Form 990-EZ

Department of the Treasury Internal Revenue Service

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Short Form Copy of origina	Omailed return
Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2019
(except private foundations)  Do not enter social security numbers on this form, as it may be made public Go to www.irs.gov/Form990EZ for instructions and the latest information.	Open to Public Inspection

For the 2019 calendar year, or tax year beginning , 2019, and ending Check if applicable. C Name of organization D Employer Identification number Address change TRUE VINE SERVICES INC 38-3534862 Name change Number and street (or P.O. pox if mall is not delivered to street address) Room/ Telephone number initial return Final return/termineted 847 PEARL ST (269)208-5023Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application centing BENTON HARBOR MI 49022 Number > G Accounting Method: Accrual Other (specify) H Check > X if the organization is not Website: ▶ N/A required to attach Schedule B Tax-exempt status (check only one) -- X 501(c)(3) 501(c) ) 4 (Insert 10.) 4947(B)(1) pr | 527 (Form 990, 990-EZ, or 990-PF) K Form of organization Corporation Trust Association Other L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part il, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 158,149 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I ..... Contributions, grits, grants, and similar amounts received ......... 158,149 Program service revenue including government fees and contracts . . . 4 5a Gross amount from sale of assets other than inventory ..... 5a Less; cost or other basis and sales expenses ...... Sb c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ... Gaming and fundraising events: Gross Income from gaming (attach Schedute G if greater than \$15,000)... b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .... c Less, direct expenses from garring and fundraising events . . . . . . 6c d. Net income or (loss) from gaming and fundraleing events (add lines 62 and 65 and subtract line 6c).... . ..... . ..... . ..... . . ..... 60 b Less cost of goods sold ...... Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ... 7¢ Other revenus (describe in Schedule O) ... .... 158,149 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . 9 10 Grants and similar amounts paid (list in Schedule O) ........ 10 11 11 12 12 Professional fees and other payments to independent contractors . . . . . 13 18,100 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 140,049 16 Other expenses (describe in Schedule O)... 18 158.149 17 Total expenses. Add lines 10 through 18 ...... 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ...... 19 140,049 Other changes in net assets or fund balances (explain in Schedule O) 20 140,049 Net assets or fund balances at end of year. Combine lines 18 through 20 ...... 21 Form 990-EZ (2019) For Paperwork Reduction Act Notice, see the separate Instructions. 19 990EZ1 5WF990 Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.

