

APRIO, LLP
1429 IRIS DRIVE, SE
CONYERS, GA 30013

VINEYARD FAMILY FOUNDATION
1460 IRIS DRIVE
CONYERS, GA 30094



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CLIENT'S COPY



May 30, 2024

The Vineyard Family Foundation
1460 Iris Drive
Conyers, GA 30013

Dear Philip:

Enclosed is the organization's 2023 Exempt Organization return.

Please note that the Form 990-PF return contains excess distribution carryover of \$79,914. This may be applied to tax year 2024 and subsequent years.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

The tax returns include deductions for charitable donations of \$250 or more. Make sure you have the written acknowledgement for each charitable organization as support for your deduction. This letter is required by the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Lindsey Pierce

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

The Vineyard Family Foundation
1460 Iris Drive
Conyers, GA 30013

Prepared By:

Aprio, LLP
1429 Iris Drive, SE
Conyers, GA 30013

Amount Due or Refund:

An overpayment of \$6,212. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

Please note that the Form 990-PF return contains excess distribution carryover of \$79,914. This may be applied to tax year 2024 and subsequent years.

A copy of the return should be mailed to:

Georgia Department of Revenue
PO Box 740395
Atlanta, GA 30374-0395

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

VINEYARD FAMILY FOUNDATION

EIN or SSN

82-2785147

Name and title of officer or person subject to tax

**PHILIP VINEYARD II
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>854.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize APRIO, LLP to enter my PIN 22547
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67461811111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

APRIO, LLP

Date

05/30/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

09070530 795476 111085

2023.03050 VINEYARD FAMILY FOUNDATIO 111085_1

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2024

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	854.
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	ADJUSTED TO 1,200.

		(a)	(b)	(c)	(d)	
11	Installment due dates	11	05/15/24	06/17/24	09/16/24	12/16/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	300.	300.	300.	300.
13	2023 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14				

Form **990-W**

ESTIMATED TAX	1,200.
OVERPAYMENT APPLIED	6,212.
AMOUNT DUE	0.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. VINEYARD FAMILY FOUNDATION	Taxpayer identification number (TIN) 82-2785147
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1460 IRIS DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONYERS, GA 30094	

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **RANDY MILLER**
1460 IRIS DR SW - CONYERS, GA 30094

Telephone No. **770-483-6760** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	854.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	7,066.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

2023

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation: VINEYARD FAMILY FOUNDATION
A Employer identification number: 82-2785147
B Telephone number: 770-483-6760
C If exemption application is pending, check here ...
D 1. Foreign organizations, check here ...
2. Foreign organizations meeting the 85% test, check here and attach computation ...
E If private foundation status was terminated under section 507(b)(1)(A), check here ...
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 3,526,803.
J Accounting method: Cash

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	69,800.	56,785.	56,785.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 5	3,782,123.	3,333,790.	3,462,952.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 6)		7,787.	7,066.	7,066.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		3,859,710.	3,397,641.	3,526,803.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	26 Capital stock, trust principal, or current funds		0.	0.
	27 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.
	28 Retained earnings, accumulated income, endowment, or other funds		3,859,710.	3,397,641.
29 Total net assets or fund balances		3,859,710.	3,397,641.	
30 Total liabilities and net assets/fund balances		3,859,710.	3,397,641.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	3,859,710.
2 Enter amount from Part I, line 27a	2	-456,074.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	3,403,636.
5 Decreases not included in line 2 (itemize) TIMING DIFFERENCE OF 1099 INCOME	5	5,995.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	3,397,641.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MORGAN STANLEY 2684	P	01/26/22	12/31/23
b	MORGAN STANLEY 2684	P	12/22/20	12/31/23
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	299,351.		299,613.	-262.
b	1,368,118.		1,649,135.	-281,017.
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-262.
b			-281,017.
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-281,279.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	854.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	854.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	854.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	7,066.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	7,066.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,212.
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax 6,212. Refunded	11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "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?		X
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>GA, FL</u>		
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	X	
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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTPS://THEVINEYARDFAMILYFOUNDATION.ORG/</u>		
14 The books are in care of <u>RANDY MILLER</u> Telephone no. <u>770-483-6760</u> Located at <u>1460 IRIS DR SW, CONYERS, GA</u> ZIP+4 <u>30094</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. 'Yes' column is shaded. 'No' column has 'X' marks for 1a(1), 1a(2), 1a(3), 1a(4), 1a(5), 1a(6), 1d, 2a, 3a, 4a, 4b. 'N/A' is entered for 1b, 2b, 3b.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BRUCE VINEYARD, JR. 1460 IRIS DRIVE CONYERS, GA 30094	TRUSTEE 0.00	0.	0.	0.
LYNN V. MILLER 1460 IRIS DRIVE CONYERS, GA 30094	TRUSTEE 0.00	0.	0.	0.
PHILIP W. VINEYARD, II 100 ANNAPOLIS LANE PONTE VEDRA BEACH, FL 32082	TRUSTEE 5.00	40,200.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

