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Form **990-PF**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990PF) for instructions and the latest information

OMB No 1545-0052

**2018**

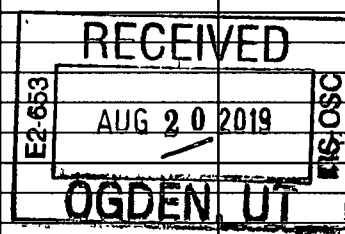
Open to Public Inspection

For calendar year 2018 or tax year beginning

, and ending

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                 |                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>THE TRUE VINE FOUNDATION</b>                                                                                                                                                                                                                                               |                                                                                                                                                 | A Employer identification number<br><b>47-3621214</b>                                                                                                                      |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>20813 W. 93RD TERRACE</b>                                                                                                                                                                                   | Room/suite                                                                                                                                      | B Telephone number<br><b>913-248-0017</b>                                                                                                                                  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>LENEXA, KS 66220</b>                                                                                                                                                                                                 |                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/> <b>6</b>                                                                                        |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                 | D 1 Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <b>04</b><br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                          |                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                              |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)<br><b>\$ 3,817,029.</b>                                                                                                                                                                                           | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                           |

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received                                                                                                     |  |                                    |                           | N/A                     |                                                             |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B                                                      |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                               |  | 1,481.                             | 1,481.                    |                         | STATEMENT 1                                                 |
| 4 Dividends and interest from securities                                                                                                           |  | 45,639.                            | 45,639.                   |                         | STATEMENT 2                                                 |
| 5a Gross rents                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                      |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                           |  | 387,549.                           |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                                                                                                      |  | 4,211,597.                         |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                   |  |                                    | 387,549.                  |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                      |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                             |  |                                    |                           |                         |                                                             |
| 10a Gross sales less returns and allowances                                                                                                        |  |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                                                                                                         |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                           |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                    |  | 36,000.                            | 36,000.                   |                         | STATEMENT 3                                                 |
| 12 Total. Add lines 1 through 11                                                                                                                   |  | 470,669.                           | 470,669.                  |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc                                                                                              |  | 0.                                 | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                               |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                |  |                                    |                           |                         |                                                             |
| 16a Legal fees                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Accounting fees STMT 4                                                                                                                           |  | 4,393.                             | 2,197.                    |                         | 2,196.                                                      |
| c Other professional fees STMT 5                                                                                                                   |  | 14,453.                            | 14,453.                   |                         | 0.                                                          |
| 17 Interest                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 18 Taxes STMT 6                                                                                                                                    |  | 21,945.                            | 695.                      |                         | 0.                                                          |
| 19 Depreciation and depletion                                                                                                                      |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                               |  |                                    |                           |                         |                                                             |
| 22 Printing and publications                                                                                                                       |  |                                    |                           |                         |                                                             |
| 23 Other expenses STMT 7                                                                                                                           |  | 291.                               | 251.                      |                         | 0.                                                          |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                            |  | 41,082.                            | 17,596.                   |                         | 2,196.                                                      |
| 25 Contributions, gifts, grants paid                                                                                                               |  | 418,360.                           |                           |                         | 418,360.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                           |  | 459,442.                           | 17,596.                   |                         | 420,556.                                                    |
| 27 Subtract line 26 from line 12                                                                                                                   |  | 11,227.                            |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                |  |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                   |  |                                    | 453,073.                  |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                     |  |                                    |                           | N/A                     |                                                             |



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| 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                                                                     |            | 2,188,944.        | 102,397.       | 102,397.              |
|                             | 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 STMT 8                                                            | 1,725,779. | 2,051,602.        | 1,906,692.     |                       |
|                             | c                                                                                             | Investments - corporate bonds STMT 9                                                            | 0.         | 978,620.          | 992,908.       |                       |
|                             | 11                                                                                            | Investments - land, buildings, and equipment: basis ▶                                           |            |                   |                |                       |
|                             | Less: accumulated depreciation ▶                                                              |                                                                                                 |            |                   |                |                       |
| 12                          | Investments - mortgage loans                                                                  |                                                                                                 |            |                   |                |                       |
| 13                          | Investments - other STMT 10                                                                   | 0.                                                                                              | 833,483.   | 815,032.          |                |                       |
| 14                          | Land, buildings, and equipment: basis ▶                                                       |                                                                                                 |            |                   |                |                       |
|                             | Less: accumulated depreciation ▶                                                              |                                                                                                 |            |                   |                |                       |
| 15                          | Other assets (describe ▶)                                                                     |                                                                                                 |            |                   |                |                       |
| 16                          | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                                 |            | 3,914,723.        | 3,966,102.     | 3,817,029.            |
| 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 SFAS 117, check here ▶ <input type="checkbox"/>                       |                                                                                                 |            |                   |                |                       |
|                             | 24                                                                                            | Unrestricted                                                                                    |            |                   |                |                       |
|                             | 25                                                                                            | Temporarily restricted                                                                          |            |                   |                |                       |
|                             | 26                                                                                            | Permanently restricted                                                                          |            |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>     |                                                                                                 |            |                   |                |                       |
|                             | 27                                                                                            | Capital stock, trust principal, or current funds                                                | 0.         | 0.                |                |                       |
|                             | 28                                                                                            | Paid-in or capital surplus, or land, bldg, and equipment fund                                   | 0.         | 0.                |                |                       |
|                             | 29                                                                                            | Retained earnings, accumulated income, endowment, or other funds                                | 3,914,723. | 3,966,102.        |                |                       |
|                             | 30                                                                                            | Total net assets or fund balances                                                               | 3,914,723. | 3,966,102.        |                |                       |
|                             | 31                                                                                            | Total liabilities and net assets/fund balances                                                  | 3,914,723. | 3,966,102.        |                |                       |