98

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art II	Balance Sheets (see the instri	uctions for Part II)				
	Check if the organization used Sch	edule O to respond to any	question in this Part II			
_			(A) Beg	inning of year	$\top$	(8) End of year
Cash Land	n, savings, and investments	*****			0 22	
Land Othe	l and bulldings			······································	0 28	140,04
Othe	r assets (describe in Schedule O) .		,		0 24	
Total	lassets				0 25	140,04
Total	l fiabilities (describe in Schedule O)				0 26	
Net a	issets or fund balances (line 27 of	column (B) must agree with	ine 21)		0 27	140,04
art III	Statement of Program Sc	ervice Accomplishm	ents (see the instruction	s for Part III)		Expenses
ant lo the	Check if the organization used Sc	thedule O to respond to an	y question in this Part III		J (Re	quired for section
scribe th	organization's primary exempt purpo	ser SEE ATTACHN	ŒNT .			(c)(3) and 501(c)(4)
measure	ne organization's program service according to expenses. In a clear and control of the control o	ia manner, describe the se	is three largest program sivices provided, the numb	ervices, ierof		anizations, optional others.)
- OOT D D D	Housed, and Other Televant informatio	n for each program title.				
<u> 255</u>	ATTACHMENT				-	
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1	rogram service expenses (add line	mount includes foreign gra	nts, check here	· · · · · · · · · · · · · · · · · · ·	31a	<del></del>
art IV	List of Officers, Directors, Trus					a language for the
	Check if the organization used So					
		TIDE CO ID TOSPOTTO TO ATT	(C) Reportable			T
	(8) Name and title	(b) Average	compensation	(C) Health bar contribution	5 t0	(8) Estimated amount of other compensation
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			age .
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • • • •		[
33	Did the organization appage in any chartigant assuits and position to the contract of the cont		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	1	}	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	├	X.
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	}	}
	change on Schedule O. See instructions	34	[	v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	├	X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<del> </del>	X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	100	_	<del>                                     </del>
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Old 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		X
37a	The instructions is a second to the instructions.		7 (2)	رياد الارد الم
ţ,	Did the organization file Form 1120-POL for this year?	37b	<u>L</u> _	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	A C	13.4 ±	. · · · · · · · · · · · · · · · · · · ·
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	214 30 20	X
39	If "Yes," complete Schedule L. Part II and enter the total amount involved		1	
B	Section 501(c)(7) organizations. Enter:			
b	Initiation fees and capital contributions included on line 9	核基		W. 4
40a			n de	<b>第</b> 2
	section 4911 ► ; section 4912 ► , section 4955 ►	3	No.	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	Z		TO THE STATE OF
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	(3 Til)	2741	Ę,,, ¥
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			7
	organization managers or disqualified persons during the year under sections 4912,	125	1	7. 7
	4955, and 4958		<b>F</b>	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40¢		- 4	
	reimbursed by the organization	1.30	٠ <u>٠</u>	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	四位	**7.	
	transaction? If "Yes," complete Form 8886-T	400	<u> </u>	X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT Telephone no. ▶			
<b>L</b>	Located at D		V	NA
þ	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)?	42b	Yes	No
	If "Yes," enter the hame of the foreign country	425	1 1 1 1 1 1	A 12 C
	See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank	1.7%	Ke2-9	<b>学等</b>
	and Financial Accounts (FBAR).	100		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42a	پهرانديد. ا	x
	If "Yes," enter the name of the loreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	24.5	排稿	
	completed instead of Form 990-EZ	44a		X
Þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7. 20 mg	46.5	( <b>3</b>
	completed instead of Form 990-EZ	44b	L	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	जन्मस्य जन्मस्य	X
d	If "You" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1. 1. 2	Carrie L	(F. 4)
	explanation in Schedule O	440		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	15.7F4.	X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	200
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	12. P. 3	<b>*</b> `* [-}.	1
	Form 990-EZ See instructions	45b		X

