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GOVERNMENT COPY

ME FINE FOUNDATION 5100 US HIGHWAY 70 EAST PRINCETON, NC 27569

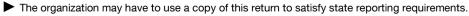
> Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Halalahdhllaandlllaalhaahdhad

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)





AF	or the	e 2010 calendar year, or tax year beginning and	ending		
B c	Check if	e: C Name of organization		D Employer identified	cation number
	Addre	ME FINE FOUNDATION			
	Name Chang	e Doing Business As		20-1	819368
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	 ated	5100 05 HIGHWAI /0 EAST		919-	359-2030
	Ameno	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	198,526.
	Applic tion pendir	FRINCEION, NC 27509		H(a) Is this a group re	eturn
	penui	F Name and address of principal officer: LORI K. LEE		for affiliates?	Yes X No
		610 BRASWELL ROAD, SMITHFIELD, NC 275	77	H(b) Are all affiliates inc	luded? Yes No
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1)$	or 527		list. (see instructions)
_		te: • WWW.MEFINEFOUNDATION.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2004	State of legal domicile: NC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	ME FIN	E FOUNDATIO	N PROVIDES
Governance		NECESSARY RESOURCES AND FINANCIAL ASSIST			
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of more	I	
202					4
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4
ies		Total number of individuals employed in calendar year 2010 (Part V, line 2a) \ldots			4
Activities &		Total number of volunteers (estimate if necessary)			20
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		44,173.	89,478.
Revenue		Program service revenue (Part VIII, line 2g)		0.	1,899.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		102.	104.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,274.	57,025.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,549.	148,506.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	44,685.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	44,005.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)		0.	96,167.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0.	140,852.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	46,549.	7,654.
- 8	19	Revenue less expenses. Subtract line 18 from line 12			
ance ance				eginning of Current Year 186 , 643 .	End of Year 180,015.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		181,364.	167,082.
let ∕ und	21	Total liabilities (Part X, line 26)		5,279.	12,933.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,419.	14,900.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	and statem	ante and to the best of m	knowledge and balief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of w			r knowledge alld bellet, it is
u ue	, correc		men prepare	nas any knowleuge.	

Sign	Signature of officer		D	Date								
Here	LORI K. LEE, PRESIDENT	1										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date									
Paid	CINDY MERCER NEW		03/17/	11 self-employed								
Preparer		ACKSON & ASSOCIATES,	PA F	irm's EIN 🕨								
Use Only	Firm's address 212 S THIRD ST											
	SMITHFIELD, NC 2	27577	P	Phone no. 919-934-6109								
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No								
032001 02-2	D32001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)											

See Schedule O for Organization Mission Statement Continuation

orm	990 (2010) ME FINE FOUNDATION	20-1819368 Pa
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: THE ME FINE FOUNDATION PROVIDES NECESSARY RESOURCE	S AND FINANCIAL
	ASSISTANCE TO PARENTS AND CAREGIVERS WITH CHILDREN	BEING TREATED AT
	DUKE AND UNC CHILDREN'S HOSPITALS.	
	Did the organization undertake any significant program services during the year which were not listed	don
2	the 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	n services?
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program served	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of grants and
10	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 108,513 • including grants of \$) (Revenue \$ 25, 17)
4a	(Code:) (Expenses \$ 108,513. including grants of \$ THE ME FINE FOUNDATION PROVIDES NECESSARY RESOURCE	
	ASSISTANCE TO PARENTS AND CAREGIVERS WITH CHILDREN	
	DUKE AND UNC CHILDREN'S HOSPITALS.	
1b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
14	Other program services. (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 108,513.)
		Form 990 (2
32002 2-21-		,
	3	
40	317 788351 MEFINE 2010.03010 ME FINE FOUNDAT	FION MEFINE

Form 990 (FINE	
Part IV	Checklist o	f Requi	red Sch	edules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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	8		x
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or 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, 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		x
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 VII	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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, XII, and XIII	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, XII, and XIII 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,			
	and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		x
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 employees? <i>If</i> "Yes," <i>complete Schedule J</i>	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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	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 to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFh		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		X
з <u>э</u>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		-	000 /	

