Form 990	
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Under section 501(c), 527, or	4947(a)(1) of the Internal Re	evenue Code (except private f	oundations)
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Do not enter social security numbers on this form as it may be made public.

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Α в Check if applicable: C Name of organization Vineyard Family Services of Central Alabama Inc D Employer identification number Address change Doing business as 13-4362029 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO Box 2458 (205)533 - 7852Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Alabaster, AL 35007 970,418 П X No Application pending F Name and address of principal officer: Ward Williams H(a) Is this a group return for subordinates? Yes Same as C above H(b) Are all subordinates included? Yes | No **X** 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status) (insert no.) vfsdads.com J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2007 M State of legal domicile: AL Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Organization was established with children in mind. Through its programs, it feeds children in need, promotes responsible fatherhood, and Activities & Governance helps families in crisis. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 210 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 1,017,408 955,710 Revenue 9 1,810 14,700 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6 8 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,019,224 970,418 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 404,547 469,592 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) b 10,353 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 458,130 512,700 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 862,677 982,292 19 Revenue less expenses. Subtract line 18 from line 12 156,547 (11, 874)**Beginning of Current Year** End of Year Net Assets or Fund Balances 20 Total assets (Part X, line 16) 734,751 691,321 21 Total liabilities (Part X, line 26) 313,701 369,005 22 Net assets or fund balances. Subtract line 21 from line 20 377,620 365,746

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Ward Will									
Signature of officer	Da	ate							
Ward Williams, Executive Director									
Type or print name and title	e								
Print/Type preparer's na	ame	Preparer's signature	Date Check i				PTIN		
Tim Clark			06-	13-2023		self-employed	P01309207		
Firm's name	Tim Clar	k & Associates PC			Firm's	EIN			
Firm's address	PO Box 3	60086			Phone no.				
	205-	403-9935							
discuss this return v	vith the preparer sh	own above? See instructions					X Yes 🗌 I	No	
	Signature of officer Ward Will Type or print name and titl Print/Type preparer's na Tim Clark Firm's name Firm's address	Ward Williams, Execut Type or print name and title Print/Type preparer's name Tim Clark Firm's name Tim Clar Firm's name Tim Clar Birmingh	Signature of officer Ward Williams, Executive Director Type or print name and title Print/Type preparer's name Prim Clark Firm's name Tim Clark & Associates PC	Signature of officer Ward Williams, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Tim Clark D6- Firm's name Tim Clark & Associates PC Firm's address PO Box 360086 Birmingham AL 35236	Signature of officer Ward Williams, Executive Director Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date Tim Clark 06-13-2023 Firm's name Tim Clark & Associates PC Firm's address PO Box 360086 Birmingham AL 35236	Signature of officer Ward Williams, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Tim Clark Doc 13-2023 Firm's name Firm's name Firm's PO Box 360086 Phone Birmingham AL 35236 Phone Phone Phone Phone	Signature of officer Date Ward Williams, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Tim Clark 06-13-2023 Firm's name Tim Clark & Associates PC Firm's address PO Box 360086 Birmingham AL 35236 205-	Signature of officer Date Ward Williams, Executive Director Type or print name and title Preparer's signature Date Check if PTIN Print/Type preparer's name Preparer's signature Date Check if PTIN Tim Clark 06-13-2023 self-employed P01309207 Firm's name Tim Clark & Associates PC Firm's EIN Firm's address PO Box 360086 Phone no. Birmingham AL 35236 205-403-9935	

Form	990 (2022) Vineyard Family Services of Central Alabama Inc	13-4362029	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:		
	The Organization was established with children in mind. Through its programs,	, it feeds	children
	in need, promotes responsible fatherhood, and helps families in crisis.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$889,325 including grants of \$) (Revenue	\$)
	The Organization was established with children in mind. Through its programs,	, it feeds	children
	in need, promotes responsible fatherhood, and helps families in crisis.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 889,325		
EEA		Fo	rm 990 (2022)

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Pa	rt IV Checklist of Required Schedules										
			Yes	No							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"										
2	complete Schedule A	1	x x								
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	л								
5	candidates for public office? If "Yes," complete Schedule C, Part I										
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)										
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,										
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5									
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors										
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If										
	"Yes," complete Schedule D, Part I	6		х							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,										
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"										
_	complete Schedule D, Part III	8		х							
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a										
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or										
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х							
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10									
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x							
	VII, VIII, IX, or X as applicable.										
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"										
u	complete Schedule D, Part VI	11a	x								
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more										
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x							
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more										
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x							
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets										
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х								
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses										
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х							
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete										
	Schedule D, Parts XI and XII	12a	х								
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If										
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х							
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		x							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х							
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,										
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	116		v							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		х							
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x							
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.5		л							
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on										
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on										
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?										
	If "Yes," complete Schedule G, Part III	19		x							
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x							
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b									
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or										
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х							
		—	~~~	(000)							