## 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 30<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 3,914,723. |
| 2 | Enter amount from Part I, line 27a                                                                                                                            | 2 | 11,227.    |
| 3 | Other increases not included in line 2 (itemize) ▶ FMV OVER COST OF STOCK DONATED                                                                             | 3 | 40,180.    |
| 4 | Add lines 1, 2, and 3                                                                                                                                         | 4 | 3,966,130. |
| 5 | Decreases not included in line 2 (itemize) ▶ MISC ADJUSTMENT                                                                                                  | 5 | 28.        |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 3,966,102. |

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**Part VII-A** Statements Regarding Activities (continued)

|                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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?<br>Website address ► N/A                                                                                                                                                                                   | X   |    |
| 14 The books are in care of ► SAMANTHA M. MOORE Telephone no ► 913-248-0017<br>Located at ► 20813 W. 93RD TERRACE, LENEXA, KS ZIP+4 ► 66220                                                                                                                                                                                       |     |    |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here<br>and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                         |     |    |
| 16 At any time during calendar year 2018, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ► |     | X  |

**Part 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)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(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 ) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| b 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<br>Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A |    |
| 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 2018?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | 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))<br>a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ►<br>b 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 )<br>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>►                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>b If "Yes," did it have excess business holdings in 2018 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 2018 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N/A |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | X  |
| b 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 jeopardy before the first day of the tax year beginning in 2018?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X  |

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**Part VII-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))?                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| 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                                                                 | 5b   |
| Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                     | <input type="checkbox"/>                                            |      |
| c 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?                                                            | N/A                                                                 |      |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d)                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |      |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                            |                                                                     | 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 shelter transaction?                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                             | N/A                                                                 | 7b   |
| 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?                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |

**Part VIII 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 |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE STATEMENT 11     |                                                           | 0.                                        | 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

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**Part XV** **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)                                                                    |                                                                                                           |                                |                                  |          |
| <b>a</b> <i>Paid during the year</i>                                                                   |                                                                                                           |                                |                                  |          |
| SERVANT FOUNDATION DBA THE SIGNATRY<br>7171 W 95TH STREET SUITE 501<br>OVERLAND PARK, KS 66212         |                                                                                                           | PC                             | GENERAL FUNDING                  | 180,355. |
| NATIONAL CHRISTIAN CHARITABLE<br>FOUNDATION<br>11625 RAINWATER DRIVE SUITE 500<br>ALPHARETTA, GA 30009 |                                                                                                           | PC                             | GENERAL FUNDING                  | 238,005. |
|                                                                                                        |                                                                                                           |                                |                                  |          |
|                                                                                                        |                                                                                                           |                                |                                  |          |
|                                                                                                        |                                                                                                           |                                |                                  |          |
| <b>Total</b>                                                                                           |                                                                                                           |                                | <b>3a</b>                        | 418,360. |
| <b>b</b> <i>Approved for future payment</i>                                                            |                                                                                                           |                                |                                  |          |
| NONE                                                                                                   |                                                                                                           |                                |                                  |          |
|                                                                                                        |                                                                                                           |                                |                                  |          |
|                                                                                                        |                                                                                                           |                                |                                  |          |
| <b>Total</b>                                                                                           |                                                                                                           |                                | <b>3b</b>                        | 0.       |

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## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

| SOURCE                  | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| UBS                     | 1,481.                      | 1,481.                          |                               |
| TOTAL TO PART I, LINE 3 | 1,481.                      | 1,481.                          |                               |

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE            | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| UBS               | 45,639.         | 0.                            | 45,639.                     | 45,639.                           |                               |
| TO PART I, LINE 4 | 45,639.         | 0.                            | 45,639.                     | 45,639.                           |                               |