TRUE VINE SERVIC	ES INC	38	3-3534862					
n 990-EZ (2019)							P	ige 4
Did the organization engage, directly or indirectly in a	olitical cam	neige 26	therton on beholf of			(±×E)	Yes	No
to candidates for public office? If "Yes," complete Sch	edule C. Pa						45	X
IT VI Section 501(c)(3) Organizations	Only					1 70	<u> </u>	Δ.
All section 501(c)(3) organizations must ans	wer questio	ns 47-4	9b and 52, and com	plets the tal	oles for fines			
	to espand	<b>ta</b> nuu a	washan in this Day 1	A				
	to respond	to any c	foasout to this LSU A	<u> </u>				No
Did the organization engage in lobbying activities or h	ave a sectio	n 501(ħ	) election in effect du	ring the tax			1.00	140
year? If "Yes," complete Schedule C, Part II		, .						X
is the organization a school as described in section 17	70(b)(1)(A)(u	)? If "Ye	o," complete Schedu	vie E		48		<u>X</u>
If "Yes." was the related organization a section 527 on	non-chanta	ible fela	ted organization?	· · · • · • · · · · · · · · · · · · · ·		498		X
Complete this table for the organization's five highest	compensate	d emok	oves (other than offi	isem, directr	ins trustees and	- 490	<u></u>	<u>X</u>
employees) who each received more than \$100,000 or	і сомрепва	tion from	n the organization, if	there is nor	e, enter "None.	, nay		
_	(b) Avers	ge .	(C) Repartable	(d) Health	benefits, contrib-		ated am	ount of
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Total number of other employees paid over \$100,000	- mmnancath	d Indon	and on the streets					
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Total number of other independent contractors each of	eceiving ove	ar \$100,	000					
	section 501	(c)(3) or	ganizations must atta	ach a				
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Z	<b>₽-0</b> •		<del> </del>			8/	201	25)
n Signature of officer						Date	7	
e <u>DEVON MILLER</u>			PRESID	ENT				
Type or print name and title		~~~~			<del></del>	DTIN'		
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Only Firm's address > 1613 MALL DR					Phonano. 269			
	Did the organization engage, directly or indirectly, in pate candidates for public office? If "Yes," complete Schill VI Section 501(c)(3) Organizations All section 501(c)(3) Organizations must ans 50 and 51 Check if the organization used Schedule O.  Did the organization engage in lobbying activities or in year? If "Yes," complete Schedule C, Part II.  Is the organization a school as described in section 17 Did the organization make any transfers to an exempt if "Yes," was the related organization a section 527 on Complete this table for the organization's five highest of complete this table for the organization's five highest of the organization who each received more than \$100,000 organization if the (a) Name and business address of each independent contractive.  Total number of other independent contractive in the organization of the organization of the organization of the organization of other independent contractive.  Total number of other independent contractive in the organization of other independent contractive of other organization of other independent contractive of perform, I declare that I have examined this return, in parrect, and complete. Declaration of preparer fother than officer in the organization of officer in the organization of preparer fother than officer in the organization of organization of organization of organization of organization of organization of organization organization organi	Did the organization engage, directly or indirectly, in political camp to candidates for public office? If "Yes," complete Schedule C, Ps. 17 VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions of the organization engage in lobbying activities or have a section year? If "Yes," complete Schedule C, Part II.  Is the organization engage in lobbying activities or have a section year? If "Yes," complete Schedule C, Part II.  Is the organization as school as described in section 170(b)(1)(A)(a)(b) the organization as endous 527 organization?  Complete this table for the organization a section 527 organization?  Complete this table for the organization's five highest compensate employees) who each received more than \$100,000 of compensation for the organization?  (a) Name and title of each employee  Total number of other independent contractors with there is none,  (a) Name and business address of each independent contractor.  Total number of other independent contractors seach receiving over the organization of prepared to the complete schedule A.  Total number of other independent contractors seach receiving over the organization of prepared to the thin efficiency is based on a complete Schedule A.  Total number of other independent contractors seach receiving over the organization complete. Declaration of prepared to the thin efficiency is based on a complete of Schedule A.  Penalties of perpury, idectors that I have examined this return, inclusing accompanies. Declaration of prepared to the thin efficiency is based on a complete of the organization of prepared to the thin efficiency is based on a section soft.  Signature of officer  DEVON MILLER  Type or print name and title  Print/Type prepared in name and title  Print/Type prepared in name and title  Firm's name. P. AND. R. BLOCK	Did the organization engage, directly or indirectly, in political campaign at to candidates for public office? If "Yes," complete Schedule C, Part 1  IN VI Section 501(c)(3) Organizations must answer questions 47-4 50 and 51 Check if the organization used Schedule O to respond to any of the organization engage in lobbying activities or have a section 501(h) year? If "Yes," complete Schedule C, Part II  Is the organization angage in lobbying activities or have a section 501(h) year? If "Yes," complete Schedule C, Part II  Is the organization as chool as described in section 170(b)(1)(A)(a)? If "Yes organization as entered in section 527 organization?  Is the organization make any transfers to an exempt non-charitable relatified organization make any transfers to an exempt non-charitable relatified organization make any transfers to an exempt non-charitable relatified organization make any transfers to an exempt non-charitable relatified organization make any transfers to an exempt non-charitable relatified (any) transfers to an exempt non-charitable relatified organization from the organization of significant from the organization of supplementation from the organization if there is none, enter "in the organization of presentation or presentation from the organization if there is none, enter "in (a) Name and businese address of each independent contractor  Total number of other independent contractor is the highest compensated independent contractor (a) Name and businese address of each independent contractor.  