Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2023 calend	lar year, or tax year begin			, 2023 , a	and ending		, 20	
В	Check if	applicable:	C Name of organization	Me Fine	Foundation,	Inc.		D	Employer identification	number
	Address	change	Doing business as					2	20-1819368	3
	Name ch	ange	Number and street (or P.O. bo	x if mail is not deliv	vered to street address)		Room/suite	Е	Telephone number	
$\bar{\Box}$	Initial retu	•	318 Blackwel	1 Stree	t		130		$(9\overline{1}9)260-1$	L755
П		ırn/terminated	City or town, state or province						Gross receipts	
П	Amended		Durham, NC 2	•	g p				\$ 1,000,679	
		on pending	F Name and address of principa				H		return for subordinates?	Yes X No
	, ibboan.	on ponung	Joseph Powel		318 Blackwell Street Sto	e. Suite 130			ordinates included?	Yes No
_	Tax-exen	npt status:	501(c)(3) 501(c) () (insert no.)		527	, ,		ch a list. See instructions	
	Website:) (cert11e.)		<u> </u>	H/	c) Group exem		
			Corporation Trust Ass	sociation Oth	ner	L Year of formation			of legal domicile:	NC
	art I	Summar		occidacii ca	ioi i	L roar or formati	OII. 2003	III Otato	or regar definione.	
	1		ribe the organization's miss	sion or most sid	nificant activities					
					ovides financ	ial ass	sistan	ce and	d emotiona	
ø					itically ill					
an		- Sappor		<u> </u>		0		<u></u>		<u>1</u>
Activities & Governance	2	Check this b	ox if the organization (discontinued its	s operations or disposed of	f more than 2	5% of its ne	t assets		
9	3		_		art VI, line 1a)			1	3	17
ૐ	4		•		ning body (Part VI, line 1b)			-	4	17
ies	5		•	•	ar 2023 (Part V, line 2a) .				5	13
Ę	6			-					6	65
Ac	7a		,	• ,	mn (C), line 12					,059.
					00-T, Part I, line 11					,059.
	~	140t difficiate	a basiness taxable income	3 110111 1 01111 00	70 1,1 (1111, 1110 11 1 1 1 1 1			rior Year	Current	
	8	Contribution	s and grants (Part VIII line	1h)				38,848		,345.
Φ	9		• ,	,				00,01	, ,	
ň	10	_	ncome (Part VIII, column (12,06	7 169	,122.				
Revenue	11		ue (Part VIII, column (A), lii	2	31,872	2 219	,210.			
œ	12				art VIII, column (A), line 12			82,78°		,677.
	13				, lines 1-3)			02,70	, , , , ,	
	14				line 4)					
	15		ner compensation, employe	2	07,57	5 271	,277.			
es					e 11e)		_	0.,0.0		
Expenses	h		- ·	. ,	25) 71,1					
xbe	17				11f-24e)		4	78,402	2 428	,895.
Ш	18				, column (A), line 25)			85,97°		,172.
	19				2			03,190		495.
		, to , on do los	- SAPONOOO. OUDITAOLIIITO	. 5 . 5 . 1 . 1110 12				g of Current Y		
sor	20	Total assets	(Part X line 16)					39,153		,984.
Sset	21		, ,				-	37,768		,168.
Net Assets or	22		or fund balances. Subtract				7	01,38		816.
_	rt II		re Block	2 1 0111	020 1111111111				- · · · · · · · · · · · · · · · · · · ·	
				rn, including accom	panying schedules and statements	, and to the best o	of my knowledg	e and belief, it	is	
true	, correct,	and complete. De	claration of preparer (other than offi	cer) is based on all	information of which preparer has a	any knowledge.			1	
Sig	jn	Signature of office	cer						Date	
Hei		Joseph	n Powell, Exe	cutive 1	Director					
	-	Type or print nar	· · · · · · · · · · · · · · · · · · ·							
		<u> </u>	eparer's name	Preparer's signat	ture	Date		Check	if PTIN	
Pai	id							self-employe		
	eparer	Firm's name		1		_1	Firm's			
	e Only						Phon			
J-31	inj	, illi s addres	•				FIION	o 110.		
Mav	the IR	S discuss this	return with the preparer sl	hown above?	See instructions				Yes	s No

· ui	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission:									
•	To provide hope through emotional support and financial assistance									
	to families whose children are receiving care at our North Carolina									
	partner hospitals.									
	par ener nosprears.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
2										
	prior Form 990 or 990-EZ?									
_	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by									
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,									
	the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$									
	Programs benefited 708 families with 1,472 instances of financial									
	assistance and thousands more patients were served by the									
	Foundation's emotional support programs while in a hospital setting.									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	(Code:) (Experiess \(\psi \) instability grains of \(\psi \) (Noverties \(\psi \)									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
4d	Other program services (Describe on Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses 589,826.									