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
~~	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the sumber reported in Day 2 of Form 1000. Enter 0, if not environtly		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	(

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization 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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se				
	Check if Schedule O contains a response or note to any line in this Part VI		•••		х
Sec	ction A. Governing Body and Management				
		ſ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.	_			
b	Enter the number of voting members included in line 1a, above, who are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•		
•	any other officer, director, trustee, or key employee?	••••	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct		2		v
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	ł	3		x
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	t t	4 5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets	f	6		x x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	••••			
74	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	••••	74		
N	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	f	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	cts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?	t i i i i i i i i i i i i i i i i i i i	13	х	
14 45	Did the organization have a written document retention and destruction policy?		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by				
~	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	v	
a b	The organization's CEO, Executive Director, or top management official	t i i i i i i i i i i i i i i i i i i i	15a 15b	X v	
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	••••	130	x	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
ivu	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Tou		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Alabama				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	y,			
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	Ward Williams (205)533-7852, PO Box 2458, Alabaster, AL 35007				

Form 990 (202	 Vineyard Family Services of Central Alabama Inc 	13-4362029	Page 7							
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete t	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the									
organization's	tax year.									
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss of amount of								
compensation.	compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.									
 List all of 	the organization's current key employees, if any. See the instructions for definition of "key employee."	1								

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	lou organizat				(C)		0			
			Position							
(A)	(B)	(do r	not che			nan one		(D)	(E)	(F)
Name and title	Average hours					s both ar /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Unic		a uii	ecion	(ilusiee)		from the	from related	compensation
	(list any	9 h	5	o	<u>ح</u>	ен	Ţ	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divic.	stitu	Officer	ey e	nplo	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
	related organizations	tor	tiona		Key employee	st co	эr	,	,	Ū
	below	Individual trustee or director	Institutional trustee		iyee	mpe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) Mastaki Smith	2.00									
Director		х						0	0	0
(2) Mimi Penhale	2.00									
Director		х						0	0	0
(3) Justin Sanders	2.00									
Director		х						0	0	0
(4) Lannette Thomas	2.00									
Director		х						0	0	0
(5) Brady Wilson	4.00									
President		х		х				0	0	0
(6) Robyn Korn	4.00									
Secretary		х		х				0	0	0
(7) Ray Parker	4.00									
Treasurer		х		х				0	0	0
(8) Ward Williams	45.00									
Executive Director				х				0	0	0
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		90 (2022) Vineyard Family S										3-4362			age 8
(A) Nerve and life (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part	VII Section A. Officers, Directors, 1	rustees,	Key E	Emp			s, ar	nd I	Highest Comp	ensated	I Emplo	oyees	(cont	inued,
total and another to the standard of the stand			Average hours	Position (do not check more tha box, unless person is b officer and a director/tr						Reportable compensation from the	Reportable compensation from related	able ation ated	Estimated a of oth compens		
(16) (17) (17) (17) (17) (17) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (20) (19) (19) (21) (19) (19) (22) (11) (11) (23) (11) (11) (24) (11) (11) (25) (11) (11) (26) (11) (11) (27) (11) (11) (28) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (20) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (20) (11) (11) (21) (11) (11) (22) (11)			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-M	ISC/	orgai	nization	
(17)	(15)														
(18) (19) (19) (20) (20) (20) (20) (20) (20) (21) (21) (21) (22) (23) (24) (23) (24) (25) (24) (25) (26) (25) (26) (27) (26) (27) (28) (26) (27) (28) (26) (29) (29) (27) (29) (29) (28) (29) (29) (29) (29) (29) (20) (29) (29) (20) (29) (29) (29) (29) (20) (20) (20) (20) (21) (21) (21) (22) (22) (23) (24) (24) (24) (25) (24) (25) (24) (24) (25) (25) (24) (25) (24) (25) (26) (25) (26)	<u>(</u> 16)	·													
(19)	(17)														
(20)	(18)														
(21) (21) (21) (22) (23) (24) (24) (25) (26) (25) (26) (27) (26) (27) (28) (26) (29) (29) (26) (29) (20) (27) (29) (20) (26) (29) (20) (27) (29) (20) (26) (20) (20) (27) (20) (20) (26) (20) (20) (27) (20) (20) (26) (20) (20) (27) (21) (21) (26) (21) (21) (27) (21) (21) (20) (21) (21) (21) (21) (21) (22) (21) (21) (23) (21) (21) (24) (25) (21) (25) (21) (21) (27) (21) (21) (3) (21) ((19)														
(22) (23) (24) (24) (25) (25) (25) (26) (26) (27) (27) (28) (26) (29) (27) (29) (26) (27) (27) (28) (26) (29) (27) (29) (28) (29) (29) (29) (20) (20) (21) (21) (22) (21) (23) (21) (24) (21) (25) (21) (26) (21) (27) (21) (20) (21) (21) (21) (22) (21) (23) (21) (24) (21) (25) (21) (20) (21) (21) (21) (22) (21) (3) (21) (4) (21) (5) (21) (7)	(20)														
(23) (24) (25) (25) (25) (26) (26) (27) (27) (28) (26) (27) (27) (28) (26) (29) (27) (29) (28) (29) (29) (20) (20) (20) (21) (21) (22) (21) (23) (21) (25) (21) (21) (21) (22) (21) (23) (21) (24) (21) (25) (21) (25) (21) (21) (21) (22) (21) (23) (21) (24) (21) (25) (21) (21) (21) (22) (21) (3) (21) (3) (21) (3) (21) (3) (21) (3) (21) (4)	(21)														
(24)	(22)														
(25)															
1b Subtotal															
c Total from continuation sheets to Part VII, Section A 0 0 0 d Total (add lines 1b and 1c) 0 0 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 5 Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	C	Total from continuation sheets to Part VII, Sec		· · · · · ·	•••	•••	•••	••••							
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but not limi								-	of	0			0
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 x 5 Did any person listed to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C)	3	Did the organization list any former officer, direc		-				-					3	Yes	No X
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	4	organization and related organizations greater th	nan \$150,000	0? If "Y	′es,"	con	nplet	te Sch	nedu	lle J for such			4		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		for services rendered to the organization? If "Ye	•		-			-				<u></u>	5		x
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	-		to diadonon	dontoo	ntro	-t - r -	the	+ = = = = =		more then \$100.00					
(A) (B) (C)	1											ax vear.			
		(A)								(B)				ation	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2		-		thos	e lis	ted a	above) wh	10					

