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Department of the Treasury

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

mai Rev	enue Service		▶ The organization may have to use a copy of this re			nts.		
For th	ne 2009 calend	ar year,	or tax year beginning	, 2009, and				, 20
Check i	if applicable: Please C Name of organization			ı) Employ		entification number	
	s change	use IRS label or	The VINE Foundation)-0943686
	change	print or	Number and street (or P.O. box, if mail is not delivered	ed to street address) Ro	om/suite E	E Telepho	ne ni	ımber
Initial n Termin		type. See	39 Coastal Oak	ľ			94	9-360-0336
	led return	Specific Instruc-	City or town, state or country, and ZIP + 4			F Group	Exer	nption
	ation pending	tions.	Alio Viejo, CA 92656-2126			Numbe		•
• Sc	ection 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable	trusts must attach	G Account	tina Meth	od:	✓ Cash
- 36	:C11011 30 1 (C)(0)		inpleted Schedule A (Form 990 or 990-EZ).	irusis iriusi attacir		specify)		
								rganization is not
M-L-	the Thou	nofoun	dation.com		1			heduie B (Form 990,
			The state of the s	4947(a)(1) or 527	1 .	, or 990-f		riedule D (FOITH 550,
			nly one) — 🗹 501(c) (3) ◀ (insert no.) 🔲	<u> </u>				
Check		_	zation is not a section 509(a)(3) supporting organ		-	-		
			turn is not required, but if the organization cho				e ret	<u>um</u>
	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receipts; if \$500,000 or mor	e, file Form 990 instead of	of Form 990-E	<u>Z</u> ▶	<u>\$</u>	
art I	Revenu	e, Exp	enses, and Changes in Net Assets	or Fund Balances	(See the i	nstructi	ons	
1			ts, grants, and similar amounts received.			· · 📙	1	82,422
2	Program s	ervice r	evenue including government fees and co	ntracts		🗀	2	0
3	_		s and assessments			🗔	3	0
4		•				Г	4	0
5			m sale of assets other than inventory .	5a		0	\neg	
1 .			er basis and sales expenses			0		
			n sale of assets other than inventory (Subt		5a)		ъ́с	0
			tivities (complete applicable parts of Schedule G). If ar					
6					, 31.00K 110/07	-		
			ot including \$ of cor			اه	ı	
Ι.	•)		 -		-	
6		•		<u>[6b]</u>			.	•
'		•	ss) from special events and activities (Subt	1 1	:6a)	· · _ _6	šc	0
7			rentory, less returns and allowances	. 7a		0		
	b Less: cost			REDEL	VED.	70	ļ	
	c Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7	b from line 7a)	٠:: : (7_ا - ∥د	7c	0
8	Other reve	nue (de	scribe ►	N 2	U	2)	8	0
9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	18 . MAY 1. 4	2010	<u>}</u>	9	82,422
10	Grants and	simila	r amounts paid (attach schedule)		J.C.	? 1	10	32,825
11			or for members	· AMERICA.	<u> </u>	ā∥. [1	11	0
			mpensation, and employee benefits	- OGDEN	, UT	1 H	12	0
13	•		and other payments to independent contr	actors		:≝/ ├	13	500
12 13 14			.4994			<u> </u>	14	0
,						· · -	15	0
15			ons, postage, and shipping				\neg	32,225
16			describe Office Expense , Meetings, off				16	65,550
17			Add lines 10 through 16				17	
18) for the year (Subtract line 17 from line 9)				18	16,872
19			nd balances at beginning of year (from lin					
ĺ	=	_	e reported on prior year's return)			_	19	167,153
20	Other char	nges in	net assets or fund balances (attach explai	nation)		_	20	
21			d balances at end of year. Combine lines 1				21	184,025
art			ets. If Total assets on line 25, column (B) a				stea	d of Form 990-EZ.
			(See the instructions for Part II.)			nning of ye		(B) End of year
2	Cash savings	and in	nvestments			167,1	153	22 184,025
	_						_	23 0
		_						24 0
4			pe▶			407	\rightarrow	
_	lotal assets				 	167,1		
6	Total liabilitie		cribe ► calances (line 27 of column (B) must agree	7.4) ———	167,1		26 27 184,025