Form **990** (2010)

032004 12-21-10

Form	990 (2010) ME FINE FOUNDATION	20-1819	368	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
			_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to prize winners?		1c		
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	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)			
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," provide an explanation in Schedule O		Зb		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		5b		Х
	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 t				
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-			
	to file Form 8282?		7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
10	amounts due or received from them.)	11b	1.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			X
		μ Ο	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U	14b		

Form **990** (2010)

032005 12-21-10

ME	FINE	FOUNDATION

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b		8b	X	
9	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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?			X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	101		
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available while inspection indicate have a scillable. Check all that each use	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statemente queilable to the public	anu tina	anciai	
00	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	otion. •		
20	LORI K. LEE - 919-202-0086	auon:		
	5100 US HIGHWAY 70 EAST, PRINCETON, NC 27569			
		Form	990	(2010)
03200 12-21-		1 0111	550	(2010)
12-21-	· u · · · · · · · · · · · · · · · · · ·			

ME FINE FOUNDATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII

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

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		<u> </u>				-				(=)
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	6	Positio (check all that				ь A	Reportable	Reportable	Estimated
	hours per week		neck T	air	that I	app I	iy)	compensation from	compensation from related	amount of other
	(describe	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			en sa		(W-2/1099-MISC)	()	organization
	organizations	al tru	onalt		oloye	co ml				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	Ē	- L	B	Å	er Hi	ß			
JOSH SWINDELL										
DIRECTOR	1.00	X						0.	0.	0.
LORI LEE										
PRESIDENT	40.00			Х				0.	0.	0.
DR. FOLDEN LEE, III										
VICE-PRESIDENT	1.00			Х				0.	0.	0.
LYNNE CARROLL										
SECRETARY TREASURER	5.00			Х				0.	0.	0.
			1							

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	990 (2010) ME FINE	FOUNDAT	101	N						20-18	<u>193</u>	68	Pa	age 8
Par	t VII Section A. Officers, Directors, Tr		nplo	oyee			High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per	(c		Pos call		i app	olv)	Reportable compensation	Reportable compensation			imate ount	
		week	<u> </u>					<u>,</u> ,	from	from related			ther	01
			Individual trustee or director						the	organizations		comp		
		hours for related	ee or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC	2)		m the	
		organizations	Itrust	nal tru		oyee	ompe		(00-2/1099-0015C)			orga and	relat	
		in Schedule	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizati	ons
		O)	h	lns	ŧ	Key	en <u>H</u> ic	ē			\square			
			-				-	-			-+			
											\rightarrow			
							-							
							<u> </u>	_			\rightarrow			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	iose	liste	ed a	bove	e) wł	no r	received more than \$100	,000 in reportable				
	compensation from the organization											;	Yes	0 No
3	Did the organization list any former officer,	director or tru	etoc	ko	v or		voo	orl	highest companyated or		Г	_	163	
3	line 1a? If "Yes," complete Schedule J for s								nighest compensated er			3		Х
4	For any individual listed on line 1a, is the su										–			
	and related organizations greater than \$15										[4		Х
5	Did any person listed on line 1a receive or	-				-		elat	ted organization or indiv	idual for services				
0	rendered to the organization? If "Yes," com	plete Schedul	e J f	for si	uch	pers	son .					5		Х
	tion B. Independent Contractors	magazatad in	don	anda	nt o	ont	raata		that received more than	¢100.000 of com		tion fr		
1	Complete this table for your five highest contract the organization. NONE	mpensated in	uepe	ende		Onu	racio	JIS	that received more than	\$100,000 of comp	ensa	LION IN	om	
	(A)								(B)			(C)		
	Name and business	address							Description of s	services	Co	mpen		n
								_						
	Tetel south as affinale and the second	a altration of the	-1.1		-1.4			- 1						
2	Total number of independent contractors (\$100,000 in compensation from the organi	•	iot II	mite	u 10		ise II: 0	stec	abovej who received h	iore trian				

\$100,000 in compensation from the organization

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Form **990** (2010)