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3,7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			x
•	·	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		21
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V.II.	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>~</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	11		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H	20a		X
zva b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		- <u>-</u> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			٦,
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			.
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
а	to defease any tax-exempt bonds?	24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule. M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part L	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.5	
	19? Note : All Form 990 filers are required to complete Schedule Q	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
,			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Zitor and manual divisions in Zo misuada mino tal Zitor o minotappinoasio			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c		I

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		v	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch	x	
7	gifts were not tax deductible?	6b	A	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	21	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 Enter the number of voting members included in line 1a, above, who are independent b 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 X 5 6 Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?......... 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X describe on Schedule O how this was done. X 13 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Heather Campbell 318 Blackwell Street Ste. 130 Durham, NC

(919) 599-8321

27701

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees**that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	,	not chec				,	Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	nsti	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	director	tutio	ĕ	emp	loye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual truster or director	nstitutional trus		Key employee	Highest compensated employee				
	below	stee	uste		Φ	iensa				
	dotted line)					ied				
(1) San Parikh	02.00									
(1) San Parikh Chair	02.00	x	,	x						
- ~1 11	01.00	Λ		^						
(2) Jen Chandler Chair Elect		x								
(3) Garrett Klas	01.00									
Finance Chair		x	,	x						
(4) Shriya Soora	01.00			+						
Events Co-Chair		x								
(5) Katie Punia	01.00									
Events Co-Chair		х								
(6) Kerry Henderson	01.00									
Development Chair		Х								
(7) Katherine Hutchinson	01.00									
Programs Co-Chair		Х								
(8) Stephanie Mazze	01.00									
Marketing Chair		Х								
(9) Jason Diebert	01.00									
Director		X								
(10) Bridget Donnell	01.00									
Director		X								
(11) Rob Hamilton	01.00									
Director		X								
(12) Kathryn Kiel	01.00					Ţ				
Director		Х								
(13) Lori Lee										
Director Emeritus		Х								
(14) Allie Mitzak	01.00									
Director		X								

(continued)

	(A) Name and title	(B) Average hours per week	box	, unles	Po ieck n ss pe	rson is	nan one s both an /trustee)		(D) Reportable compensation from the			(F) Estimated a of othe compensa from the		
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Ollice	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-Mi 1099-NE	sc/	orga	rom tne nization d organiz	
· -'	Matt Phillips Director	01.00	x											
(16)	Blair Stanley Director	01.00	х											
	Bryan Strothmann Director	01.00	х											
	Joseph Powell Executive Director	40.00				х			95,281.				2,8	358
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)_														
(23)_														
(24)_														
(25)_														
1b c	Subtotal						 	-	95,281.				<u> </u>	358
d 2	Total (add lines 1b and 1c)								95,281. eived more than	\$100,00	 0 of		2,8	358
	reportable compensation from the organizati	ion											Yes	No
3	Did the organization list any former officer, direct					_							162	
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of the sum o	reportable co	mpen	satio	n ar	nd ot	her cor	npe	nsation from the			3		X
	organization and related organizations greater the individual											4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes				-		_					5		Х
Secti	on B. Independent Contractors	i, complete	oonea	are o	, 101	ouon	r person	,,						
1	Complete this table for your five highest com compensation from the organization. Report	•											vear	
	(A)	•		, un	0 00		Jan you	<u> </u>	(B)		garnzan	(C)		•
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (increceived more than \$100,000 of compensati	-					se liste	d al	bove) who		_			

Form 990 (2023) Me Fine Foundation, Inc.