Total number of other independent contractors each receiving over \$100,000 to compensation from the organization if there is none, enter "in the organization of preparation or preparation of	Did the organization engage, directly or indirectly, in political campaign activities on behalf of to candidates for public office? If "ess" complete Schedule C, Part I  If VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47-49b and 52, and com 50 and 51  Check if the organization used Schedule C to respond to any question in this Part V  Did the organization engage in lobbying activities or have a section 501(h) election in effect diversity of the organization as chool as described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule C, Part II  Is the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization as exciton 527 organization?  Complete this table for the organization a section 527 organization?  (a) Name and title of each employes  (b) Average hours and the collect more than \$100,000 of compensation from the organization. If the previous devoted to person.  (b) Average hours and previous and title of each employes are hours and previous devoted to person.  (c) Personation (Forms 400,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractors of the person.  (b) Type of service of person, it declars that I have examined this reum, including accompanying achievalues and statemes are of person, it declars that I have examined this reum, including accompanying achievalues and statemes are completed Schedule A? Nate: All section 501(c)(3) organizations must all completes Schedule A? Nate: All section 501(c)(3) organizations must all completes Schedule A? Nate: All section 501(c)(3) organizations must all completes Schedule A? Nate: All section 501(c)(3) organizations must all completes Schedule A? Nate: All section 501(c)(3) organizations must all completes Schedule A? Nate: All section 501(c)(3) organizations are completed Schedule A? Nate: All section 501(c)(3) organizations of which prepare for the person of or	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in oppose to candidates for public office? If "Yes," complete Schedule C, Part I  IV Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the talk 50 and 51  Check if the organization used Schedule C to respond to any question in this Part VI  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.  Is the organization activities of the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Did the organization as decorbed in section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Did the organization activities or the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Did the organization are served the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Torganization are the section of the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Did the organization are served the relative of the relative of the section of the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  Complete this table for the organization's five highest companization?  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If "res," complete Schedule C, Part I  If viv Section 501c(3) Organizations Only All section 501c(3) Organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization sused Schedule O to respond to any question in this Part VI  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  is the organization as shoots addeorabed in section 170(b)(1)(A)(q/z) If "Yes," complete Schedule E  Did the organization stop accordance of the section 170(b)(1)(A)(q/z) If "Yes," complete Schedule E  Did the organization as choots addeorabed in section 170(b)(1)(A)(q/z) If "Yes," complete Schedule E  Did the organization as shoots addeorabed in section 170(b)(1)(A)(q/z) If "Yes," complete Schedule E  If "Yes," was the related organization as excison 527 organization?  Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees, and ormployees) who acch received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and tults of each amplayes the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization in the translation (remains and different section 500,000 of compensation from the organization in the translation (remains and different section 500,000 of compensation from the organization in the organization in the translation (remains and different section 500,000 of compensation from the organization in the org	Dod the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition in candidates for public office? If Yes, complete Schedule C, Part 1    Section 501(c)(3) Organizations must answer questions 47-49b and 52, and complete the tables for fines 50 and 51   Check if the organization used Schedule C to respond to any question in this Part VI    Did the organization engage in highbying activities or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II is the organization a school as depended in section 170(h)(1/A)(h)? If Yes," complete Schedule C, Part II is the organization as the organization as school as depended in section 20 organization?   If Yes, "was the related organization as school as Organization or school as depended in section 170(h)(1/A)(h)? If Yes," complete Schedule C   44	Did the organization engage, derectly or indirectly, in political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I  **Yes  **Decition 501(c)(3) Organizations Only  All sections 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for fines 50 and 51  **Otheck if the organization leved Schedule C for respond to any question in this Part VI  **Did the organization engage in lobbying activities or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II  **Is the organization engage in lobbying activities or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II  **Is the organization account year for the section 170(b)(1)(A)(d)? If "Yes," complete Schedule E  **Is the organization account year for the organization as excision 527 organization?  **Is the organization account year for the organization as excision 527 organization?  **Is the organization of the organization as excision 527 organization?  **Is "Yes," was the related organization as excision 527 organization?  **Is "Yes," was the related organization as excision 527 organization?  **Is "Yes," was the related organization as excision 527 organization?  **Is "Yes," was the related organization as excision 527 organization?  **Is "Yes," was the related organization as excision 527 organization?  **Is "Yes," was the related organization or the place of the organization organization or the organization or mit the organization or mit the organization organization organization or mit the organization organizatio

