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Change of Accounting Period Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Tj

Department of the Treasury

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

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

OMB No 1545-0052

			Y 1, 2014	, and ending	DEC 31, 2014	Copen to Public Inspection
Nam	e of	foundation			A Employer identification	number
m)	h e	True Vine, A Christia	n Foundation		72-1357133	<u> </u>
		and street (or PO box number If mail is not delivered to str		Room/sulte	B Telephone number	<u> </u>
		Vineyard Lane		, loony suite	205-372-90	17
		own, state or province, country, and ZIP or foreig	n postal code		C If exemption application is p	
		aw, AL 35462-4101	n postar codo		T exemption application is p	criding, cricck field
		all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	,		
		Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, pmputation
4 CI	heck	type of organization X Section 501(c)(3	exempt private foundation		E If private foundation sta	tus was terminated
		ction 4947(a)(1) nonexempt charitable trust 🗀	Other taxable private found	ation	under section 507(b)(1))(A), check here 🕨 📖
		rket value of all assets at end of year 👃 🛭 Accou	•	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1))(B), check here
<u> </u>		2,064,388. (Part I, co			<u> </u>	(d) p
ra	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
1	1	Contributions, gifts, grants, etc., received	205,288.		N/A	
		Check ▶ if the foundation is not required to attach Sch B				
ļ	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
ŀ	5a	Gross rents				
	b	Net rental income or (loss)		······································		
ę	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue		Gross sales price for all assets on line 6a	_	0	<u> </u>	
Re	_	Capital gain net income (from Part IV, line 2)		0	• :	
	8	Net short-term capital gain income modifications			**	
	10a	Gross sales less returns				
		Less Cost of goods sold			DEAG	\$ 4 m /2 1
		Gross profit or (loss)			- 1-0-E	ATO
	11	Other income			. 8 AUG 17	Ĭ Š
	12	Total. Add lines 1 through 11	205,288.	0		2015
	13	Compensation of officers, directors, trustees, etc	6,683.			<u> ĕ 0.</u>
		Other employee salaries and wages	35,031.	0	. L OGDEN	UT 0.
ဖွ		Pension plans, employee benefits			<u> </u>	
Sus		Legal fees Accounting fees Stmt 1	5,400.	0	 	0.
×pe		Accounting fees Stmt 1 Other professional fees	3,400.	0	•	
e E		Interest				
ati		Taxes Stmt 2	3,675.	0	•	0.
inistrative Expenses	19	Depreciation and depletion	28,474.	0		
		Occupancy				
- 0 1	21	Travel, conferences, and meetings				
=	22	Printing and publications	00.670			ļ
급 입		Other expenses Stmt 3	88,678.	0	•	0.
	24	Total operating and administrative	167 041	0		
	2E	expenses. Add lines 13 through 23	167,941.		•	0.
5		Contributions, gifts, grants paid Total expenses and disbursements.				· · · · · · · · · · · · · · · · · · ·
`	20	Add lines 24 and 25	167,941.	0		0.
	27	Subtract line 26 from line 12		<u> </u>		· · · · · · · · · · · · · · · · · · ·
		Excess of revenue over expenses and disbursements	37,347.			
		Net investment income (if negative, enter -0-)	71.11.	0		
	C	Adjusted net income (if negative, enter -0-)			N/A	

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

423511 11-24-14

7 8

See the Part VI instructions

7 Add lines 5 and 6

Form **990-PF** (2014)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

8 Enter qualifying distributions from Part XII, line 4

Enter 1% of net investment income (1% of Part I, line 27b)