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Form	990	(201	0)

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Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
am,		Fundraising events						
ilar		Related organizations						
sins		Government grants (contribut	· ·					
er utio	f	All other contributions, gifts, gran		00 170				
et i		similar amounts not included abo		89,478. 37,396.				
Con	-	Noncash contributions included in lines			89,478.			
-		Total. Add lines 1a-1f		Business Code				
e	2 a	Unrealized gain	on inv	900099	1,874.	1,874.		
, Ż	b	T-shirt sales		453310	25.	25.		
Program Service Revenue	c							
am	d							
р Б С	е							
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1,899.			
	3	Investment income (including			104	104		
		other similar amounts)			104.	104.		
	4	Income from investment of ta						
	5	Royalties	(i) Real					
	6 2	Gross Rents	(I) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
			L	▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
Other Revenue	8 a	Gross income from fundraisin including \$	of					
Be		contributions reported on line	-	42,872.				
her	h	Part IV, line 18 Less: direct expenses		9,023.				
ō		Net income or (loss) from fund		▶	33,849.			33,849.
		Gross income from gaming ad	-		,			
		Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ning activities	>				
	10 a	Gross sales of inventory, less	returns	64 450				
		and allowances		64,173.				
		Less: cost of goods sold			22 176	22 176		
ł	С	Net income or (loss) from sale			23,176.	23,176.		
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 а ь							
	b c							
	d d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			148,506.	25,179.	0.	33,849.
03200 12-21	9 - 10							Form 990 (2010)

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ME FINE FOUNDATION Part IX Statement of Functional Expenses

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	experiese
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		35,481.	11,827.	11,827.	11,827
7 0	Other salaries and wages Pension plan contributions (include section 401(k)	55,401.	±±,027•	±±,04/•	11,027
8					
~	and section 403(b) employer contributions)				
9	Other employee benefits	9,204.	3,068.	3,068.	3,068
0	Payroll taxes	5,404.	5,000.	3,000.	5,000
1	Fees for services (non-employees):				
а	Management				
b		1 010	1 010		
С	Accounting	1,018.	1,018.		
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1 000	1 000		
g	Other	1,926.	1,926.		
2	Advertising and promotion	1,342.	1,342.		
3	Office expenses	3,639.	3,214.	425.	
4	Information technology				
5	Royalties				
6	Occupancy	11,581.	11,581.		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	13,759.	13,759.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,510.	5,510.		
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	ASSISTANCE TO FAMILIES	55,218.	55,218.		
b	PENALTIES	1,077.		1,077.	
č	BANK CHARGES	1,047.		1,047.	
ч	TAXES AND LICENSE	50.	50.	_, • _ , •	
u e					
e f	All other expenses				
-	Total functional expenses. Add lines 1 through 24f	140,852.	108,513.	17,444.	14,895
5 6		±=0,052•		±/,===•	±=,095
6	Joint costs . Check here \blacktriangleright if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational comparison and fundations.				
	combined educational campaign and fundraising solicitation				

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ME FINE FOUNDATION Form 990 (2010) Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		15,867.	1	14,748.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di			-	
	-	employees, and highest compensated employee	, , ,			
		of Schedule L	·		5	
	6	Receivables from other disgualified persons (as			_	
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
ssets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	15,000.
	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 171,742	•		
	b	Less: accumulated depreciation	10a 171,742 10b 21,475	. 155,776.	10c	150,267.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		186,643.	16	180,015.
	17	Accounts payable and accrued expenses			17	5,951.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director				
-iat		highest compensated employees, and disqualifi	ed persons. Complete Part II			
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	161,131.
	25	Other liabilities. Complete Part X of Schedule D		101 001	25	167,082.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	N X and complete	101,304.	26	107,002.
6						
ice:	27	lines 27 through 29, and lines 33 and 34.		5,279.	27	12,933.
alar	28	Unrestricted net assets Temporarily restricted net assets		-	28	12,5551
B	20	B			20	
n	25	Organizations that do not follow SFAS 117, cl	heck here heck here		23	
г Г		complete lines 30 through 34.				
ts o	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or ec			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances			33	12,933.
	34	Total liabilities and net assets/fund balances		100 040	34	180,015.
				· ·		Form 990 (2010)