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VII	l		
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								sections 512-514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
ants	С	Fundraising events	1c					
ភ្	d	Related organizations	1d					
sifts ar A	е	Government grants (contributions)	1e					
ini)	f	All other contributions, gifts, grants,						
er S		and similar amounts not included above	1f	305,345.				
흕	g	Noncash contributions included in		. CC F01				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		\$66,591.	305,345.			
	h	Total. Add lines 1a-1f		Business Code	303,343.			
	2a			Business Code				
පු	b							
Je ez	5							
ıram Serv Revenue	d							
ga. Re	e							
Program Service Revenue	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, int						
		other similar amounts)			11,046.	11,046.		
	4	Income from investment of tax-exempt bond	d proc	eeds				
	5	Royalties						
		(i) Real		(ii) Personal				
		Gross rents 6a 6 , 0 7						
			6.					
		Rental income or (loss) 6c 6, 05	9.		6.050		6.050	
	d				6,059.		6,059.	
	7a	Gross amount from (i) Securities	:S	(ii) Other				
		sales of assets		260,527.				
	h	other than inventory 7a Less: cost or other basis		200,327.				
•	, b	and sales expenses 7b		102,451.				
venue	_	Gain or (loss) 7c		158,076.				
eve		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	158,076.	158,076.		
Other Rev		Gross income from fundraising	· 🗀					
Ĕ		events (not including \$						
Ū		of contributions reported on line						
		1c). See Part IV, line 18	8a	310,667.				
	b	Less: direct expenses	8b	119,052.				
	С	Net income or (loss) from fundraising event	s		191,615.			
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	<u> </u>					
	10a	Gross sales of inventory, less		107 010				
	١.	returns and allowances		107,019. 85,483.				
		Less: cost of goods sold			21,536.			
	С	Net income or (loss) from sales of inventory		Business Code	21,330.			
'n	11a			Dualitesa Code				
ous re	b							
llar Ænt	C							
Miscellanous Revenue		All other revenue						
Σ	е	Total. Add lines 11a-11d	<u>.</u>					
		Total revenue. See instructions			693,677.	169,122.	6,059.	

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Compensation of current officers, directors, 23,820. 23,820. 95,281. 47,641. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 141,062. 14,646. 120,480. 5,936. 7 Other salaries and wages Pension plan accruals and contributions (include 4,027. 2,275. 876. 876. section 401(k) and 403(b) employer contributions) 12,072. 6,584. 5,488. 9 Other employee benefits 3,445. 18,835. 12,639. 2,751. 10 Fees for services (nonemployees): 11 378. 1,260. 756. 126. Professional fundraising services. See Part IV, line 17. . е f Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 2,555. 1,412. 235. 908. (A), amount, list line 11g expenses on Schedule O.) . . 28,649. 20,054. 8,595. 12 Advertising and promotion 3,191. 10,636. 6,381. 1,064. 13 14 15 14,348. 4,304. 8,609. 1,435. 16 1,587. 952. 159. 476. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 930. 558. 93. 279. 20 21 9,183. 5,510. 918. 2,755. 22 Depreciation, depletion, and amortization 6,643. 3,986. 664. 1,993. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 280,208. 280,208. Family assistance 71,781. 71,781. Family supplies 1,115. 1,115. Federal income tax С d All other expenses е 700,172. 589,826. 39,192. 71,154. Total functional expenses. Add lines 1 through 24e . . 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

Fait		Check if Schedule O contains a response or note	to any	line in this Part X			
		Shout it contoud to contains a response of flote	to arry	mo muno i alt A	(A)	<u>.</u>	(B)
					Beginning of year		End of year
-	1	Cash - non-interest-bearing			77,641.	1	37,178.
	2	Savings and temporary cash investments	136,415.	2	286,799.		
	3	Pledges and grants receivable, net			49,275.	3	15,500.
	4	Accounts receivable, net			333.	4	7,548.
	5	Loans and other receivables from any current or former			333.	_	,,5101
	"	trustee, key employee, creator or founder, substantial c					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified per		3			
	"	under section 4958(f)(1)), and persons described in sec		6			
	7	Notes and loans receivable, net				7	
ξ		· · · · · · · · · · · · · · · · · · ·			42,546.	8	28,641.
Assets	8	Inventories for sale or use			6,939.	9	5,499.
Ϋ́	9	Prepaid expenses and deferred charges	 I		0,939.	9	5,433.
	10a	Land, buildings, and equipment: cost or other	400	2,096.			
		basis. Complete Part VI of Schedule D	10a 10b	2,096.	114,075.	40-	
	b	Less: accumulated depreciation		•	311,929.	10c	334,819.
	11	Investments - publicly traded securities	311,929.	11	334,619.		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			720 152	15	715 004
	16	Total assets. Add lines 1 through 15 (must equal line 3			739,153. 7,352.	16	715,984.
	17	Accounts payable and accrued expenses			1,352.	17	6,053.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV o		21			
es	22	Loans and other payables to any current or former offic					
≣		trustee, key employee, creator or founder, substantial c					
Liabilities		controlled entity or family member of any of these person			20 416	22	
_	23	Secured mortgages and notes payable to unrelated thin			30,416.	23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)					4 445
		of Schedule D			27 760	25	1,115.
	26	Total liabilities. Add lines 17 through 25			37,768.	26	7,168.
		Organizations that follow FASB ASC 958, check here	X				
es		and complete lines 27, 28, 32, and 33.			666 047		671 011
anc a	27				666,047.	27	671,211.
3a	28	Net assets with donor restrictions			35,338.	28	37,605.
둳		Organizations that do not follow FASB ASC 958, chec	ck here	•			
Ξ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	1 1 7				29	
ets	30	Paid-in or capital surplus, or land, building, or equipmer				30	
Ass	31	Retained earnings, endowment, accumulated income, or				31	
et,	32	Total net assets or fund balances		701,385.	32	708,816.	
	33	Total liabilities and net assets/fund balances			739,153.	33	715,984.
ΙΙνΔ							Form 990 (2023)

Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?............ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis X 2h If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the X За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2023)

UYA

SCHEDULE A

Name of the organization

(Form 990)

Public Charity Status and Public Support

 $Complete \ if the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ charitable \ trust.$

Employer identification number

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Me Fine Foundation, In	nc.				20-1819368					
Part I Reason for Public Cha						ons.				
The organization is not a private found		`		,	,					
1 A church, convention of church					0(b)(1)(A)(i).					
2 A school described in section		•	•							
3 A hospital or a cooperative ho	•	•								
4 A medical research organizat	•	onjunction with a hos _l	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the				
hospital's name, city, and sta										
5 An organization operated for		ollege or university ov	vnea or o	perated r	by a governmental u	nit described in				
section 170(b)(1)(A)(iv). (Co				470//	\/ 4 \/ 4 \/					
_										
7 X An organization that normally described in section 170(b)(· · · · · · · · · · · · · · · · · · ·	OIL HOIH &	a governi	nental unit of from t	ne general public				
8 A community trust described			Dart II \							
9 An agricultural research organ					n conjunction with a	land-grant college				
or university or a non-land-gra										
university:	ant conogo or agr	Toditaro (oco motracti	5115). Litt	or the ha	ino, ony, and otato c	n the conego of				
	receives (1) mor	re than 33 1/3% of its	support f	rom conti	ributions. membersh	nip fees. and gross				
10 An organization that normally receipts from activities related support from gross investmer	d to its exempt fu	nctions, subject to ce	rtain exce	eptions; a	nd (2) no more than	33 1/3 % of its				
acquired by the organization	after June 30, 19	related business taxa 75. See section 509 (bie incom a)(2). (Co	ne (ness s omplete F	ection 5 i i tax) from Part III.)	Dusinesses				
11 An organization organized an										
12 An organization organized and	d operated exclus	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of				
one or more publicly supporte										
Check the box on lines 12a thr	-	* * * * * * * * * * * * * * * * * * * *		-	•					
a 🔲 Type I. A supporting organi	•		•		• • • • •					
the supported organization(•	• • • •	ct a majo	ority of th	e directors or trustee	es of the supporting				
organization. You must co	= '									
b Type II. A supporting organ	•				•					
control or management of the			e same p	ersons ti	nat control or mana	ge the supported				
organization(s). You must o	=		4							
c Type III functionally integriits supported organization(s	• • •	• • •				iy integrated with,				
d Type III non-functionally in	, ,	,				ted organization(s)				
that is not functionally integ										
requirement (see instruction						an attentiveness				
e Check this box if the organiz	,	-		-		II. Type III				
functionally integrated, or T						, ,,				
f Enter the number of supported	organizations .									
g Provide the following information	on about the supp	oorted organization(s)				<u> </u>				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
		(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)				
						mieu de				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(D)										
(E)										
Total					I					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	o quality aria	or the tests in	oted beleve, p	nouse semple	oto i art iii.)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(8)2020	(6) 2021	(d) 2022	(6) 2020	(i) rotar
•	membership fees received. (Do not						
		297 454	665 853	494 635	338 848	305 345	2,102,135.
2	Tax revenues levied for the	237,434.	003,033.	191,033.	330,040.	303,343.	, 2,102,133.
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	297,454.	665,853.	494,635.	338,848.	305,345.	2,102,135.
5	The portion of total contributions by						, , , , , , , , , , , , , , , , , , , ,
•	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2,102,135.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7		<u> 297,454.</u>	<u>665,853.</u>	494,635.	338,848.	305,345.	2,102,135.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	5,565.	1,265.	3,207.	12,067.	169,122.	191,226.
9	Net income from unrelated business						
	activities, whether or not the business		4 050	4 505	4 505	6 000	10 555
40	is regularly carried on		4,050.	4,725.	4,725.	6,075.	19,575.
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	216 406	256 722	217 270	227 079	212 110	1 001 506
11	Total support. Add lines 7 through 10	310,400.	256,725.	217,370.	221,916.	213,119.	3,544,532.
12	Gross receipts from related activities, etc	L (see instructi	one)			12	3,344,332.
13	First 5 years. If the Form 990 is for the o	•	•)1(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentac	1 e				<u> </u>
14	Public support percentage for 2023 (line			11, column (f))	14	59.31%
15	Public support percentage from 2022 Scl		•		, ,	15	61.34%
16a	33 1/3 % support test-2023. If the organ	ization did not	check the box	on line 13, ar	nd line 14 is 33	1/3 % or more	, check this
	box and stop here. The organization qua						
b	33 1/3 % support test-2022. If the organ	nization did not	check a box o	on line 13 or 10	6a, and line 15	is 33 ¹ /3 % or	more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported or	ganization		
17a	10%-facts-and-circumstances test-202	23. If the orgar	nization did no	t check a box	on line 13, 16a	, or 16b, and I	ine 14 is
	10% or more, and if the organization me	ets the facts-a	and-circumstar	nces test, chec	k this box and	stop here. E	xplain in
	Part VI how the organization meets the fa	acts-and-circur	nstances test.	The organizat	ion qualifies as	s a publicly su	pported
	organization						
b	10%-facts-and-circumstances test-202	_					
	15 is 10% or more, and if the organization					-	
	Explain in Part VI how the organization m				-	-	
	supported organization						
18	Private foundation. If the organization of					ck this box and	d see
	instructions						