Form 99	<u>`</u>	· · · · · · · · · · · · · · · · · · ·			Serv	vices of Cent	ral Alabama	Inc	13-43620	29 Page 9
Part	VIII	Statement of Rev								_
		Check if Schedule O co	ontair	is a respons	e or n	ote to any line in thi				[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
Ω. Ω	b	Membership dues	••		1b					
rant	c	Fundraising events	•••		1c					
s, G Amo	d	J			1d					
Contributions, Gifts, Grants and Other Similar Amounts	e					458,211				
ons, Simi	f		-							
her		and similar amounts not in			1f	497,499				
l Otl	g	INoncash contributions inc			1g	¢				
	h						955,710			
	+ ··		••		• • •	Business Code	555,710			
	2a	Program revenue				532000	14,700	14,700		
ice	b									
Serv Jue	c									
Program Service Revenue	d									
gra Re	е									
Pro		All other program service								
	g	Total. Add lines 2a-2f .					14,700			
	3	Investment income (includi								
		other similar amounts) .				ł	8			8
	4	Income from investment of			•					
	5	Royalties	•••							
	60	Cross rests	60	(i) Real		(ii) Personal				
		Gross rents	6a 6b							
		Rental income or (loss)	6C							
		Net rental income or (loss)								
		Gross amount from		(i) Securitie		(ii) Other				
	10	sales of assets		()		()				
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
ven	c	Gain or (loss)	7c							
Rev		Net gain or (loss)			• • •					
Other Revenue	8a	Gross income from fundra	ising							
ð		events (not including \$.					
		of contributions reported o								
	L .	1c). See Part IV, line 18			8a 8b					
		Less: direct expenses . Net income or (loss) from								
		Gross income from gaming		aising event	° . ┌					
	Ja	activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
		Net income or (loss) from								
		Gross sales of inventory, I	-	0						
		returns and allowances .			10a					
	b	Less: cost of goods sold			10b	b				
	c	Net income or (loss) from	sales	of inventory	/					
						Business Code				
ŝ	11a									
anc	b									
Miscellanous Revenue	C									
Mis R		All other revenue				L				
		Total. Add lines 11a-11d Total revenue. See instru					970,418	14,700	0	8
	14		าวแบบ			•••••••••	J/V,410		U U	. Ö