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 9490(e), or 4948 - see instructions)	Form	990-PF(2014) The True Vine, A Christian Foundation 72-135	7133		Page 4
Date of numb or determination letter		t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		
Date of nump or determination letter	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶					
of Part, Line 27b at All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part, Line 12, col. (b). 7 ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 8 Add lines 1 and 2 9					0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lincome. Subtract time 4 from line 3 if zero or less, enter -0- 5 Tax based on investment lincome. Subtract time 4 from line 3 if zero or less, enter -0- 5 Credits/Payments. 3 2014 estimated tax payments and 2013 overpayment credited to 2014 5 Exempt foreign organizations - tax withheld at source 5 Tax pad with application for extension of time to file (Form 8989) 6 Bachu withholding erroneously withhold 7 Total credits and payments. Add lines 6 B through 6d 8 Enter any penalty for underpayment of estimated tax Check here in if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line? , enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 12 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 13 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 14 Enter the amount of rine 10 to be Credited to 2015 testimated tax. Part VIII-A Statements Regarding Activities 15 Unring that sayer, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver in any political campalign? 15 Did it spend more than \$100 uning the year (either directly) or political purposes (see instructions for the definition)? 16 If the answer is "Yes" to faor 1b, attach a detailed description of the activities and copies of any materials published or distributed by tine foundation in connectron with the activities. 16 Did to tondation fer form 1129-POI. to the year? 17 On the foundation have curreleated business gross roce such feets of the activities. 18 Did the foundation have					
3	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
4 Subtile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract time 4 from line 3 if zero or less, enter -0- 5 Credits/Payments. 2 2014 estimated tax payments and 2013 overpayment credited to 2014 Exempt foreign organizations - tax withheld at source 5 Tax paid with application for adension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6s through 6d 8 Enters any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Fenter the amount of time 10 to be Certified to 2015 estimated tax. 12 Form VII-A Statements Regarding Activities 13 Duning the tax year, dut the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 13 Duning the tax year, dut the foundation in the first provided description of the activities or distributed by the foundation in connection with the activities. 15 Did the foundation in Form 1120-P01 to the year? 16 The answer is "See" to Act th, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 16 Did the foundation in Form 1120-P01 to the year? 17 On the foundation engaged in any activities that have not previously been reported to the IRS? 18 If "Yes," attach a detailed description of the activities. 19 Uniform the foundation engaged in any activities that have not previously been reported to the IRS? 19 Yes a state of undation engaged in any activities that have not previously been reported to the IRS? 10 Yes," attach a detailed description of the activities. 10 Life the foundation engaged in any activities that have not previously reported to the IRS?	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
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Part VII-A Statements Regarding Activities	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
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If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$		any political campaign?	1a		
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e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0 . 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a tax return on Form 990-T for this year? ff "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ■ By language in the governing instrument, or ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► AL b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their nemes and addresses Stmt 5	d				
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	990-PF(2014) The True Vine, A Christian Foundation 72-1357	1122		
	990-PF (2014) The True Vine, A Christian Foundation 72-1357 Int VII-A: Statements Regarding Activities (continued)	133		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	Τ	l	
• • •	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		 -	
12	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www.truevinefoundation.com	10		<u> </u>
14	The books are in care of ► Colin McRae Telephone no. ►205-37	12-9	017	
•	Located at ▶280 Vineyard Lane, Eutaw, AL ZIP+4 ▶35			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	ī
	and enter the amount of tax-exempt interest received or accrued during the year	· N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If "Yes," enter the name of the		·	
	foreign country			
Pε	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?.			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
L	If "Yes," list the years \			
L	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A			
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b		
٠				
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
06	during the year?			
ŀ	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from leggardy before the first day of the tax year beginning in 20142	ah l	i i	Y

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(θ))?	Y ₁	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes:	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)	•	Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?	• •	Y6	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations	. 1		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶ 🔛	-	
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?	N	I/A Y _E	es Do		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y _€	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?	• •	N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	У		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
(-)	to position	`enter`-0-)	compensation	allov	wances
-					
Too Obstance 6		6 600			•
See Statement 6		6,683.	0.		<u> </u>
		 			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "	L		
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) F	vnanca
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other vances
NONE	devoted to position		compensation	allov	vances
NOINE					
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T-1-1 sumbor of above analysis and average AFO 000	<u></u>		<u> </u>		0
Total number of other employees paid over \$50,000			▶		U

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	130,518.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	130,518.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	130,518.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,958.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	128,560.
6	Minimum investment return Enter 5% of line 5 Adjusted for Short Tax Period	6	4,315.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,315.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,315.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,315.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,315.
P	art XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
а		1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ne section
	4940(e) reduction of tax in those years.		

d Excess from 2013 e Excess from 2014

423581 11-24-14

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	5511115511511	
a Paid during the year				
None				
	-			
Total	1		▶ 3a	0.
b Approved for future payment				
None				
Total			▶ 3b	0.

Part XVI-A	Analysis of	f Income-Producing	Activities
------------	-------------	--------------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		Code		
a			 		
D			1		
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			_		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a	.				
b	.				
C	-				
d	-	 			
e			. 	•	
12 Subtotal Add columns (b), (d), and (e)).	0.	·
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations)					

Part XVI-B	Relationship of Activities	to the Accomplishment of	Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
_	

423621 11-24-14

The True Vine, A Christian Foundation Form 990-PF (2014) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash X 1a(1) X (2) Other assets 1a(2) b Other transactions. (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 16(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign return with the prepare shown below (see instr)? Here Director X Yes

> Phone no 205-443-2500 Form **990-PF** (2014)

> > 32100001

P00047361

Firm's EIN ► 63-0590670

Paid

Preparer

Use Only

Date

Preparer's signature

Signature of officer or trustee

Print/Type preparer's name

Gerard J Kassouf

Firm's name L. Paul Kassouf &

Firm's address ▶ 2208 University Boulevard

Birmingham, AL 35233-2393

Title

Check f self- employed

Date

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

	Tl	ne True Vine, A Christian Foundation	72-1357133				
Organiz	ation type (check o	one):					
Filers of	:	Section:					
Form 99	0 or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	-	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General	Rule						
X	-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	- · · · · ·				
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it m	ust answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	The state of the s				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

The True Vine, A Christian Foundation

72-1357133

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dr J Finley Jr and Elizabeth McRae 2600 Arlington Ave S #73 Birmingham, AL 35205	\$26,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Bill Buchanan 10619 Sexton Bend Rd Tuscaloosa, AL 35406	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Zeiger Foundation 110 Office Park Dr Mountain Brook, AL 35223	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Carrie Fitts 6800 Elaina Lane Tuscaloosa, AL 35406	\$9,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Mike Case 2929 Normandy Place Tuscaloosa, AL 35406	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Outback Ministries Inc 3500 Northbrook Drive, Suite F Northport, AL 35473	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