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4847(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB,No. 1545-0047

2019

Open to Public Inspection

	n the organization				38-3534	
_		VICES INC	dha Chaire as	<del></del>		002
Part			ity Status (All organizations			
	1		scause it is: (For lines 1 through			<b>A</b>
1  -	1		association of churches descri			กา
2	1	•	I)(1)(A)(II). (Attach Schedule E (	·		U
3			ervice organization described in			ha sha baraiini'a aama
4 _		ch organization upe	rated in conjunction with a hosp	onal described in sec	non tyu(d)(t)(A)(III). E⊓	iei ilis nospilais name,
_	city, and state			<del></del>	A-1 A1 A1 A-2	dha dha
5		•	efit of a college or university ow	ined or operated by a	governmental unit desc	upea m
_		)(A)(ıv). (Complete I			4834.5	
6			or governmental unit described			-1
7 2			es a substantial part of its suppo	nt from a government	al unit of from the gener	8 bronc
•			I). (Complete Part II.)			
В			tion 170(b)(1)(A)(vi). (Complete			
9	An agricultural re	search organization	described in section 170(b)(1)	Oo ni berareqo (xui)(A)	njunction with a land-gr	ant college
	or university or a	i non-land-grant co	llege of agriculture (see instructi	ons). Enter the name,	city, and state of the co	llege or
-	university.					
10	An organization	that normally receive	ss: (1) more than 33 1/3 % of its s	upport from contribut	ions, membership tees, a	ing gross
	receipts from act	bvittes related to its o	exempt functionssubject to ce	artain exceptions, and	(2) no more than 3379%	o ot te
	aupport from gro	oss investment incor	ne and unrelated business taxal	ble income (less secti	on 511 tax) from busines	3886
_			ine 30, 1975 See section 509(			:
11	An organization	organized and oper	ated exclusively to test for publi	c safety. See section	509(a)(4).	<b>.</b>
12	An organization	organized and oper	ated exclusively for the benefit o	of, to perform the fund	tions of, or to carry out t	ne purposes
	of one or more p	oublicty supported o	rganizations described in <b>sect</b> ion	on 508(a)(1) or sactio	m 509(a)(2). See sectio	n 509(a)(3).
	_Check the box is	n lines 12a through '	12d that describes the type of s	nbboujus oussujaetio	and complete lines 126	e, 121, and 129.
a	Type I. A sup	pomng organization	operated, supervised, or contro	fied by its supported	organization(s), typically	by giving
			power to regularly appoint or el		irectors or trustees of mi	9
	supporting on	yanization. <b>You mu</b> e	t complete Part IV, Sections /	A and B.		
b	Type II. A sup	porting organization	n supervised or controlled in con	uvection with ue enbb	orted organization(s), by	having
	control or mar	ragement of the sup	porting organization vested in t	he same persons that	control or manage the s	ирропеа
	organization(s	) You must compl	ete Part IV, Sections A and C			
Ç	Type III tunc	tionally integrated.	A supporting organization oper	rated in connection w	th, and functionally integ	rated with,
	ita supported	organization(s) (S88	instructions) You must compl	ete Part IV, Sections	A, D, and E.	
đ	Type III non-	-functionally integr	ated. A supporting organization	operated in connect	on with its supported on	ganization(s)
	that is not fun	ctionally integrated.	The organization generally mus	t sausty a distribution	requirement and an ame	Uliveveaa
	requirement (	aee instructions). Yo	iu must complete Part IV, Sec	tions A and D, and I	Part V.	
е	Check this bo	x if the organization	received a written determinatio	n from the LRS that it	ls a Type I, Type II, Type	1111
			non-functionally integrated sup	porting organization.		
ť		r of supported orga				
g	Provide the follow	wing information abo	out the supported organization(			T full a nume of others
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(IV) is the organization listed in your		y (vi) Amount of other support (see instructions)
	organization	}	(described on lines 1-10 above (see instructions))	gaverning document	anhhour /aga uramacribus	Support (ace managers
		<u> </u>		Yes No		<u> </u>
(A)						<del></del>
(B)				<u> </u>		<del> </del>
(C)				<del> </del>		<del> </del>
(D)				<b> </b>		<del> </del>
(E)_						<del></del>
Total		STATE OF THE STATE	A THE TANK		[2]	
		Ion Act Notice Res	the Instructions for Form 99	0 or 990-EZ.	Schedule A	(Form 990 or 990-EZ) 2019