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Form	1 990 (2010) ME FINE FOUNDATION	20	-18193	68	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				06.
2	Total expenses (must equal Part IX, column (A), line 25)	2				52.
3	Revenue less expenses. Subtract line 2 from line 1	3				54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	5,2	79.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12	2,9	33.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
			F	orm 🤇	990 ((2010)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

Internal Reve	nue Service	► At	tach to Form 990 or Fo	orm 990-E2	Z. 🕨 See	separate	instructio	ons.		Inspe	ection	
Name of	the organizati	on						E	nployer	identificati	on nu	mber
		ME FINE	FOUNDATION						2	0-1819	368	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.	,			
The orgar	ization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1 🗂			s, or association of chur									
2			0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization	-		170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	ne,
	city, and stat											
5	An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in		
		(b)(1)(A)(iv). (Comple		-		-	-					
6			ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X			eives a substantial part					or from the	general	public desc	ribed i	in
		b)(1)(A)(vi). (Comple				0			0	•		
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, a	ind gross rea	ceipts	from
			nctions - subject to certa									
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and op	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	4).				
11 🗌	An organizati	ion organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes c	of one	or
	more publicly	/ supported organiza	ations described in section	on 509(a)(1	1) or sectio	on 509(a)(2	.). See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1 ⁻	1e through	n 11h.				_		
	a 🗌 Type I	l b	Type II c	с 🗔 Туре	e III - Func	tionally int	egrated		d] Type III - C	Other	
е 🗌	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	ier tha	เท
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509)(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									. L
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	in (ii) and (i	ii) below	',	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) a	or (ii) above	ə?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization((s).							
										i		
(i) Name	of supported	(ii) EIN	(iii) Type of organization	r /	organization			(vi) Is organizatio	on in col.	(vii) Am	10unt o	of
org	anization		(described on lines 1-9		sted in your document?			(i) organize U.S.	ed in the	sup	port	
			above or IRC section									
			(see instructions))	Yes	No	Yes	No	Yes	No			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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14 2010.03010 ME FINE FOUNDATION OMB No. 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2010 ME FINE FOUNDATION

Part II

20-1819368 Page	e 2	е	e	1	2		c	0	(1	1	3	2	2		,	2)				\$)))						()							•																									•)))))		5
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	147,501.	109,874.	179,224.	46,447.	89,478.	572,524.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	147,501.	109,874.	179,224.	46,447.	89,478.	572,524.
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.						572,524.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	147,501.	109,874.	179,224.	46,447.	89,478.	572,524.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			250.	103.	104.	457.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				37,643.	42,872.	
11	Total support. Add lines 7 through 10						653,496.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	157,603.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	ohere					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	87.61 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	94.41 %
1 6a	33 1/3% support test - 2010. If the o	rganization did not	check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			► X
b	33 1/3% support test - 2009. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and s	stop here. Explain	in Part IV how the	;
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					0.1.	-I. I. A (E	000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2010