The True Vine, A Christian Foundation

72-1357133

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
--------	--------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Thompson Family Foundation 2811 Crescent Avenue, Suite 201 Homewood, AL 35209	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Dr J Finley Jr and Elizabeth McRae 2600 Arlington Ave S #73 Birmingham, AL 35205	\$47,452.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Atlas 1500 1st Avenue North, Suite 10 Birmingham, AL 35203	\$5,789.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	University of Alabama 288 Nott Hall Tuscaloosa, AL 35487	\$6,155.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

The True Vine, A Christian Foundation

72-1357133

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is	needed.
---------	------------------	--	---------

			
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(see instructions)	
L	og Cabins		
8 -			
_			
-		\$\$ 47,452.	12/31/14
-		\$ 47,432.	12/31/14
(a)	· · · · · · · · · · · · · · · · · · ·		
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I	bescription of noncasti property given	(see instructions)	Date received
-			
-			
-			
-		\$	
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given		Date received
Part I		(see instructions)	
_			
1_		\$	
(a)		(2)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
_			
_		\$	· · · · · · · · · · · · · · · · · · ·
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(555 1151 5515)	
-			
-			
-			
-		\$	
(a)			
No.	(b)	(c)	(ah
from		FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
arti			
-			
-			
-		\$	
453 11-05-14			90, 990-EZ, or 990-PF) (

Employer identification number

(d) Description of how gift is held

Relationship of transferor to transferee

Relationship of transferor to transferee

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

(b) Purpose of gift

(b) Purpose of gift

Schedule B	(Form 990	. 990-EZ.	or 990-PF	(2014)
	1. 0 000	, ,	0. 000	,,-0,7,

(e) Transfer of gift

(c) Use of gift

(c) Use of gift

(c) Use of gift

(e) Transfer of gift

(e) Transfer of gift

(a) No. from

Part I

(a) No. from

Part I

(a) No. from

Part I

423454 11-05-14

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Attachment Sequence No 179

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

identifying number

	True Vine, A Chris			m 990-PI			72-1357133
Par		ty Under Section 1	79 Note: If you have any list	ed property, c	omplete Part		
	aximum amount (see instructions)	•				1	500,000.
	otal cost of section 179 property place					2	0 000 000
3 T	reshold cost of section 179 property	before reduction	ın limitation			3	2,000,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0-		٠	. 4	
5 D	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing separately, see	Instructions		5	
6	(a) Description of pro	perty	(b) Cost (busine	ess use only)	(c) Elected	i cost	
					 		
7 L	sted property. Enter the amount from	line 29	-	7			
8 T	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines 6 and	7.		8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8				9	
10 C	arryover of disallowed deduction from	line 13 of your 20	013 Form 4562			10	
11 B	usiness income limitation. Enter the si	maller of business	s income (not less than zer	o) or line 5		11	
1 2 S	ection 179 expense deduction. Add lii	nes 9 and 10, but	do not enter more than lin	e 11		12	
13 C	arryover of disallowed deduction to 20	015. Add lines 9 a	and 10, less line 12	▶ 13			
Note	Do not use Part II or Part III below for	r listed property. I	nstead, use Part V.				
Par	t II Special Depreciation Allows	nce and Other D	epreciation (Do not include	de listed prope	rty.)		
14 S	pecial depreciation allowance for qual	ified property (oth	ner than listed property) pla	aced in service	during		
	ne tax year		,			14	
	roperty subject to section 168(f)(1) ele	ection				15	
	ther depreciation (including ACRS)					16	
	t III MACRS Depreciation (Do no	t include listed pr	operty.) (See instructions.)	 			
			Section A				
17 N	ACRS deductions for assets placed in	n service in tax ve	ears beginning before 2014			17	26,062.
	·	<u>-</u>	• •		▶ □	¬	20,002.
10 11	you are electing to group any assets placed in service Section B - Assets	•	e During 2014 Tax Year L		eral Deprecia	tion Syste	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreclation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				1	 	
b	5-year property	-			1		
	7-year property	-	8,598.	7 Yrs.	HY	200DB	819.
		-	0,330.	, 115.	 ***	20000	017.
<u>d</u>	10-year property	-	28,900.	15 Yrs	HY	150DB	963.
<u>e</u>	15-year property	-	20,300.	12 112	• 111	TOOD	903.
f_	20-year property			05	 	0,4	
_ 9	25-year property			25 yrs.	1	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		06 14	45 201	27.5 yrs.	MM	S/L	620
i	Nonresidential real property	06/14	45,381.	39 yrs.	MM	S/L	630.
					MM	S/L	
		laced in Service	During 2014 Tax Year Us	ing the Altern	ative Depre	т т	tem
<u>20a</u>	Class life	_			-	S/L	
b	12-year			12 yrs.		S/L	
С	40-year	/		40 yrs.	MM	S/L	
Pa	1 IV Summary (See instructions.)		<u> </u>				
21 L	isted property. Enter amount from line	28				21	
22 4	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g), and line 21.			
44						1 1	20 474
	nter here and on the appropriate lines	of your return. P	artnerships and S corporat	tions <u>see in</u> sti	<u>. </u>	22	28,474.
E	inter here and on the appropriate lines or assets shown above and placed in		· ·	tions · see ınstı	•	22	28,474.
23 F	or assets shown above and placed in ortion of the basis attributable to sect	service during th	· ·	tions - see instr		22	28,4/4.