Schedule A (Form 990) 2023 Me Fine Foundation, Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	if you checked the b	ox on line 10 of Part I or if the organization failed to	qualify under Part II.
If the organization	ion fails to qualify und	der the tests listed below, please complete Part II.)	

Secti	on A. Public Support			•	•	,	
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
•	-						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	- 1						
_	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						<u> </u>
	on B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(=) 2022	(f) Total
Galei	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
L	· ·						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:50		1()(0)
14	First 5 years. If the Form 990 is for the or						
04	organization, check this box and stop her		<u> </u>	<u> </u>	<u> </u>		
	on C. Computation of Public Suppo				I (f))	45	0/
15	Public support percentage for 2023 (lin						<u>%</u>
16	Public support percentage from 2022			15		. 16	<u>%</u>
	on D. Computation of Investment In Investment income percentage for 2023			l by line 12 co	dumn (f\)	. 17	%
17 10	•	•		•			<u>%</u> %
18	Investment income percentage from 202						
19a							
L	line 17 is not more than 33½%, check this						
D	331/3 % support tests–2022. If the organization 18 is not more than 331/3%, check this back this						
20	Private foundation. If the organization di	-	-	•			
20	rivate iounuation. Il the organization di	u not check a	DON OIT IIIIE 14	, 13a, UL 13D,	OUGOV HUS DOX	and see moth	0110113

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section	A. All	Supp	porting	Orgai	nizations
---	---------	--------	------	---------	-------	-----------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
Ū	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in</i>			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		l

Part	Supporting Organizations (continued)		V	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	,		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
<u>c</u>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part V	<i>∥.</i> 11c		
Secti	on B. Type I Supporting Organizations		V	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or		Yes	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	;		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tayear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	'		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	∍		
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	instru:	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government instructions).	al entity	(see	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	<u>ا</u> ا		
	how the organization was responsive to those supported organizations, and how the organization determine that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	2a		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	ain in Part VI).
See instructions. All other Type III non-functionally integrated supporting	orgar	nizations must complete s	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	<u> 0</u>	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona instructions).	lly in	tegrated Type III support	ing organization (see

UYA Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Me Fine Foundation	, Inc.		20	0-1819368 Page
Part	Type III Non-Functionally Integrated 509(a)	3) Supporting Orgar	nizations (continu	ıed)	
	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
•	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·		(ii)		(iii)
Se	ection E - Distribution Allocations (see instructions)	(i)	Underdistribution	ns	Distributable
	,	Excess Distributions	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023			\neg	
	(reasonable cause required- <i>explain in Part VI</i>). See instr.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			\neg	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section				
•	D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
h	Excess from 2020				