032022 12-21-10

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					l	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
					== + () (=)	nization
14 First five years. If the Form 990 is for t	he organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	
check this box and stop here	-			tax year as a section		
check this box and stop here Section C. Computation of Public	c Support Pe	rcentage				
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin	c Support Pe ne 8, column (f) d	rcentage ivided by line 13,	column (f))		15	►□ 9
check this box and stop hereSection C. Computation of Public15Public support percentage for 2010 (lin16Public support percentage from 2009 S	c Support Pe ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, III, line 15	column (f))			
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom	rcentage ivided by line 13, III, line 15 e Percentage	column (f))	- 	15 16	▶□ 9 9
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest 17 Investment income percentage for 201	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li	column (f))	- 	15 16 17	9 9 9
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest 17 Investment income percentage for 2010 18 Investment income percentage from 20	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A,	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17	column (f))		15 16 17 18	99 99 99 99
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2010. If the o	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A, organization did n	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and lin	e 15 is more than	15 16 17 18 33 1/3%, and lir	9 9 9 9 9 9 9
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2010. If the o more than 33 1/3%, check this box and	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom IO (line 10c, colur IO (line 10c, colur IO schedule A, organization did n d stop here. The	rcentage ivided by line 13, , III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua	column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and linzation	9 9 9 9 9 9 9 9 9
 check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 Section D. Computation of Invest 17 Investment income percentage for 2010 18 Investment income percentage from 20 19a 33 1/3% support tests - 2010. If the o more than 33 1/3%, check this box and b 33 1/3% support tests - 2009. If the o 	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom IO (line 10c, colur IO (line 10c, colur IO schedule A, organization did n d stop here. The organization did n	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or	column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and linzation ore than 33 1/3%	
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2010 (lin 16 Public support percentage from 2009 S Section D. Computation of Invest 17 Investment income percentage for 201 18 Investment income percentage from 20 19a 33 1/3% support tests - 2010. If the o more than 33 1/3%, check this box and	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A, organization did n d stop here. The organization did n sk this box and s	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box organization qua not check a box or top here. The org	column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line zation ore than 33 1/3% ported organization	

16540317 788351 MEFINE

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2010
2010
Open to Public
Inspection
inspection

Nam	e of the organization ME FINE FOUNDATION			Employer identification number 20-1819368				
Pa		Funds or Other Similar Funds	or Ac					
Fa			OF AC	Complete if the				
	organization answered "Yes" to Form 990, Part IV, line 6.	. (a) Donor advised funds	(h)	Funds and other accounts				
4	Total number at and of year		(8)					
1	Total number at end of year Aggregate contributions to (during year)							
2 3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writ	ting that the assets hold in denor advise	d fund	<u> </u>				
5	•	0						
6	5 117, 7 5 5							
Ŭ	for charitable purposes and not for the benefit of the donor or d							
Pa								
1	Purpose(s) of conservation easements held by the organization		,					
	Preservation of land for public use (e.g., recreation or edu		orically	important land area				
	Protection of natural habitat	Preservation of a certif						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form o	of a con	servation easement on the last				
	day of the tax year.							
				Held at the End of the Tax Year				
а	Total number of conservation easements		Г	2a				
b				2b				
с	Number of conservation easements on a certified historic struct	ture included in (a)	Г	2c				
d	Number of conservation easements included in (c) acquired after							
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, release			ation during the tax				
	year ▶							
4	Number of states where property subject to conservation easen	ment is located						
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it ho							
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements du	iring the	e year 🕨				
7	Amount of expenses incurred in monitoring, inspecting, and enf							
8	Does each conservation easement reported on line 2(d) above s	• • • •						
	and section 170(h)(4)(B)(ii)?							
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	statem	ent, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	he orga	inization's accounting for				
De	conservation easements.	Art Historical Tracquires or Ot	hor 6	imilar Acceto				
Pa	rt III Organizations Maintaining Collections of A		ner 5	imilar Assets.				
	Complete if the organization answered "Yes" to Form 99							
та	If the organization elected, as permitted under SFAS 116 (ASC 9							
	historical treasures, or other similar assets held for public exhibit		ice of p	ublic service, provide, in Part XIV,				
h	the text of the footnote to its financial statements that describes		م ما ام م					
D	If the organization elected, as permitted under SFAS 116 (ASC strangering or other einsite aparts hold for public sublikition or un							
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pub	iic serv	ice, provide the following amounts				
	relating to these items:			► ¢				
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$ ▶ \$				
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu	uros, or other similar assets for financial						
2	the following amounts required to be reported under SFAS 116		yaπ, ρ					
а	Revenues included in Form 990, Part VIII, line 1			▶ \$				
	Assets included in Form 990. Part X			► * ▶ \$				