Form	4562	· (2014)	The	True	Vine	AC	hris	tian	Fo	undat	ion		72-	·1357	133	Page 2
Par		Listed Propert	y (include au									and prop				
		recreation, or a Note : For any v		nich vou are	using the	standari	d milean	e rate or	dedu	ctina lessa	evnens	e como	ilete onli	v 24a 24	th colur	mae (a)
		through (c) of S	ection A, all	of Section	B, and Se	ction C if	applica	ble.						y 24a, 2-	+D, COIDI	III 15 (a)
		Section A -	Depreciation	n and Oth	er Inform	ation (Ca	ution: S	See the I	nstruc	tions for li	mits for	passeng	er autor	nobiles.)		
24a [o you	have evidence to s	upport the bu	siness/invest	ment use c	laimed?	Y	es	No	24b If "Y	es," is ti	ne evide	nce writ	ten?	Yes	□ No
		(a)	(b) Date	(c)	.,	(d)		(e)	!	(f)		(g)	1	(h)		(i)
		of property hicles first)	placed in	Busines	int I	Cost or ther basis	/hus	ils for depri siness/inve		Recovery period		thod/ /ention		eciation uction		cted in 179
	(list vo	moles mat)	service	use percer	tage			use only	')	period			464		1	ost
25 S	pecial	depreciation allo	wance for q	ualified liste	d propert	y placed	ın servi	ce during	the ta	ax year an	id					
		ore than 50% in										25	L		<u></u>	
26 Pi	ropert	y used more that	1 50% in a q	ualified bus	iness use	:										
					%						 		ļ			
					%					ļ	 		ļ			
					_%						<u>. </u>		<u> </u>		l	
27 P	<u>ropert</u>	y used 50% or le	ess in a quali	fied busine	ss use:					T .						
					%						S/L -					
					%						S/L-		 			
					%					l	S/L-		_			
		ounts in column	• • •	-				, page 1				28	<u> </u>			
29 A	dd am	ounts in column	(ı), lıne 26. E	nter here a								 -		29		
						B - Infor										
		nis section for ve														S
to you	ır emp	oloyees, first ans	wer the ques	stions in Se	ction C to	see if you	u meet a	an excep	otion to	o completi	ng this s	section f	or those	vehicles	3.	
										 _	 		Τ.			
				46		(a)		b)	١.,	(c)	1	d)	1	e)	(1	•
		siness/investment i		uring the	Ve	hicle	vei	hicle	V	/ehicle	Vei	ncle	Ver	nicle	Veh	icle
•	•	not include comm		Al												
		mmuting miles o	-								 		 			
		her personal (no	ncommuting) miles												
	riven		.1				 		 		 		 			
		iles driven during	•													
		es 30 through 32		ممنام	V	Ala	V	T No.	V	No.	V	NI.	V			
		e vehicle availabl off-duty hours?	e for person	ai use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	-	e vehicle used pi	amarılıy by a	more		+						 -	 	 		
		6 owner or relate		IIIOIE			ļ							ļ		
		ner vehicle availa	•	nal							<u> </u>	 	 	 		
	se?	ici veriicie avalia	Die ioi perso	па					j	Ì	İ					
	301		Section C	- Question	s for Emr	lovers W	ho Pro	vide Vel	nicles	for Use b	v Their	Employe		<u> </u>		
Anew	er the	se questions to d									-			re not m	ore than	5%
		elated persons.		you moor a	Condopilo		plotting (00011011	D 101 1	0,110,00 00		прюусс	5 WIIO G		Old than	370
		maintain a writte	n policy stat	ement that	prohibits	all persor	nal use o	of vehicl	es. Inc	ludina coi	mmutino	by you	r		Yes	No
	mploy		,		p. c.mene	ш. ролоо.		0. 100.	00,0	adanig oo		, 2, , 00	•		1.00	
	•	maintain a writte	n policy stat	tement that	prohibits	personal	use of v	vehicles.	excer	ot commut	tina, by v	our				<u> </u>
	-	ees? See the ins	• -									,				
	•	treat all use of v					,		,							
	•	provide more the	•		•		ınformat	tion from	vour	emplovee	s about					†
	-	of the vehicles,														
41 D	o you	meet the require	ments conc	erning qual	fled autor	nobile de	monstra	ation use	?							
	•	your answer to								covered ve	ehicles.					-
		Amortization			_											
		(a)			(b)		(c)			(d)		(e)			(f)	
		Description of	costs		Date amortization begins	1	Amortizai amoun			Code section		Amortiza period or per		Ar fo	nortization r this year	
42 A	mortiz	ation of costs th	at begins du	ırıng your 2	014 tax ye	ear:										
43 A	mortiz	ation of costs th	at began be	fore your 20)14 tax ye	ar							43			
44 T	otal. /	Add amounts in o	column (f). S	ee the instr	uctions for	<u>r where to</u>	o report						44			
440000		15													orm AEG	2 (2014)