Part IX		Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,341,328.
b	Average of monthly cash balances	1b	63,839.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,405,167.
e	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	3,405,167.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	51,078.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	3,354,089.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	167,704.

Part X		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6	1	167,704.
2a	Tax on investment income for 2023 from Part V, line 5	2a	854.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	854.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	166,850.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	166,850.
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 XII, line 1	7	166,850.

Part XI		Qualifying Distributions (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	235,725.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	235,725.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				166,850.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021		7,771.		
e From 2022		3,268.		
f Total of lines 3a through e	11,039.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 235,725.				
a Applied to 2022, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				166,850.
e Remaining amount distributed out of corpus	68,875.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	79,914.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	79,914.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021		7,771.		
d Excess from 2022		3,268.		
e Excess from 2023		68,875.		

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2023, (b) 2022, (c) 2021, (d) 2020, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 7

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

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 recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
BOYS & GIRLS CLUB OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309		PC	TO PROVIDE UNLIMITED POTENTIAL OF KIDS AND TEENS BY CREATING SAFE, INCLUSIVE, AND ENGAGING ENVIRONMENTS	20,000.
FIRST COAST OPERA INC PO BOX 2223 ST. AUGUSTINE, FL 32085		PC	TO PROVIDE PROFESSIONAL OPERA PERFORMANCES FOR THE EDUCATION, CULTURAL ENHANCEMENT, AND	5,000.
JACKSONVILLE ZOOLOGICAL SOCIETY 370 ZOO PARKWAY JACKSONVILLE, FL 32218		PC	TO CONNECT THE COMMUNITY WITH WILDLIFE AND WILD PLACES THAT ENRICHES LIVES AND INSPIRES ALL	5,000.
PHOENIX PASS INC 631 PROMISE PATH CONYERS, GA 30012		PC	TO ASSIST WOMEN AND FAMILIES THAT ARE HOMELESS BY REESTABLISHING SELF-SUFFICIENCY IN A	20,000.
RONALD MCDONALD HOUSE CHARITIES JACKSONVILLE 824 CHILDRENS WAY JACKSONVILLE, FL 32207		PC	TO NURTURE THE HEALTH AND WELL-BEING OF CHILDREN AND FAMILIES BY PROVIDING FAMILIES WITH SICK CHILDREN A	49,200.
Total	SEE CONTINUATION SHEET(S)			3a
				189,700.
b Approved for future payment				
NONE				
Total				3b
				0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Dividends and interest from securities (523000, 96,348), Gain or (loss) from sales of assets other than inventory (523000, -281,279), and Subtotal (-184,931).

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1)	Cash	1a(1)		X
(2)	Other assets	1a(2)		X
b Other transactions:				
(1)	Sales of assets to a noncharitable exempt organization	1b(1)		X
(2)	Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3)	Rental of facilities, equipment, or other assets	1b(3)		X
(4)	Reimbursement arrangements	1b(4)		X
(5)	Loans or loan guarantees	1b(5)		X
(6)	Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		1c		X
d 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) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ Date: _____ Title: **TREASURER**

May the IRS discuss this return with the preparer shown below? See instr.
 Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LINDSEY PIERCE	LINDSEY PIERCE	05/30/24		P01246154
	Firm's name	Firm's EIN		APRIO, LLP	
Firm's address		Firm's EIN		57-1157523	
1429 IRIS DRIVE, SE		7707857855			
CONYERS, GA 30013					