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Schedule D (Form 990) 2010

16540317 788351 MEFINE

_		FOUNDATIO						B Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	r Other	Similar Asse	ets (conti	nued)
3	Using the organization's acquisition, access (check all that apply):	ion, and other record		C C	Ū	ificant use of its	collectior	n items
а	Public exhibition	d		change program				
b	Scholarly research	e	└── Other					
С	Preservation for future generations							
4	Provide a description of the organization's c						rt XIV.	
5	During the year, did the organization solicit of						٦.,	┌┐
Der	to be sold to raise funds rather than to be m							└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	on answered ""	Yes" to ⊦o	rm 990, Part IV,	line 9, or	
-			line for a static		- + +	li i al a al		
1a	Is the organization an agent, trustee, custod						Vee	
h	on Form 990, Part X?					L	_ Yes	└── No
D	If "Yes," explain the arrangement in Part XIV	and complete the lo	lowing table:				A	
-	Designing belonge					10	Amount	
	Beginning balance					1c 1d		
	Additions during the year					1e		
f	Distributions during the year Ending balance					1f		
' 2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIV		21			<u> </u>	_ 100	
	t V Endowment Funds. Complete		swered "Yes" to Fo	orm 990, Part I	V, line 10.			
	·	(a) Current year	(b) Prior year			Three years back	(e) Four	years back
1a	Beginning of year balance							<u> </u>
b	Contributions							
с	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held a	IS:					
а	Board designated or quasi-endowment 🕨		_%					
b	Permanent endowment	%						
с	Term endowment	%						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administer	ed for the	organization	-	
	by:							Yes No
	(i) unrelated organizations						. 3a(i)	
							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organization						. 3 b	
4	Describe in Part XIV the intended uses of the	<u>u</u>						
Par	t VI Land, Buildings, and Equipm							
	Description of investment	(a) Cost or o		t or other	(c) Accu		(d) Book	value
		basis (investr	,	(other)	depre		1	1 000
	Land			14,900. 34,981.	1	3,980.		1,900. L,001.
	Buildings)+, JOI•		5,900.	12.	L, UUI •
	Leasehold improvements							
	Equipment			21,861.		7,495.	1,	1,366.
	Other					<u>, , = , , .</u>		<u>,267.</u>

032052 12-20-10

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, lir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(H)			
(I) Total (Col (b) must equal Form 000, Part V, col (P) line 12)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Set		ine 10	
	ee Form 990, Part X, I		od of valuation:
(a) Description of investment type	(b) Book value		f-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) N/P - BB&T		145,871.	
(3) N/P - BB&T LOC		13,185.	
(4) N/P - OFFICER		2,075.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
		1 6 1 1 2 1	
Total. (Column (b) must equal Form 990, Part X, col (B) line Filv 48 (ASC 740) Fouriore. In Part XIV, provide the text of the footnote to Filv 48 (ASC 740).	e 25.)	161,131. statements that reports the organization's liabili	ty for uncertain tax positions under
2. FIN 48 (ASC 740).	<u> </u>		
032053 12-20-10			Schedule D (Form 990) 2010

16540317 788351 MEFINE

Schedule D (Form 990) 2010 ME FINE FOUNDATION		20-18	19368 Page	,4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	icial Sta			
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1		148,506	
2 Total expenses (Form 990, Part IX, column (A), line 25)	2		140,852	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3		7,654	•
4 Net unrealized gains (losses) on investments	4			
5 Donated services and use of facilities	5			
6 Investment expenses	6			
7 Prior period adjustments	7			
8 Other (Describe in Part XIV.)	8			
9 Total adjustments (net). Add lines 4 through 8	9			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		7,654	Ł.
Part XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per	Return		
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:				
a Net unrealized gains on investments 2a				
b Donated services and use of facilities 2b				
c Recoveries of prior year grants 2c				
d Other (Describe in Part XIV.)				
e 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:				
a Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b Other (Describe in Part XIV.)				
c 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 XIII Reconciliation of Expenses per Audited Financial Statements With Exp				
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:				
a Donated services and use of facilities 2a				
b Prior year adjustments 2b		_		
c Other losses 2c		_		
d Other (Describe in Part XIV.)				
e Add lines 2a through 2d				
3 Subtract line 2e from line 1		. 3		_
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIV.)				
c Add lines 4a and 4b				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5		_
Part XIV Supplemental Information	+ N / 15			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2010