2014 DEPRECIATION AND AMORTIZATION REPORT

Asset No

Form 990-PF Page

990-PF

Current Year Deduction		630.	4,676.	527.	982.	735	34.	4,307.	17.	26.	44.	1,151,	43.
Current Sec 179													
Accumulated Depreciation			77,437.	7,935.	13,314.	8,870.	327.	33,112,	121.	175.	268.	15,028.	236.
Basis For Depreciation		45,381.	273,516.	30,818,	57,429.	43,015.	2,000.	251,974.	1,000.	1,500.	2,590.	19,344,	2,535.
Reduction in Basis		,											
Bus % Excl							-		•				
Unadjusted Cost Or Basis		45,381,	273,516.	30,818.	57,429.	43,015.	2,000.	251,974.	1,000.	1,500.	2,590.	19,344.	2,535.
No No		16100	0017	0017	17	0017	0017	0017	17	0017	17	7	17
Lrfe		39.00	39.00	39,00	39.0017	39.00	39.00	39.00	39.0017	39.00	39.0017		39.0017
Method		SI	$_{ m S\Gamma}$	SE	SL	S	$_{ m SI}$	SI	SI	SI	SL	102209200087.00	$_{ m SI}$
Date Acquired		060114SL	043003SL	043004SI	043005SL	043006SL	Sh122607SL	209	082809SL	100909SI	042010SL	209	110
Acq		9	043	<u>4</u>	043	O 4	122	<u> </u>	087	8	042	8	060
Description	Buildings	6Log Cabin	8Log Homes	Homes	Log homes and 15Dining Hall	2 ILog Homes	iad Ir,	34Hall/Storage shed C031209SL	roundation 45Estimates	50Rafter Enclosure	Electricity/wiring 51- Barn	barn stain and 52Chinking	57renovations for the090110SL
Asset No		~	~	, 	7	2	35	3,	45	5(51	Ŋ	57

(D) - Asset disposed

3,250.

39,0017

111713SL

71 Prayer Tent Slab

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

38.

3,250

500

261.

572.

15,293

194,

206.

11,326

6,684,

39,0017

122612SI

61Barn Renovations

2,956.

39.0017

010313SL

11,326,

39.0017

65Build/Block/Counter082413SL

62Barn Renovations Cook Shed

15,293

39.0017

110712SL

67Chimney Repairs

114,

236,

6,684,

51.

98.

2,956.

Asset	Description	Date Acquired	Method	Life	N S	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7.5	10	123012SL		39.00	0017	1,074.			1,074.	38.		18,
	* 330-FF Fg 1 Total Buildings					771,685.		ò	771,685.	158,011.	¢	13,866.
	Land											
+~	7Land * 990-Dr Dr 1 motal	123101L		000*		1,186,515,			,38£,515,			0
	and					1,186,515.		0	1,186,515.	0	0	0
********	Other Sound Equipment -			# 								
	1 Dininghall	081314200DB7.00	200DB	00.7	19C	2,191.	•		2,191.		•	209.
	2 rreezer and Stove	0820142000B7.00	200DB	,	290	2,027.		· ************************************	2,027.			193,
.,,	3Pellet Stove	120814200DB7.00	200DB	00.7	19C	1,200.			1,200.			114.
₩.	4Asphault Road	062614150DB15.	150DB	15.001	ਜ 9 €	28,900.			28,900.			963,
<u>u)</u>	54 Bunk Beds	090814200DB7.0	200DB	7.00	19C	3,180.			3,180.			303,
υ ₁	9Furnishings	101302200087.00	200DB		17	1,465,		440.	1,025,	1,025.		0
10	10furnishings	102902200DB7.00	200DB		17	1,397.	· •.	419.	978.	978.		0
T .	llfurniture	110102200DB7.00	200DB		11	700.		210.	*067	490.		o
12	12Appliances	031803200DB7.00	200DB		17	2,678.	·	803.	1,875.	1,875.		•
14	14Beds	102703200DB7.00	200DB		7	1,936.	******	968.	896	968,		o
16	16Dishwasher	082404200DB7.0	200DB,	0	17	388.		194.	194.	194.		0
17	17Appliances	100504200DB7.00	300DE		17	1,594.		797.	797.	797.		0