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SOUTHERN HEARTLAND ARTS INC PO BOX 427 SOCIAL CIRCLE, GA 30025		PC	TO ENRICH THE CULTURAL LIFE OF AREA RESIDENTS THROUGH INSTRUCTION, EDUCATIONAL SCHOLARSHIPS, AND	50,000.
ST ANNE ROMANIAN ORTHODOX CHURCH 1875 LIVE OAK DRIVE JACKSONVILLE, FL 32246		PC	FOR RELIGIOUS PURPOSES TO ENCOURAGE INDIVIDUALS TO BE FAITHFUL IN FULFILLING THE COMMANDMENT OF	2,500.
YMCA OF METRO ATLANTA INC 569 MARTIN LUTHER KING JR DRIVE ATLANTA, GA 30314		PC	PROMOTE HEALTHY SPIRIT, MIND, AND BODY THROUGH JUDEO-CHRISTIAN PRINCIPLES.	10,000.
JACKSONVILLE SCHOOL FOR AUTISM 9000 SOUTHSIDE BLVD., BLDG 900 JACKSONVILLE, FL 32256		PC	TO HELP INDIVIDUALS WITH AUTISM AND THEIR FAMILIES BY TAPPING INTO ALL AVAILABLE RESOURCES TO PROVIDE	1,000.
ROCKDALE COUNTY EMERGENCY RELIEF FUND INC PO BOX 80369 CONYERS, GA 30013		PC	TO PROVIDE BASIC AND EMERGENCY AID TO NEEDY FAMILIES AND INDIVIDUALS BY PROVIDING CLOTHING,	20,000.
BLACK OAK LAKE PRESERVATION FOUNDATION PO BOX 151 LAND O'LAKES, WI 54540		PC	TO PRESERVE THE AESTHETIC VALUES OF BLACK OAK LAKE AS A PUBLIC RECREATIONAL FACILITY AND TO	4,000.
JERICHO SCHOOL FOR CHILDREN WITH AUTISM INC 1351 SPRINKLE DRIVE JACKSONVILLE, FL 32211		PC	TO PROVIDE EFFECTIVE TREATMENT AND EDUCATION PROGRAMS TO CHILDREN AND THEIR FAMILIES BASED ON	3,000.
Total from continuation sheets				90,500.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOYS & GIRLS CLUB OF METRO ATLANTA

TO PROVIDE UNLIMITED POTENTIAL OF KIDS AND TEENS BY CREATING SAFE, INCLUSIVE, AND ENGAGING ENVIRONMENTS THROUGH PROGRAMS THAT SUPPORT ACADEMIC SUCCESS, HEALTHY LIFESTYLES, CHARACTER AND LEADERSHIP.

NAME OF RECIPIENT - FIRST COAST OPERA INC

TO PROVIDE PROFESSIONAL OPERA PERFORMANCES FOR THE EDUCATION, CULTURAL ENHANCEMENT, AND ENJOYMENT OF OUR COMMUNITIES, COMBINING ARTISTIC EXCELLENCE AND THE DEVELOPMENT OF LOCAL AND REGIONAL TALENT

NAME OF RECIPIENT - JACKSONVILLE ZOOLOGICAL SOCIETY

TO CONNECT THE COMMUNITY WITH WILDLIFE AND WILD PLACES THAT ENRICHES LIVES AND INSPIRES ALL TO PRESERVE AND PROTECT OUR NATURAL WORLD.

NAME OF RECIPIENT - PHOENIX PASS INC

TO ASSIST WOMEN AND FAMILIES THAT ARE HOMELESS BY REESTABLISHING SELF-SUFFICIENCY IN A STABLE RESIDENTIAL SETTING.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE CHARITIES JACKSONVILLE

TO NURTURE THE HEALTH AND WELL-BEING OF CHILDREN AND FAMILIES BY PROVIDING FAMILIES WITH SICK CHILDREN A COMFORTABLE PLACE TO CALL HOME THAT IS IN CLOSE PROXIMITY TO THEIR CHILD'S CARE FACILITY.

NAME OF RECIPIENT - SOUTHERN HEARTLAND ARTS INC

TO ENRICH THE CULTURAL LIFE OF AREA RESIDENTS THROUGH INSTRUCTION, EDUCATIONAL SCHOLARSHIPS, AND EXHIBITION OF FINE ART.