D	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,544	77,039	9,630	875
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	344,665	303,305	37,913	3,447
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,320	3,802	475	43
10	Payroll taxes	33,063	29,095	3,637	331
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С					
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
5	(A) amount, list line 11g expenses on Schedule O.)	42,831	36,406	6,425	
12	Advertising and promotion	4,547	4,547	.,	
13	Office expenses	71,428	64,285	5,714	1,429
14	Information technology	, 1, 120	01/200	57721	
15	Royalties				
16		61,596	56,701	4,895	
17		25,467	22,920	2,292	255
18	Payments of travel or entertainment expenses	23,107	22,920	2,292	433
10					
10		C 244	F 07F	1 200	
19 20	Conferences, conventions, and meetings	6,344	5,075	1,269	
20 24		10,107	10,107		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,326	12,893	1,433	
23	Insurance	15,832	14,565	1,267	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Program supplies	234,734	234,734		
b	Printing and publication	4,361	4,012	349	
С	Appreciation	8,828		4,855	3,973
d	Other	12,299	9,839	2,460	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	982,292	889,325	82,614	10,353
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Vineyard Family Services of Central Alabama Inc Part IX **Statement of Functional Expenses**

EEA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Par	990 (20 t X	22) Vineyard Family Services Balance Sheet	5 01	Central Alabama	<u> </u>	5-436	52029 Page 11
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			[
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing	• • •		235,417	1	50,187
	2	Savings and temporary cash investments	• • •			2	158,399
	3	Pledges and grants receivable, net			11,756	3	5,154
	4	Accounts receivable, net	• • •			4	
	5	Loans and other receivables from any current or former	officer	, director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	sons (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	• • •			8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	503,693			
	b	Less: accumulated depreciation	10b	61,782	444,148	10c	441,911
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .				12	
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	79,100		
	16	Total assets. Add lines 1 through 15 (must equal line	33).		691,321	16	734,751
	17	Accounts payable and accrued expenses			12,489	17	24,588
	18	Grants payable	• • •			18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	edule D		21	
SS	22	Loans and other payables to any current or former office	er, dire	ctor,			
iliti		trustee, key employee, creator or founder, substantial co		or, or 35%			
Liabilities		controlled entity or family member of any of these perso				22	
-	23	Secured mortgages and notes payable to unrelated thin	•		301,212	23	265,317
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)	. Comp	olete Part X			
		of Schedule D				25	79,100
	26	Total liabilities. Add lines 17 through 25			313,701	26	369,005
		Organizations that follow FASB ASC 958, check here	e X				
ŝŝ		and complete lines 27, 28, 32, and 33.					
ance	27				377,620	27	365,746
Bala	28					28	
l pu		Organizations that do not follow FASB ASC 958, cho	eck he	re 📋			
Net Assets or Fund Balances		and complete lines 29 through 33.					
šor	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipmen				30	
As:	31	Retained earnings, endowment, accumulated income, o				31	
Net	32	Total net assets or fund balances			377,620	32	365,746
	33	Total liabilities and net assets/fund balances	• • •		691,321	33	734,751