032054 12-20-10

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

110

OMB No. 1545-0047

	.		_	-				
Department of the Treasury Internal Revenue Service	Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.							
Name of the organizatio	n						Employer id	entification number
	ME FINE	FOUNDATION					20-1819	9368
Part I Fundrais required to	complete this par	Complete if the organization answ t.	ered "\	/es" to	o Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
		sed funds through any of the followi	na acti	vities	Check all that apply			
a Mail solicitat					overnment grants	•		
	email solicitations			•	nment grants			
		g 📖 Special	Tunura	aising	events			
d In-person so								
		or oral agreement with any individua						Π
• • •		art VII) or entity in connection with p			-		└── Ye	
		ividuals or entities (fundraisers) purs	uant to	o agre	ements under which	the f	undraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	fundr have c	Did aiser	(iv) Gross receipts		or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)			itrol of utions?	from activity	fundraiser listed in col. (i)		organization
				1		113		
			Yes	No				
Total								
	ich the ergenizatio	n is registered or licensed to colicit			ar haa haan natifia		avagent from	ragiatration
or licensing.	ich the organizatio	on is registered or licensed to solicit	CONTIN	oution	s of has been notified	JILIS	exempt from	registration

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Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

Schedule G (Form 990 or 990 EZ) 2010 ME FINE FOUNDATION

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000									
		of fundraising event contributions and gr	oss income on Form 990		events with gross receip	ts greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			~~~~	SOFTBALL		(add col. (a) through				
			GALA	TOURNAMENT	4	col. (c))				
ne			(event type)	(event type)	(total number)					
Revenue			25,446.	10 024	6,602.	42,872.				
Re	1	Gross receipts	25,440.	10,824.	0,002.	42,072.				
	2	Less: Charitable contributions								
	2									
	3	Gross income (line 1 minus line 2)	25,446.	10,824.	6,602.	42,872.				
	4	Cash prizes								
			120	65	1 0 4 0	1 0 0 7				
ses	5	Noncash prizes	130.	65.	1,042.	1,237.				
<b>Direct Expenses</b>	6	Rent/facility costs								
EX.	0									
rect	7	Food and beverages	3,570.	1,322.	90.	4,982.				
ā		•								
	8	Entertainment								
	9	Other direct expenses	1,860.	599.	345.	2,804.				
	10	, , , , , , , , , , , , , , , , , , , ,				( 9,023,				
11 Net income summary. Combine line 3, column (d), and line 10										
Гd	rt i	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than					
		\$13,000 011 0111 990-LZ, line ba.		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
eve										
<u>ш</u>	1	Gross revenue								
ses	2	Cash prizes								
sua	•	New code or view c								
Direct Expenses	3	Noncash prizes								
ect	4	Rent/facility costs								
Ō	•									
	5	Other direct expenses								
			<b>Yes</b> %	└── Yes %	<b>Yes</b> %					
	6	Volunteer labor	No No	└── No	No No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	()				
	٥	Net gaming income summary. Combine line 1	L column d and line 7		•					
	0	The gaming income summary. Combine line	r, column d, and line r							
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:							
		he organization licensed to operate gaming ac				Yes No				
b	lf "	No," explain:								
					-					
		ere any of the organization's gaming licenses re			year?	Yes No				
α	П.,	Yes," explain:								

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 ME FINE FOUNDATION	20-1	819	368	Page 3
11 Does the organization operate gaming activities with nonmembers?			Yes	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	ormed			
to administer charitable gaming?			Yes	└── No
<b>13</b> Indicate the percentage of gaming activity operated in:				
a The organization's facility				%
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events books a</li></ul>		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:			
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?		Yes	🗆 No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and	the amount			
of gaming revenue retained by the third party $\blacktriangleright$ \$				
<b>c</b> If "Yes," enter name and address of the third party:				
Name				
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			Vaa	🗌 No
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations		. 🖵	Yes	
organization's own exempt activities during the tax year <b>&gt;</b> \$	or spent in the			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line	e 2b, columns (iii)	and (v	), and	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addi	tional information	ı (see i	nstruc	tions).
032083 01-13-11 S	chedule G (Form	n 990 d	or 990	-EZ) 2010
23		-		,