(D) - Asset disposed 25

428102 05-01-14

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Secretarishings		<u> </u>																		_
18 19 19 19 19 19 19 19	Current Year Deduction	0		0	ò	0	0	0	67.	121.	20	0	47.	12.	5,405.	111.	159.	0	309	
Defection Defe	Current Sec 179													**						-
Second Percention Date D	Accumulated Depreciation	307.	265.	16,900.	18,486,	461.	1,577.	4,104.	965.	•	872.	346.	1,012.	254.	68,383,	1,610.	2,316.	844.	4,504,	
Secretion Date Method Life No Cost Of Bass Each Gradion Brunishings 10 40 42 00 DB 7.00 17 614 307 Furnishings 10 40 42 00 DB 7.00 17 614 307 Furnishings Secondary 10 40 42 00 DB 7.00 17 614 307 Furnishings Contrib 20 20 20 20 20 20 20 2	Basis For Depreciation	307.	265	16,900.	8,486	461.	1,577.	4,104.	1,710.	3,071.	1,630.	346.		266.		2	₹ ff	844.	5,200,	
Strage Risers Date Date Discoption Date Date Discoption Date Discoption Date Discoption Discoption	Reduction In Basis					-			,,,,	.41*			, , , , , , , , , , , , , , , , , , , 		••••••	44	,			
Straig Riser	Bus % Excl			,,,	······································		i			···				•				. ,,,		
Straight Description Date Method Life	Unadjusted Cost Or Basis	614.	265.	16,900.	18,486.	461.	1,577.	4,104.	1,710.	3,071.	1,630.	346.	1,059.	266.	137,293.	85	2,674.	844.	5,200.	
18 Furnishings 101404200DB7.0 Furnishings—Bete 013005200DB7.0 20ution by Dr. and Mr043005200DB7.0 22kitchen Appliances 043006200DB7.0 24Furniture — steel 053006200DB7.0 24Furniture — 040607200DB7.0 25speakers/video Proj042507200DB7.0 26Parking Lot 080806150DB15. 27kopes Course 031507150DB15. 28kock passing 119thing 29detector/Anchor poi040507200DB7.0 Anytime Product — 040507150DB15. 28kock passing 119thing 29detector/Anchor poi040507200DB7.0 Anytime Product — Sheep 053007200DB7.0 Odyssey Ropes 050107150DB7.0 35camera for Odyssey 081108200DB7.0 B & H Photo — 8	Line No							17	7.1	17	11					17		17	17	
18Furnishings—Bete 19McRae 12Kitchen Appliances Kitchen - steel 23kage Riser - steel 24Furniture Audio 25speakers/Video Proj 26Farking Lot 27Ropes Course North Pine Rd - 19Mchning 29detector/Anchor poi Anytime Product - Sheep 30Stage Riser for Bar Valley Vet - Sheep 31Shearer 0dyssey Ropes 33Course 36Camera for Odyssey 11 Laptop 37Computer Froundation Bunk 38Beds (8)	Life	0.	7.00	7.00	7.00	00.7	00.7	00.7	00*51	5.		00.7	00.7	00.7	15.00	00.7	00.7	00.9		
18Furnishings—Bete 19McRae 12Kitchen Appliances Kitchen - steel 23kage Riser - steel 24Furniture Audio 25speakers/Video Proj 26Farking Lot 27Ropes Course North Pine Rd - 19Mchning 29detector/Anchor poi Anytime Product - Sheep 30Stage Riser for Bar Valley Vet - Sheep 31Shearer 0dyssey Ropes 33Course 36Camera for Odyssey 11 Laptop 37Computer Froundation Bunk 38Beds (8)	Method	OODB,	E0003	OODB	000B	00DB	G000:	00DB	150DB	150DB	E005	000B	E000	OODB	20DB	000B	E000	00DB	OODE	
18Furnishings Furnishings—Bet 19McRae Furnishings—Con 20ution by Dr. an 22kitchen Applian kitchen - steel 23shelving Stage Riser - 24Furniture Audio 25speakers/Video 25speakers/Video 25speakers/Video 25speakers/Video 26Farking Lot 27Ropes Course North Pine Rd - 26Farking Lot 27Ropes Course North Pine Rd - 28Rock passing Lightning 29detector/Anchor Anytime Product 30Stage Riser for Valley Vet - Sh 31Shearer Odyssey Ropes 35camera for Odys B & H Photo - 36camera for Odys Dell Laptop 37computer Froundation Bunk 38Beds (8)	Date Acquired	1014042	013005	0430052	043006	0530062	040607	042507	080806	031507	040507	0405072	0516072	0530072	050107	0618082	0811082	0903082	1113082	
$1 \tilde{\sigma} \circ 1$	Description	Furnishings	rurnishings-bere McRae	rurnishings-contrik ution by Dr. and Mr	Kitchen Appliances	{ t	H B		Parking Lot	Course	passing			vet ,	>	Stage Risers		Computer	Beds (8)	
	Asset	18	19	20	22	23	2.4	25	26	27	28	29	30	31	E	35	36	37	38	428102

428102 05-01-14

(D) - Asset disposed

Current Year Deduction	167.	o	98.	39.	652.	œ œ	330.	125.	524.	93.	147.	26.	30.	S. S.	62.	202.	27.	30.	lization Deduction
Current Sec 179																			mercial Revita
Accumulated Depreciation	2,434.		1,281.	508.	8,516.	756.	4,805.	1,819.	7,622.	1,386.	1,330.	338.	392.	764	713.	2,338.	316.	100.	age, Bonus, Com
Basis For Depreciation	2,810.	16,000.	1,649.	654.	10,962.	973,	5,548.	2,100.	8,800.	1,600.	3,529.	435	504.	983	1,037.	3,400,	460.	2584	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis											···					····			* ITC
Bus % Excl		**************					•												
Unadjusted Cost Or Basis	2,810.	16,000.	1,649.	654.	10,962.	973.	5,548.	2,100.	8,800.	1,600.	3,529.	435,	504.	983,	1,037.	3,400.	460.	258.	(D) - Asset disposed
No	17		17	71	17	17	17	17	17	17	017	7	17	<u> </u>	17	17	17	17). (<u>0</u>
Life	00.7	0000	00.7	7.00	00.7	00.7	00.7	00.7	00.7	7.00	0	00.7	00.7	00.7	00.	00.7	00.	00.	
Method	00DB		000B	.000B	000B	000B	00DB	.00DB	000B	EG00	50DB	EC000	000B	00DB	000B	00DB	00DB	BOOD	l
Date Acquired	012909200DB7.0	093008NC	090509200DB7.00	110509200087.00	042210200DB7.00	050409200087.00	112008200DB7.0	031209260087.00	122908200DB7.00	(3122908200BB7.0	021510150DB15.	072209200DB7.0	090109200DB7.00	050109200087.00	0502102000B7.00	101210200DB7.00	042511200DB7.00	112112200DB7.00	İ
Description	Wood Pellet Stove	gagie scuipture by 40Jim Dolan	41 <mark>sofa</mark>	422 Chairs	43Kubota Mower		Mattresses/Fads 10r 46Foundation	Sound System for 47Barn	Ulning Hall 48Curtains	(2)/Ladders	stone Ior Fathway 53to House	54grill	55Electric Fence	56Tables	58Stage Monitors	Steward nouse At 59Unit	60Dishwasher	kope course 63Equipment	
Asset No	39	40	41	42	43	t t	46	47	48	49	53	5.4	55	56	58	59	09	63	428102 05-01-14