c Excess from 2021

d Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	o quality aria	or the tests in	oted beleve, p	nouse semple	oto i art iii.)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(8)2020	(6) 2021	(d) 2022	(6) 2020	(i) rotar
•	membership fees received. (Do not						
		297 454	665 853	494 635	338 848	305 345	2,102,135.
2	Tax revenues levied for the	237,434.	003,033.	191,033.	330,040.	303,343.	, 2,102,133.
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	297,454.	665,853.	494,635.	338,848.	305,345.	2,102,135.
5	The portion of total contributions by						, , , , , , , , , , , , , , , , , , , ,
•	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2,102,135.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7		<u> 297,454.</u>	<u>665,853.</u>	494,635.	338,848.	305,345.	2,102,135.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	5,565.	1,265.	3,207.	12,067.	169,122.	191,226.
9	Net income from unrelated business						
	activities, whether or not the business		4 050	4 505	4 505	6 000	10 555
40	is regularly carried on		4,050.	4,725.	4,725.	6,075.	19,575.
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	216 406	256 722	217 270	227 079	212 110	1 001 506
11	Total support. Add lines 7 through 10	310,400.	236,723.	217,370.	221,916.	213,119.	3,544,532.
12	Gross receipts from related activities, etc	L (see instructi	one)			12	3,344,332.
13	First 5 years. If the Form 990 is for the o	•	•)1(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentac	1 e				<u> </u>
14	Public support percentage for 2023 (line			11, column (f))	14	59.31%
15	Public support percentage from 2022 Scl		•		, ,	15	61.34%
16a	33 1/3 % support test-2023. If the organ	ization did not	check the box	on line 13, ar	nd line 14 is 33	1/3 % or more	, check this
	box and stop here. The organization qua						
b	33 1/3 % support test-2022. If the organ	nization did not	check a box o	on line 13 or 10	6a, and line 15	is 33 ¹ /3 % or	more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported or	ganization		
17a	10%-facts-and-circumstances test-202	23. If the orgar	nization did no	t check a box	on line 13, 16a	, or 16b, and I	ine 14 is
	10% or more, and if the organization me	ets the facts-a	and-circumstar	nces test, chec	k this box and	stop here. E	xplain in
	Part VI how the organization meets the fa	acts-and-circur	nstances test.	The organizat	ion qualifies as	s a publicly su	pported
	organization						
b	10%-facts-and-circumstances test-202	_					
	15 is 10% or more, and if the organization					-	
	Explain in Part VI how the organization m				-	-	
	supported organization						
18	Private foundation. If the organization of					ck this box and	d see
	instructions						

Schedule A (Form 990) 2023 Me Fine Foundation, Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	if you checked the b	ox on line 10 of Part I or if the organization failed to	qualify under Part II.
If the organization	ion fails to qualify und	der the tests listed below, please complete Part II.)	

Secti	on A. Public Support			•	•	,	
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
•	-						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	- 1						
_	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	line 6.)						<u> </u>
	on B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(=) 2022	(f) Total
Galei	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
L	· ·						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:50		1()(0)
14	First 5 years. If the Form 990 is for the or						
04	organization, check this box and stop her		<u> </u>	<u> </u>	<u> </u>		
	on C. Computation of Public Suppo				I (f))	45	0/
15	Public support percentage for 2023 (lin						<u>%</u>
16	Public support percentage from 2022			15		. 16	<u>%</u>
	on D. Computation of Investment In Investment income percentage for 2023			l by line 12 co	dumn (f\)	. 17	%
17 10	•	•		•			<u>%</u> %
18	Investment income percentage from 202						
19a							
L	line 17 is not more than 33½%, check this						
D	331/3 % support tests–2022. If the organization 18 is not more than 331/3%, check this back this						
20	Private foundation. If the organization di	-	-	•			
20	rivate iounuation. Il the organization di	u not check a	DON OIT IIIIE 14	, 13a, UL 13D,	OUGOV HUS DOX	and see moth	0110113

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Me Fine Foundation, Inc. 20-1819368 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year). . . . 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's 5 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts

Assets included in Form 990, Part X

required to be reported under FASB ASC 958 relating to these items.

provide the following amounts relating to these items.