16540317 788351 MEFINE 2010.03010 ME FINE FOUNDATION

### SCHEDULE M (Form 990)

Department of the Treasury

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

. Inspection Employer identification number

OMB No. 1545-0047

**Open to Public** 

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20-1819368

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Internal Revenue Service
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Name of the organization ME FINE FOUNDATION

	(a)	(b)	(c)	(d)
	Check if	Number of	Noncash contribution	Method of determining
	applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amounts
Art - Works of art				
2 Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods			35,696.	SALE PRICES
Cars and other vehicles				SALE PRICE
Boats and planes				
3 Intellectual property				
Securities - Publicly traded				
D Securities - Closely held stock				1
Securities - Partnership, LLC, or				
trust interests				
2 Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Oth				
Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
I Taxidermy				
2 Historical artifacts				
Scientific specimens				
Archeological artifacts				
5 Other 🕨 (	)			
6 Other ► (				
7 Other ► (	)			
B Other 🕨 (	)			
9 Number of Forms 8283 received by the	organization durin	g the tax vear for c	contributions	
for which the organization completed Fo	-			

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must h	old for		
	at least three years from the date of the initial contribution, and which is not required to be used for exempt purpose	es for		
	the entire holding period?		1	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 non-standard contributions?			Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?		ı	X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	chedule M (For	n 990)	(2010)

032141 12-23-10

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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 990-EZ.	•EZ OMB No. 1545-0047 2010 Open to Public Inspection
Name of the organization	ME FINE FOUNDATION	Employer identification number 20-1819368
Form 990, Part	I, Line 1, Description of Organization Miss	sion:
CAREGIVERS WITH	H CHILDREN BEING TREATED AT DUKE AND UNC CH	ILDREN'S
HOSPITALS.		
Form 990, Part ARE MARRIED.	VI, Section A, line 2: LORI K. LEE & DR. FO	OLDEN LEE III
	VI, Section B, line 11: PREPARER OF THE 990	) DISCUSSES
RETURN WITH GOV	VERNING BODY	
Form 990, Part REQUEST	VI, Section C, Line 19: ALL DOCUMENTS ARE A	AVAILABLE UPON
		ula O (Fauna 200 000 F7) (20 10)
LHA For Paperwork Reduce 032211 01-24-11	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Schedu	ule O (Form 990 or 990-EZ) (2010)

	IRS e-file Signature Authorization	I	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		0040
		20	2010
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>See instructions.</li> </ul>		
Name of exempt organization		Employer	identification number
	ME FINE FOUNDATION	20-1	819368
Name and title of officer			
	LORI K. LEE PRESIDENT		
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	Irn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, t lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave	line 1b, 2b, 3b, 4b, or 5
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	14850
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec		3b	
4a Form 990-PF check h		4b	
5a Form 8868 check her			
Part II Declarat	tion and Signature Authorization of Officer		
processing of the electron payment. I have selected	nan 2 business days prior to the payment (settlement) date. I also authorize the financial i nic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal. <b>box only</b>	d resolve is	ssues related to the
I authorize		to enter m	
	ERO firm name	to enter n	Enter five numbers
is being filed wit	on the organization's tax year 2010 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen.		hat a copy of the return
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2010 e this return that a copy of the return is being filed with a state agency(ies) regulating char nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date 🕨		
Part III Certifica	tion and Authentication		
	pur six-digit electronic filing identification		
	your five-digit self-selected PIN. 56104412345 do not enter all zeros		
	meric entry is my PIN, which is my signature on the 2010 electronically filed return for the ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) ss Returns.		
ERO's signature 🕨	Date <b>D</b> ate	17/11	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	<u> </u>	
		30	Form <b>8879-EO</b> (201
LHA For Paperwork Red 023051 12-27-10	duction Act Notice, see instructions.		2011 <b>007 9-EO</b> (2011
	26		<b></b>
540317 788351	MEFINE 2010.03010 ME FINE FOUNDATION		MEFINE_1