27 (D) - Asset disposed

Current Year Deduction	84.	315.	290	95.	100.	128.	905.	82	116.	200.	356.	367.	114.	481,	230.	14,608.	28,474.	
Current Sec 179																¢ Q	0	
Accumulated Depreciation	279.	1,047.	964.	242.	333.	426.	2,294.	273.	295.	263.	719.	71.	21.	95	72.	173,988.	331,999.	
Basis For Depreciation	720.	2,700.	2,486.	1,671.	858.	1,099.	15,823.	705,	2,036.	2,100.	2,055.	2,000.	1,200.	1,900.	13,484.	354,416,	2,312,616.	****
Reduction In Basis			,				***	· · · · ·				10* 1 1		· · · · · · · · · · · · · · · · · · ·		4,138.	4,138.	
Bus % Exct					.,,			•										-
Unadjusted Cost Or Basis	720.	2,700.	2,486.	1,671.	828	1,099.	15,823.	705.	2,036.	2,100.	2,055.	2,000.	1,200.	1,900.	13,484.	358,554.	2,316,754.	
S S	17	17	17	0017	17	11	17	17	017	7	17	11	17	11	0017			
Life	00°	00.7	00.	15.00	00.	00.	5.00	00.	.5.00	7.00	00.9	.00	7.00	00.	39.00			
Method)0DB	EGO(EGO (50DB)	00BZ	GOO!	00B)ODB	00B		ODB)ado		3000 3000 3000 3000 3000 3000 3000 300			* · · · · · · · · · · · · · · · · · · ·	
	062512200DB7.0	042013200DB7.0	012113200DB7.0	013113150DB15.	0321 13200DB7.0	112912200087.0	123012150DB15.	042813200DB7.0	102812150DB15.0	062513SL	070913200DB5.0	020814200DB7.0	51451	711420	022414SL			
Date Acquired	0 62		012	013	032	17	123	042		0 62	0 7 0	020	E030	30 32				
Description	64Pole Saw	66Cook Shed Smoker	(2)	oravel Lor service 69Road	70Kitchen Cabinets	72Washer and Dryer	740dyssey Zip Line	Fressure washers	76Lumber Garden Beds	77Barn Lighting	78Mac Computer	79Wood Chipper	80Kitchen Window Unit030514SL	Somputer Computer	Steward nouse Repairs (Porch and * 940.pm pg 1 motal	4 (2)	° stand local 990-PF Pg 1 Depr	
Asset No	64	99	89	69	70	72	74	75	9/	77	78	79	80	83	82			

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 990-PF	Accounting Fees		Statement 1		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Professional fees	5,400.	0.		0.	
To Form 990-PF, Pg 1, ln 16b	5,400.	0.		0.	
Form 990-PF	Taxes		Statement 2		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Taxes - payroll	3,675.	0.		0.	
Fo Form 990-PF, Pg 1, ln 18	3,675.	0.		0.	
Form 990-PF	Other Expenses		Statement 3		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Insurance Meals and entertainment Repairs and maintenance Supplies Jtilities Dues and subscriptions Contract labor Bank fees Ropes course minor equipment	15,055. 27,760. 19,025. 6,860. 11,191. 311. 5,876. 20. 2,580.	0. 0. 0. 0. 0.		0. 0. 0. 0. 0. 0.	
ro Form 990-PF, Pg 1, ln 23	88,678.	0.		0 .	

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Sound Equipment - Dininghall	2,191.	209.	1,982.
Freezer and Stove	2,027.	193.	1,834.
Pellet Stove	1,200.	114.	1,086.
Asphault Road	28,900.	963.	27,937.
4 Bunk Beds	3,180.	303.	2,877.
Log Cabin	45,381.	630.	44,751.
Land	1,186,515.	0.	1,186,515.
Log Homes	273,516.	82,113.	191,403.
Furnishings	1,465.	1,465.	0.
Log home furnishings	1,397.	1,397.	0.
Unfinished furniture	700.	700.	0.
Appliances	2,678.	2,678.	0.
Log Homes	30,818.	8,462.	22,356.
Beds	1,936.	1,936.	0.
Log Homes and Dining Hall	57,429.	14,296.	43,133.
Dishwasher	388.	388.	45,155.
Appliances	1,594.	1,594.	0.
Furnishings	614.	614.	0.
Furnishings-Bete McRae	265.	265.	0.
Furnishings-Contribution by	203.	203.	0.
Dr. and Mrs. McRae	16,900.	16,900.	^
			0.
Log Homes	43,015.	9,605.	33,410.
Kitchen Appliances	18,486.	18,486.	0.
Kitchen - steel shelving	461.	461.	0.
Stage Riser - Furniture	1,577.	1,577.	0.
Audio speakers/Video Projector	4,104.	4,104.	0.
Parking Lot	1,710.	1,032.	678.
Ropes Course	3,071.	1,764.	1,307.
North Pine Rd - Rock passing Lightning detector/Anchor	1,630.	936.	694.
points	346.	346.	0.
Anytime Product - Stage Riser	1 050		_
for Barn	1,059.	1,059.	0.
Valley Vet - Sheep Shearer	266.	266.	0.
All Pro Overhead Doors -			
Counter, Shutters, Foundation,			
Dining Hall	2,000.	361.	1,639.
Odyssey Ropes Course Barn/Dining Hall/Storage Shed	137,293.	73,788.	63,505.
Construction	251,974.	37,419.	214,555.
Stage Risers	1,859.	1,721.	138.
3 & H Photo - Camera for			
Odyssey Course	2,674.	2,475.	199.
Dell Laptop Computer	844.	844.	0.
Foundation Bunk Beds (8)	5,200.	4,813.	387.
Nood Pellet Stove for Barn	2,810.	2,601.	209.
Eagle Sculpture by Jim Dolan	16,000.	0.	16,000.