## FORM 990-PF OTHER INCOME STATEMENT 3

| DESCRIPTION                               | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
|-------------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| INVESTMENT INCOME FROM GS FINANCE<br>CORP | 36,000.                     | 36,000.                           |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11     | 36,000.                     | 36,000.                           |                               |

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEE               | 4,393.                       | 2,197.                            |                               | 2,196.                        |
| TO FORM 990-PF, PG 1, LN 16B | 4,393.                       | 2,197.                            |                               | 2,196.                        |

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| MANAGEMENT FEES              | 14,453.                      | 14,453.                           |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C | 14,453.                      | 14,453.                           |                               | 0.                            |

## FORM 990-PF

## TAXES

## STATEMENT 6

| DESCRIPTION                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| PENALTIES                         | 1,973.                       | 0.                                |                               | 0.                            |
| PY FEDERAL TAXES PAID             | 8,677.                       | 0.                                |                               | 0.                            |
| FOREIGN TAXES                     | 695.                         | 695.                              |                               | 0.                            |
| FEDERAL ESTIMATED TAX<br>PAYMENTS | 10,600.                      | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18       | 21,945.                      | 695.                              |                               | 0.                            |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OTHER FEES                  | 40.                          | 0.                                |                               | 0.                            |
| WIRE TRANSFER FEES          | 75.                          | 75.                               |                               | 0.                            |
| DEPOSITORY RECEIPT FEE      | 176.                         | 176.                              |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23 | 291.                         | 251.                              |                               | 0.                            |

| FORM 990-PF                             | CORPORATE STOCK | STATEMENT 8       |
|-----------------------------------------|-----------------|-------------------|
| DESCRIPTION                             | BOOK VALUE      | FAIR MARKET VALUE |
| COMMON STOCK                            | 2,051,602.      | 1,906,692.        |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 2,051,602.      | 1,906,692.        |

| FORM 990-PF                             | CORPORATE BONDS | STATEMENT 9       |
|-----------------------------------------|-----------------|-------------------|
| DESCRIPTION                             | BOOK VALUE      | FAIR MARKET VALUE |
| CORPORATE BONDS & ACCRUED INTEREST      | 978,620.        | 992,908.          |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 978,620.        | 992,908.          |

| FORM 990-PF                            |                  | OTHER INVESTMENTS |                   | STATEMENT 10 |
|----------------------------------------|------------------|-------------------|-------------------|--------------|
| DESCRIPTION                            | VALUATION METHOD | BOOK VALUE        | FAIR MARKET VALUE |              |
| EXCHANGE TRADED FUNDS                  | COST             | 833,483.          | 815,032.          |              |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                  | 833,483.          | 815,032.          |              |

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 11  
                                          TRUSTEES AND FOUNDATION MANAGERS

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| NAME AND ADDRESS                                                    | TITLE AND<br>AVRG HRS/WK           | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|---------------------------------------------------------------------|------------------------------------|-------------------|---------------------------------|--------------------|
| JAMES F. WRIGHT<br>410 TERRACE TRAIL EAST<br>LAKE QUIVIRA, KS 66217 | CHAIRMAN/DIRECTOR<br>1.00          | 0.                | 0.                              | 0.                 |
| SAMANTHA M. MOORE<br>20813 W. 93RD TERRACE<br>LENEXA, KS 66220      | PRESIDENT/SECRETARY/TREASU<br>1.00 | 0.                | 0.                              | 0.                 |
| SUSAN J. WRIGHT<br>410 TERRACE TRAIL EAST<br>LAKE QUIVIRA, KS 66217 | VICE PRESIDENT/DIRECTOR<br>1.00    | 0.                | 0.                              | 0.                 |
| CHRISTOPHER J. WRIGHT<br>16283 S. BRADLEY DRIVE<br>OLATHE, KS 66062 | VICE PRESIDENT/DIRECTOR<br>1.00    | 0.                | 0.                              | 0.                 |
| CHELSEA WRIGHT<br>16283 S. BRADLEY DRIVE<br>OLATHE, KS 66062        | VICE PRESIDENT/DIRECTOR<br>1.00    | 0.                | 0.                              | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                        |                                    | 0.                | 0.                              | 0.                 |

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION  
53.4942(A)-3(D)(2) TO APPLY  
EXCESS QUALIFYING DISTRIBUTIONS  
TO PRIOR YEAR'S UNDISTRIBUTED INCOME

STATEMENT 12

TRUE VINE FOUNDATION MADE \$420,556 IN QUALIFYING DISTRIBUTIONS FOR THE TAX YEAR  
ENDING DECEMBER 31, 2018. THE FOUNDATION DIRECTORS HAVE ELECTED UNDER TREASURY  
REGULATION SECTION 53.4942(A)-3(D)(2) TO TREAT \$236,669 OF THESE QUALIFYING  
DISTRIBUTIONS AS BEING MADE OUT OF 2016 UNDISTRIBUTED INCOME.