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

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	tion A. Public Support				<del></del>				
Cale	ndar year (or fiscal year beginning in)	(8) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")					359.140			
	mode my unusual grams, )	<u> </u>		<del> </del>	ļ	158,149	158,149		
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. And lines 1 through 3	THE METONSOL	According to the second	CALLES MENO 1/PM	द्धाः स्टब्स्ट अस्तिकार् एतः	158,149	158,149		
5	The perion 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 ()								
B	Public support. Subtract line 5 from line 4.	AND STREET					158,149		
Sec	tion B. Total Support		The state of the s	Service Company	Contract States	M. 7. 7. 17. 17. 18. 18. 14.			
	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(e) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4					155,149	158,149		
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.)								
11	Total support Add lines 7 through 10	· 事權 · 爭對於			MUNICIPAL STATE	<b>建</b> 系统-规模。	158,149		
12	Gross receipts from related activities, etc. (see	e instructions)				12			
13	First five years, if the Form 990 is for the org								
	organization, check this box and stop here						▶		
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2019 (line 6, co			**		<del></del>	00.00%		
15	Public support percentage from 2018 Schedu					15	<u>%</u>		
16a	331/8% support test 2019. If the organization and stop here. The organization qualifies	tion did not chec sasa publicly su	ik the box on line apported organiz	e 13, and line 14 ation	is 33 <sup>1</sup> /3% or mo	re, check this	▶ 🖺		
b	33 <sup>1</sup> /3% support test 2018. If the organization of this box and stop here. The organization quite.	ation did not chec Alfies as a public	k a box on line : ly supported org	l3 or 16a, and lir anization	ne 15 is 33 <sup>1</sup> /3%	or more, pheck	▶ 🛚		
17B	10%-facts-and-circumstances test 201 10% or more, and if the organization meets the Part VI how the organization meets the "facts	he 'facts-and-cir	cumstances" tes	t. check this box	and stop here.	Explain in	zation ►		
þ	10%-facts-and-circumstances test — 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
10	organization meets the "facts-and-circumsta		-		_				
18 FDA	Private foundation. If the organization did n 19 990A2 BWF 990 Form Settware Co	of Cridck & BOX 0				A (Form 998 or			

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Complete to provide information for responses to specific questions on Form 990 or 890-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUE VINE SERVICES INC

Employer identification number

38-3534862

PART 1 LINE 16 AND 20: PROPERTY AND BUILDINGS PURCHASED FOR THE USE OF THE ORGANIZATION. - COST OF PROPERTY \$109,049.48

PART 1 16 AND 20:BASIS IN BUILDING INCLUDES EXPENSES FOR REMODELING AND IMPROVEMENTS. - COST OF REMODELING AND IMPROVEMENTS OF \$31,000.