Form 990-PF Depreciation of Assets Not Held for Investment Statement

The True Vine, A Christian Foundat	ion	•	. 72-135.7133
Sofa	1,649.	1,379.	270.
2 Chairs	654.	547.	107.
Kubota Mower	10,962.	9,168.	1,794.
Sound System	973.	814.	159.
Foundation Estimates	1,000.	138.	862.
Mattresses/Pads for Foundation	5,548.	5,135.	413.
Sound System for Barn	2,100.	1,944.	156.
Dining Hall Curtains	8,800.	8,146.	654.
Foundation Bunk Beds			
(2)/Ladders (3)	1,600.	1,481.	119.
Rafter Enclosure	1,500.	201.	1,299.
Electricity/Wiring - Barn	2,590.	312.	2,278.
Barn Stain and Chinking	19,344.	16,179.	3,165.
Stone for Pathway to House	3,529.	1,477.	2,052.
Grill	435.	364.	71.
Electric Fence	504.	422.	82.
Tables	983.	823.	160.
Bathroom renovations for the			
Steward House	2,535.	279.	2,256.
Stage Monitors	1,037.	775.	262.
Steward House AC Unit	3,400.	2,540.	860.
Dishwasher	460.	343.	117.
Barn Renovations	6,684.	350.	6,334.
Barn Renovations	2,956.	149.	2,807.
Rope Course Equipment	258.	130.	128.
Pole Saw	720.	363.	357.
Cook Shed			
Build/Block/Counter/Wiring/Plu			
bing	11,326.	400.	10,926.
Cook Shed Smoker	2,700.	1,362.	1,338.
Chimney Repairs	15,293.	833.	14,460.
Stoves (2)	2,486.	1,254.	1,232.
Gravel for Service Road	1,671.	337.	1,334.
Kitchen Cabinets	858.	433.	425.
Prayer Tent Slab	3,250.	94.	3,156.
Washer and Dryer	1,099.	554.	545.
Cottage Washroom Installation	1,074.	56.	1,018.
Odyssey Zip Line	15,823.	3,196.	12,627.
Pressure Washers (2)	705.	355.	350.
Lumber Garden Beds	2,036.	411.	1,625.
Barn Lighting	2,100.	463.	1,637.
Mac Computer	2,055.	1,075.	980.
Wood Chipper	2,000.	438.	1,562.
Kitchen Window Unit	1,200.	135.	1,065.
Admin Computer/Printer/Hard Drive	1,900.	576.	
Steward House Repairs (Porch	1,900.	570.	1,324.
and Windows)	13,484.	302.	13,182.
Total To Fm 990-PF, Part II, ln 14	2,316,754.	364,611.	1,952,143.
=		=	

	bstantial Contrib VII-A, Line 10	outors	State	ement 5
Name of Contributor	Address			
J. Finley McRae, Jr.	2600 Arlingto Birmingham, A	•	#73	
Elizabeth H. McRae	2600 Arlingto Birmingham, A		#73	
	st of Officers, D d Foundation Mana		State	ement 6
			Employee Ben Plan	
Trustees an	d Foundation Mana Title and	compen-	Employee Ben Plan	Expense

Director

Director

Director

Director

Director

4.00

0.20

0.20

2.00

1.00

5,083.

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Birmingham, AL 35205

George Colin McRae

William Barry McRae

Birmingham, AL 35213

Michael D. Smith

Michael Bownes

North

Ray Hays

41 West Montcrest Drive

808 Lurleen Wallace Boulevard

Tuscaloosa, AL 35403-2427

401 Queen City Avenue

Tuscaloosa, AL 35401

Tuscaloosa, AL 35401

3111 Harbor Ridge

280 Vineyard Lane

Eutaw, AL 35462

The True Vine, A Christian Foundation			, 72-1357133	
Hunter Faulconer 3829 Orleans Road Birmingham, AL 35243	Director 0.20	0.	0.	0.
Amanda McRae 280 Vineyard Lane Eutaw, AL 35462	Secretary/Trea	asurer 1,600.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	6,683.	0.	0.
	XV - Line la oundation Manage	ers	Statement	7

Name of Manager

J. Finley McRae, Jr. Elizabeth H. McRae