Schedu	ule D (Form 990) 2023 Me Fine Fo	und	ation, I	Inc.						9368	
Part	Organizations Maintaining	Coll	ections of A	rt, His	torical 1	reasures,	or O	ther Similar	Asse	ets (co	ntinued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research			e	Other		5				
C											
4											
_	During the year, did the organization solicit o	r roooi	vo denetions of	art biotor	ical traccu	roo or other oi	milar a	anata ta ba aald t	o roio	a funda	
5	rather than to be maintained as part of the or			-		•					□No
Part											
	Complete if the organization			n Forn	n 990, P	art IV, line	9. or	reported an a	mou	nt on F	orm
	990, Part X, line 21.				,	,	- ,	•			
1a	Is the organization an agent, trustee, custodi	ian or d	other intermedian	y for con	tributions c	or other assets	not inc	duded			
ıa	on Form 990, Part X?			-						Yes	□No
h	If "Yes," explain the arrangement in Part XIII									res	
b	ii res, explain the arrangement in Part Alli	and co	ompiete trie rollo	wing table	₽.			Δ,	nount		
	B						-		Hourit	•	
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year						. 16				
f	Ending balance										
2a	Did the organization include an amount on F	orm 99	90, Part X, line 2	1, for esc	row or cus	todial account	liability	?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Chec	k here if the exp	lanation h	nas been p	rovided on Par	t XIII.				. 🔲
Part	V Endowment Funds										
	Complete if the organization	answ	ered "Yes" o	n Forn	n 990, P	art IV, line	10.				
		1	Current year		ior year	(c) Two years		(d) Three years b	ack	(e) Four	ears back
1a	Beginning of year balance	. ,				,,,,,		.,		.,	
b	Contributions										
С	Net investment earnings, gains, and										
	losses		+								
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent ye	ar end balance (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	•	%	-							
b	Permanent endowment %)	 -								
C	Term endowment %										
·	The percentages on lines 2a, 2b, and 2c sho	auld ea	uual 100%								
3a	Are there endowment funds not in the posse			on that ar	o hold and	administered t	or the				
Ja	·	551011	or the organization	Jii liial ai	e nelu anu	aummistereu	oi iiie			Г	/aa Na
	organization by:									T	res No
	(i) Unrelated organizations?									3a(i)	
	(ii) Related organizations?									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization		•							3b	
4	Describe in Part XIII the intended uses of the			ment func	ls.						
Par	VI Land, Buildings, and Equip										
	Complete if the organization	answ	/ered "Yes" c	n Forn	n 990, P	art IV, line	11a. 🤄	See Form 990	0, Pa	art X, liı	ne 10.
	Description of property		(a) Cost or other	basis	(b) Cost or	other basis	(c)	Accumulated		(d) Book v	alue
			(investmer	nt)	(ot	her)	d	epreciation			
	Land										
	Buildings										
b	· ·								\vdash		
C	Leasehold improvements			006				2 000	-		
d	Equipment		<u> </u>	096.				2,096.	<u> </u>		
e Tatal	Other			lin = 10		\					
i otal.	Add lines 1a through 1e. (Column (d) must ea	uai F0	нн ээ о. Рап X. I	III TUC. I	column (B)	1			I		

Schedule D (F	Form 990) 2023 Me Fine Foundation, Inc.		2	0-1819368	Page
Part VII	Investments — Other Securities				
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	e 11b. See Form	990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	, ,	thod of valuation: nd-of-year market value	е
(1) Financial	derivatives				
(2) Closely he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	nn (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments — Program Related				
r dit viii	Complete if the organization answered "Yes" on Forr	n 990. Part IV. line	e 11c. See Form	990. Part X. line	e 13.
	(a) Description of investment	(b) Book value		thod of valuation:	
	, ,			nd-of-year market value	е
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	(I)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets Complete if the organization answered "Yes" on Forr	n 000 Part IV line	a 11d Saa Earm	000 Bort V lin	o 15
-	(a) Description	11 990, Part IV, IIII	e 11a. See Foilii	(b) Book value	
(4)	(a) Description			(b) Book vali	<u>ne</u>
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>					
Total. (Colum	on (b) must equal Form 990, Part X, line 15, col. (B))				
	Complete if the organization answered "Yes" on Forr line 25.	n 990, Part IV, line	e 11e or 11f. See	Form 990, Par	t X,
1.	(a) Description of liability			(b) Book va	lue
	income taxes			` ,	,062
	penalty				53
(3)	•				
(4)					
(5)					
(6)		<u></u>			

(7) (8) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 1,115.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part	Reconciliation of Revenue per Audited Financial Stateme		-	Return	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part				r Retu	rn
	Complete if the organization answered "Yes" on Form 990, Page 2015	art IV	, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Part	XIII Supplemental Information				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	nes 1b	and 2b: Part V. line 4: Pa	rt X. line	
	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			•	

UYA Schedule D (Form 990) 2023

Schedule D	Form 990) 2023 Me Fine Foundation,	Inc.	<u> 20-1819368</u>	Page 5
Part XIII	Supplemental Information (continued)			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

X No
NO
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nization
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r

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Gala PIG Tournament (event type) (total number) col. (c)) (event type) Revenue Gross receipts 264,486. 25,205. 26,283. 315,974. 1 2 Less: Contributions. 3 Gross income (line 1 264,486. 25,205. 26,283. minus line 2) 315,974. Cash prizes 4 5 Noncash prizes **Direct Expenses** Rent/facility costs. 6 Food and beverages 59,642. 59,642. 7 8 Entertainment. 7,248. 7,248. Other direct expenses . . . 5,307. 36,727. 9 31,420. 103,617. 10 11 212,357. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (a) Bingo (c) Other gaming (d) Total gaming (add Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue Direct Expenses Cash prizes 2 3 Noncash prizes Rent/facility costs. 5 Other direct expenses . . . Yes ☐ Yes Yes No No 6 Volunteer labor No 7 0. Net gaming income summary. Subtract line 7 from line 1, column (d) 0. Enter the state(s) in which the organization conducts gaming activities:__ **b** If "No," explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