NAME OF RECIPIENT - ST ANNE ROMANIAN ORTHODOX CHURCH

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FOR RELIGIOUS PURPOSES TO ENCOURAGE INDIVIDUALS TO BE FAITHFUL IN FULFILLING THE COMMANDMENT OF CHRIST.

NAME OF RECIPIENT - JACKSONVILLE SCHOOL FOR AUTISM

TO HELP INDIVIDUALS WITH AUTISM AND THEIR FAMILIES BY TAPPING INTO ALL AVAILABLE RESOURCES TO PROVIDE "OUTSIDE OF THE DESK" THINKING, WITH A FOCUS ON WHOLE CHILD DEVELOPMENT AND INDIVIDUALIZED PROGRAMS THAT ENCOURAGE BOTH FAMILY AND COMMUNITY INVOLVEMENT.

NAME OF RECIPIENT - ROCKDALE COUNTY EMERGENCY RELIEF FUND INC

TO PROVIDE BASIC AND EMERGENCY AID TO NEEDY FAMILIES AND INDIVIDUALS BY PROVIDING CLOTHING, FINANCIAL, AND FOOD

NAME OF RECIPIENT - BLACK OAK LAKE PRESERVATION FOUNDATION

TO PRESERVE THE AESTHETIC VALUES OF BLACK OAK LAKE AS A PUBLIC RECREATIONAL FACILITY AND TO ENCOURAGE PROPER STEWARDSHIP OF LAKE FRONT PROPERTY

NAME OF RECIPIENT - JERICHO SCHOOL FOR CHILDREN WITH AUTISM INC

TO PROVIDE EFFECTIVE TREATMENT AND EDUCATION PROGRAMS TO CHILDREN AND THEIR FAMILIES BASED ON APPLIED BEHAVIOR ANALYSIS AND VERBAL BEHAVIOR

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ACCRUED INTEREST	-109.	0.	-109.	-109.	
MORGAN STANLEY #2684	95,461.	0.	95,461.	95,225.	
MORGAN STANLEY #5063	818.	0.	818.	818.	
NONDIVIDEND DISTRIBUTIONS	178.	0.	178.	178.	
TO PART I, LINE 4	96,348.	0.	96,348.	96,112.	

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,000.	0.		4,000.
TO FORM 990-PF, PG 1, LN 16B	4,000.	0.		4,000.

FORM 990-PF TAXES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	1,759.	1,759.		0.
FEDERAL TAX PAYMENTS	721.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,480.	1,759.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MORGAN STANLEY FEES	32,938.	32,938.		0.
SUBSCRIPTIONS	849.	0.		849.
REGISTRATION FEES	91.	0.		91.
WEBSITE SERVICES FEES	872.	0.		872.
POSTAGE, MAILING SERVICE	13.	0.		13.
TO FORM 990-PF, PG 1, LN 23	34,763.	32,938.		1,825.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 5

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
STOCKS	COST	2,642,354.	2,741,938.
MUTUAL FUNDS	COST	664,324.	693,955.
CORPORATE FIXED INCOME	COST	14,126.	14,082.
EXCHANGE-TRADED & CLOSED-END FUNDS	COST	12,986.	12,977.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,333,790.	3,462,952.

FORM 990-PF

OTHER ASSETS

STATEMENT 6

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
FEDERAL OVERPAYMENT APPLIED	7,787.	7,066.	7,066.
TO FORM 990-PF, PART II, LINE 15	7,787.	7,066.	7,066.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PHILIP VINEYARD
1460 IRIS DRIVE SW
CONYERS, GA 30013

TELEPHONE NUMBER

4702175417

EMAIL ADDRESS

INFO@THEVINEYARDFAMILYFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

FILL OUT FORM ON WEBSITE

[HTTPS://THEVINEYARDFAMILYFOUNDATION.ORG/GRANT-APPLICATION/](https://thevineyardfamilyfoundation.org/grant-application/). EMAIL W-9 AND
IRS DETERMINATION LETTER TO FOUNDATION.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

SECTION 501(C)(3) TAX-EXEMPT OR SECTION 509(A) SUPPORT ORGANIZATIONS ONLY