	Organizations relying on a current notice regarding disaster assistance, check here	ĺ	1	1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	10	-	
9	before the first day of the tax year beginning in 2017? Taxon on failure to distribute program (coston 4043) (does not apply for years the foundation was a private operating foundation.	1c		<u> </u>
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)):	l		
	1 At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2017?	{		
	If "Yes," list the years	Į)	
Ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ŀ	l	
	statement - see instructions.) N/A	2b		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	l	i	1
t	o If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	ĺ		
	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	1		
	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,	<u> </u>		
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		$oxed{oxed}$	
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	لِـلِ	X
	Fo	_ qq	n-PF	(2017)

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

orm 990-PF (2	017) FINE FAMILY FOUNDATION	82-3	3531219 Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	•
Five highe	st-paid independent contractors for professional services. If none, ent	er "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N	ONE		
Total number of	of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities		> 0
List the founda	ation's four largest direct charitable activities during the tax year. Include relevant state anizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1N	I/A		
?			
·			
·			
Part IX-B	Summary of Program-Related Investments		
Describe the tv	wo largest program-related investments made by the foundation during the tax year o	on lines 1 and 2.	Amount
NN	I/A		
2			
All other progr	ram-related investments. See instructions.		
3			

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Page 8

FINE FAMILY FOUNDATION

P	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:		
a	Average monthly fair market value of securities	1a	0.
b			92,295.
C	Fair market value of all other assets	1b 1c	
d	Total (add lines 1a, b, and c)	1d	92,295.
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	92,295.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,384.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	90,911.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	149.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	id certain	·
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	149.
2a	Tax on investment income for 2017 from Part VI, line 5]	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	149.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	149.
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	149.
P	art XII 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	0.
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:		
а	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	0.
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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				1.40
line 7				149.
2 Undistributed income, if any, as of the end of 2017		•		
a Enter amount for 2016 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012			Ì	
b From 2013		!		
c From 2014	1			
d From 2015			-	
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4; ► \$0.				
a Applied to 2016, but not more than line 2a	<u>.</u>		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 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	· · · · · · · · · · · · · · · · · · ·			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	;	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	i	0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018	•			149.
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 2012				
not applied on line 5 or line 7	0.			}
	- -			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
		<u> </u>	 	
10 Analysis of line 9:			}	}
a Excess from 2013				ļ
b Excess from 2014			ł	}
c Excess from 2015				
d Excess from 2016				}
e Excess from 2017	L <u></u>	<u> </u>	<u></u>	<u></u>

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	MILY FOUNDA'			<u>82-35</u>	31219 Page 10
Part XIV Private Operating Fo	oundations (see ins	structions and Part V	I-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 2017, enter the date of t	he ruling	▶ L		
b Check box to indicate whether the found	fation is a private operation	g foundation described	in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	ļ				
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	}				1
exempt activities					
e Qualifying distributions made directly	-				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					-
alternative test relied upon:		/			
a "Assets" alternative test - enter: (1) Value of all assets		*			
` '					
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)		J.			
b "Endowment" alternative test - enter			-		
2/3 of minimum investment return	1				}
shown in Part X, line 6 for each year listed	/				
c "Support" alternative test - enter:					
- · • •	, "				
 Total support other than gross investment income (interest, 	,				
dividends, rents, payments on					
securities loans (section	,				
512(a)(5)), or royalties)	ļ				
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			<u> </u>		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		La Alain a and a ali	SAL - C I-V	<u>Ι</u>	
Part XV Supplementary Info			it the foundation	nad \$5,000 or mo	re in assets
at any time during t	ne year-see msu	uctions.j		· · · · · · · · · · · · · · · · · · ·	
1 Information Regarding Foundation					
a List any managers of the foundation wh			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	is a 10% of greater interes	il.			
NONE					
2 Information Regarding Contribut			=		
Check here I If the foundation	•	•	•	•	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
FINE FAMILY FOUNDATI			BETH FINE,	504-282-437	'9
6 IBIS STREET, NEW O					
b The form in which applications should l		tion and materials they s	should include:		
NO FORMAL FORM AT TH	IS TIME				
c Any submission deadlines:					
NONE				,	
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	
NONE					
723601 01-03-18					Form 990-PF (2017)

723611 01-03-18

Total

Form 990-PF (2017)

▶ 3b

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	ed by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b			+		
6	1		+		
d	l I				
e			+		
g Fees and contracts from government agencies	-		+ +		
Membership dues and assessments			1		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:			\bot		
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			1 1		
than inventory	1		+-+		
Net income or (loss) from special events		<u> </u>	+	 	
Gross profit or (loss) from sales of inventory				<u> </u>	
Other revenue:			1 1		}
a	-		 		
b	l I		1 1		· ·
C					
d			+-+		
d		0		0	. (
eSubtotal. Add columns (b), (d), and (e)		0		0	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	•		
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations)				13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt	13 Purposes	
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III	section 501(c) (other than section 501(c)(3)) or in section 527?			Yes X No
b If	"Yes," complete the following schedule			
	(a) Name of organization	(b) Type of organization	(c) Description of rela	tionship
	N/A			
_				
Sigr Here		n taxpayer) is based on all informat	tion of which prenamer has any knowledge VICE PRESIDENT/SECRE	May the IRS discuss this return with the preparer shown below? See instr
	Connecture of officer or tructee	Data	Tutlo	

	7 9 1/				
Sigr	nature of officer or trustee	Date	Title		
Paid Preparer Use Only		Preparer's signature STEPHANIE K METTI KRUEGER & CO., P.C.	Date 05/08/18		P01359962 2-0946155
	Firm's address ► P O BOX DUBUQUE			Phone no. (5	63)556-0123
	-				Farm 900 DE (004)

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

FINE FAMILY FOUNDATION

Employer identification number

82-3531219

Organizatio	n type (check one	
Filers of:	\$	Section:
Form 990 or	990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-Pf	= [X 501(c)(3) exempt private foundation
	[4947(a)(1) nonexempt charitable trust treated as a private foundation
	[501(c)(3) taxable private foundation
Note: Only a General Rul X For	a section 501(c)(7) le r an organization fi	covered by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions sliing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
Special Rul		le contributor. Complete Parts Parti II. See instructions for determining a contributor's total contributions
For second	r an organization o ctions 509(a)(1) an y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 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 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, ne 1 Complete Parts I and II
yea	ar, total contribution	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for lelty to children or animals. Complete Parts I, II, and III.
ye: is c pu	ar, contributions e checked, enter hei irpose Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box re the total contributions that were received during the year for an exclusively religious, charitable, etc., blete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it must	answer "No" on P	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

DIATE	TO A NATT OF	FOUNDATION
P INE	PAMILY	LOUNDALTO

82-3531219

Part i	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution	
1	PAUL & MARY FINE 6 IBIS STREET NEW ORLEANS, LA 70124	\$ <u>300,000.</u>	Person X 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 Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnian (Complete Part II for noncash contributions)

Name of organization

Employer identification number

FINE FAMILY FOUNDATION

82-3531219

	ANTIDI TOUNDATION		3331213	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II r	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	
		- - - - \$		

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) **Employer identification number** FINE FAMILY FOUNDATION 82-3531219 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enler this into once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

723454 11-01-17

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 99Q-PF	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	29.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	29.	0.	0.	0.