Schedu	ule G (Form 990) 2023 Me Fine Foundation, Inc.	20-1819368 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership o	r other entity — — —
	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility.	
	Enter the name and address of the person who prepares the organization's gaming/special evaluation is gaming/special evaluation.	
14		verits books and
	records:	
	Nama N	
	Name ▶	
	Address ► <u>NC</u>	
15a	Does the organization have a contract with a third party from whom the organization receives	s gaming
	revenue?	
b	Tama a contract to the contract of the contrac	
b	amount of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
C	in 163, Chief hame and address of the third party.	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
'' a	Is the organization required under state law to make charitable distributions from the gaming	proceeds to
а	retain the state gaming license?	•
b	Enter the amount of distributions required under state law to be distributed to other exempt of	
D	spent in the organization's own exempt activities during the tax year \$	Iganizations of
Dout		a columna (iii) and (v); and
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any	additional information.
	See instructions.	

UYA Schedule G (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization						Emplo	yer ider	ntificati	on nur	nber		
Me Fine Foundat							-181					
		is (section 501(c answered "Yes" o										b.
1 (a) Name of disqualifie	d novoen	(b) Relationship bet	ween di	isqualifi	ed person and	(a) Decerin	lian of tr	ti			(d) Corr	ected?
(a) Name of disqualifie	a person		organiz	ation		(c) Descript	uon oi tra	ansacuo	on		Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of	of tax incurred b	y the organizatio	n mar	nagers	or disqualified	persons during	the ye	ear				
under section 4958	,			-			-		\$			
3 Enter the amount of									\$			
		,			, ,				-			
Part II Loans to and	d/or From Inter	ested Persons										
Complete if the	he organization a	answered "Yes" o	on Fo	rm 99	0-EZ, Part V, li	ne 38a, or Form	990, I	Part I\	√, line	26; 0	or if th	ie
organization	reported an amo	ount on Form 990), Par	t X, Iir	ne 5, 6, or 22.							
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Original	(f) Balance due	(g) In (default?	(h) Ap	proved	(i) Wı	ritten
	with organization	loan	1	n the	principal amount					ard or	agree	ment?
			organi	ization?					comn	nittee?		
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)		,										
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	•						
		fiting Interested							•			
Complete if the	he organization a	answered "Yes" o	on Fo	rm 99	0, Part IV, line	27.						
(a) Name of interested pers	` '	ship between interest and the organization	ed (c) Amo	ount of assistance	(d) Type of assis	tance	(е) Purp	ose of a	assistar	nce
(1)			-+									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												

(10)

Part IV	Business Transactions Involving Interested Persons			
	Complete if the organization answered "Ves" on Form 990	Part IV line 28a	28h	or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
(1)					1.00	-10
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)						
(10)						
Part V	Supplemental Information Provide additional information for	responses to questions on	Schedule L. See ins	structions.		

UYA Schedule L (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Me Fine Foundation, Inc.

Employer identification number

20-1819368

Part I Types of Property (b) (d) (a) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g 1 Art – Works of art 2 Art - Historical treasures 3 Art – Fractional interests Books and publications 4 5 Clothing and household 54,085.FMV goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities – Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests...... 12 Securities – Miscellaneous 13 Qualified conservation contribution - Historic structures. 14 Qualified conservation contribution – Other 15 Real estate - Residential. 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory. 20 Drugs and medical supplies 21 22 23 Scientific specimens. 24 Archeological artifacts 12,506.FMV 25 Other (services - gala) 26 Other (Other (27 28 Other (Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 0 29 Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28. that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt 30a X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

33

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Me Fine Foundation, Inc. 20-1819368

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
Me Fine Foundation, Inc.	20-1819368
Part VI Line 8b	
Each committee reports to the governing board at each bo	pard
Part VI Line 8b	
meeting	
Part VI Line 11b	
The Executive Director and Board Finance Chair review th	e 990 prior to
Part VI Line 11b	-
sharing with the Board of Directors and filing with the	IRS.
Part VI Line 12c	
Officers, directors and employees are required to report	any
Part VI Line 12c	
possible conflicts at any point during their time with t	the Foundation.
Part VI Line 15a or b	
Executive Director compensation is reviewed and approved	l
Part VI Line 15a or b	
annually by the Executive Committee of the Board of Dire	ectors
Part VI Line 19	
Available upon request	

UYA Schedule O (Form 990) 2023