	200 12 (2000)					8
Par	Statement of Program Service Accord	plishments (See the instr	uctions for Part II	l.)		Expenses
	t is the organization's primary exempt purpose?					ired for section
	ribe what was achieved in carrying out the or					(3) and 501(c)(4) izations and section
man	ner, describe the services provided, the number	of persons benefited, and o	other relevant info	mation for		a)(1) trusts; optional
each	program title.				for ot	hers.)
28	The funds for program services were used to provide	de assistance to people who a	re poor and distres	sed.		
	Funds are also used to advance the Christian Faith					
	(Grants \$ 32,825) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	28a	32,825
29			-			
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	. ▶ □	29a	
30	(crano)					
~						
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)				1	
٠.	•	t includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a				32	32,825
	t IV List of Officers, Directors, Trustees, and Ke					
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
Lies	Hamilton	GOVOLO TO POLICO				
	coastal Oak Alio Viejo, CA 92656	President / Director 5	0		0	0
33 0	Oastal Oak Allo Viejo, OA 32000		ļ <u> </u>			
		·				
Sho	ri Barry					
) Solana Way Laguna Beach, CA 92651	Director 1	0		0	0
2150	Oblana Way Lagana Deach, On 32501	 			<u>_</u>	<u> </u>
		-				
lear	n Berkon	+				
	coastal Oak Aliso Viejo, CA 92656	Director 1	1 0		0	0
33 0	Odstal Odk Aliso Vicjo, OA 32000	 				
lace	queline Hamilton					
	calle Princesca Cota De Caza, CA 92679	Director 1	0		0	o
120	ane i incessa com se cam, ex esse					
		[
Sus	an Rhorer					
	ıracao Laguna Niguel, CA 92677	Treasurer 1	0		0	o
7 00	naddo Legana ragoon, ort ozorr					
		-				
Chri	s Boyce		 	 		
	coastal Oak Aliso Viejo, CA 92656	Director 1	0		0	o
				 		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	į	1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	_	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:]		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		}
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior 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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ California			
42a		49-35	3-0338	5
	Located at ▶ 39 Coastal Oak Aliso Viejo, CA ZIP + 4 ▶	92656	-2126	
b	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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
				(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1) non 7(a)(1) nonexempt cha d 51.	exempt charit iritable trusts m	able trusts only. A oust answer question	ll sections 46	on 49b	
46	Did the organization engage in direct or indirect	political campaign activ	ties on behalf of	or in opposition to	Υ	es No	
	candidates for public office? If "Yes," complete S				46	√	
	Did the organization engage in lobbying activities				47	1	
	Is the organization a school as described in section				48	√	
	Did the organization make any transfers to an ex	-	•		49a	→ ✓	
	If "Yes," was the related organization a section 5. Complete this table for the organization's five high				49b hustees	and key	
	employees) who each received more than \$100,0	000 of compensation from	n the organizatio	n. If there is none, en	ter "Nor	ne."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans & deferred compensation	accou	pense int and owances	
None							
	····						
			-		ļ		
	-				<u> </u>		
				Ì	•		
		· · · · · · · · · · · · · · · · · · ·					
]		
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor p	·	····· • • • • • • • • • • • • • • • • •	Type of service	(c) Comp	ensation	
None				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							
		• • • • • • • • • • • • • • • • • • • •					
d	Total number of other independent contractors e	ach receiving over \$100,	000▶	· · · · · · · · · · · · · · · · · · ·	 		
	Under penalties of perjuny, I declare that I have examine and belief, it is true, correct, and complete. Declaration	d this return, including accompa of preparer (other than officer) is	anying schedules and based on all informa	statements, and to the bestion of which preparer has	at of my kn any knowl	owledge edge.	
Sign Here	Signature of officer Date						
	Lisa Hamilton, President / Director						
	Type or print name and title			-			
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See in	structions)	
Prepare Use On	i remis name (or 🛕	L		EIN ►			
	address, and ZiP + 4			Phone no. ▶			
May th	e IRS discuss this return with the preparer shown	above? See instructions		▶ [Yes [No EZ (2009)	

SCHEDULE A (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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

The VINE Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated d ☐ Type III-Other **b** Type II a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support col (i) of your (i) organized in the above or IRC section governing document? US? (see instructions)) support? Yes Yes

Total

Par	Support Schedule for Org (Complete only if you check	anizations D ced the box o	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.))(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,000	140,204	130,765	142,700	82,422	587,091
2	Tax revenues levied for the 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	91,000	140,204	130,765	142,700	82,422	587,091
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.						11,472
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	91,000	140,204	130,765	142,700	82,422	587,091
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						507.004
11	Total support. Add lines 7 through 10 .						587,091
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ne	<u> </u>	d, third, fourth,			
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2009 (line	6, column (f) div	vided by line 11	l, column (f))		14	0.01 %
15	Public support percentage from 2008 Scl					15	0.02 %
	33½ % support test – 2009. If the organizand stop here. The organization qualifies	as a publicly s	upported organ	nization			▶ □
b	33½ % support test-2008. If the organization qua	zation did not c difies as a publi	heck a box on dy supported o	Eine 13 or 16a, a programization .	and time 15 is 3	131/3% or more,	check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum"	acts-and-circun	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test-2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts and circum ances" test. The	stances" test, coorganization qua	heck this box a difies as a public	ind stop here. I ly supported org	Expla in in P art l ganization	Now the ►□

	lule A (Form 990 or 990-EZ) 2009					····	Page 3
Pai	t III Support Schedule for Organ (Complete only if you checke	nizations De	scribed in S	ection 509(a	1)(2)		
	tion A. Public Support	u use box o	I mie 3 Oi Fa	3 t 1.)			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
•	g, per (et most, year organism g, p	(4) -000	(2) 2000	(0) = 001	(4)	(0, 200	1,750
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 unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					ļ 	
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						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6.)					İ	
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
9	Amounts from line 6					 	
0a	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						
С 1	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)			·			
14	First five years. If the Form 990 is for to organization, check this box and stop to			nd, third, fourti			
Sec	tion C. Computation of Public Sup						
5 6	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	art III, line 15			15 16	% %
<u> Sec</u>	tion D. Computation of Investmen	t Income P	ercentage			1 1	
	Investment income percentage for 2009	fline 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	%
17	Investment income percentage from 20			-		18	%

b 33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

	Fage 4 Complete this part to complete the evaluation maying by Part II line 10.							
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.							