EEA

Form 990 (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 25) 2 2 Revenue less expenses. Subtract line 2 from line 1 3 4 377, 620 5 Bott unrealized gains (losses) on investments 6 6 7 7 8 8 9 9 0 10 365, 746 9 0 11 Accuration (A) 12 36 9 0 10 365, 746 9 0 11 Accuration (A) 12 9 14 Accuration (A) 15 Statements and Reporting 16 365, 746 9 0 14 Accounting method used to prepare the Form 990: Cash 16 Accuration (A) Accuration (A) 17 Yes No 16 Accuration (A) Accuruation (A)	Form	990 (2022) Vineyard Family Services of Central Alabama Inc	13-436202	9	Pa	age 12
1 Total expense (must equal Part XII, column (A), line 25) 1 970, 418 2 Total expenses (must equal Part IX, column (A), line 25) 2 982, 232 3 Catal expenses (must equal Part IX, column (A), line 25) 3 (11, 874) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 377, 620 5 5 6 6 6 7 6 7 7 6 9 Other changes in net assets or fund balances (explain on Schedule 0) 6 7 10 Net assets or fund balances (explain on Schedule 0) 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0 10 365, 746 9 0 0 Part XII Financial Statements and Reporting 1 1 22 x 1 Accounting method used to prepare the Form 990: Cash A ccrual Other 1 Yes No 1 Accounting method used to prepare the Form 990: Cash A ccrual Other 1 2a x x 1	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 982, 292 3 Revenue less expenses. Subtract line 2 from line 1 3 (11, 874) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 377, 620 5 Donated services and use of facilities 6 7 6 7 6 7 8 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at exponse 7 7 10 Net assets or fund balances at exponse or note to any line in this Part X, line 3 0 10 Net assets or fund balances (explain on Schedule O) 9 0 0 10 Accounting method used to prepare the Form 900: Cash El Accrual Other 1 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a x 1 24 Were the organization changed its method basis Both consolidated and separate basis 2b x 1 11" Yes," check a box below to indicate whether the finan		Check if Schedule O contains a response or note to any line in this Part XI				
3 Revenue less expenses. Subtract line 2 from line 1 3 (11,674) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 377,620 5 Net unrealized gains (losses) on investments 5 6 6 7 Investment expenses 7 7 8 9 0 9 0 0 10 Net assets or fund balances (explain on Schedule O) 8 9 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0 Net assets or fund balances (explain on Schedule O) 8 9 0 0 10 Net assets or fund balances (explain on Schedule O) 9 32, column (B)	1					,418
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 377, 620 5 6 6 6 6 7 6 7 8 9 0 8 9 0 9 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Check if Schedule O contains a response or note to any line in this Part XII 1 1 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X If "Yes," check a box below to	2	Total expenses (must equal Part IX, column (A), line 25)	2		982,	,292
5 Net unrealized gains (losses) on investments 6 6 7 1 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 11 11 11 12 11 12 11 12 14 14 15 15 15 16 16 17 18 19 10 <t< th=""><td>3</td><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td>(11,</td><td>,874)</td></t<>	3	Revenue less expenses. Subtract line 2 from line 1	3		(11,	,874)
6 Denated services and use of facilities 7	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		377,	,620
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 365, 746 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis b Wree the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. ct if "Yes," theck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Wree the organization's financial statements audited by an independent accountant? if "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statement	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Part XII Financial Statements and Reporting 10 365, 746 Part XII Financial Statements and Reporting 10 365, 746 It he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a x 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x If "Yes," check a box below to indicate whether the financial statements for the year were compiled or every ereviewed on a separate basis, consolidated basis, or both: 2b x If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b </th <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 365, 746 Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
32, column (B)) 365,746 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a x X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b x X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b x X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b x Image: Consolidated basis, or both: 2b x Image: Consolidated basis, or both: 2c x Image: Consolidated basis, or both: 2c x Image: Consolidated basis, or both: 2c	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Statements a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Image: Statement Statem	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	þ					
	~			3h		
	EEA				n 990	(2022)

SCHEDUL	E A
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Vineyard Family Services of Central Alabama Inc 13-4362029 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D)

(E) Total OMB No. 1545-0047

Schedul		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and		(vi)
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support			1	1	1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	465,892	600,980	770,529	1,017,408	955,710	3,810,519
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	465,892	600,980	770,529	1,017,408	955,710	3,810,519
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						434,409
6	Public support. Subtract line 5 from line 4.						3,376,110
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	465,892	600,980	770,529	1,017,408	955,710	3,810,519
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	7	5	5	6	8	31
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,810,550
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	3,010,330
13	First 5 years. If the Form 990 is for the or						<u>.</u>
10	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor			•••••		<u></u>	· · · · · · ·
14	Public support percentage for 2022 (line 6			1 column (f))		14	88.60 %
15	Public support percentage from 2022 (intel Public support percentage from 2021 Sch					15	90.72 %
16a	33 1/3% support test - 2022. If the organ					-	
TUa	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
D	this box and stop here. The organization						
170				-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-		
	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						_
	organization						
18	Private foundation. If the organization di						
	instructions						[]

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to If the organization fails to qualify under the tests listed below, please complete Part II. Section A. Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose section 513 3 Gross receipts from activities that are not an unrelated trade or business under section 513 section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge section 513		
If the organization fails to qualify under the tests listed below, please complete Part II. Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the 5 The value of services or facilities furnished by a governmental unit to the 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 <	.)	
Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose (a) 2018 (b) 2019 (c) 2020 (d) 2021 3 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose (a) 2018 (b) 2019 (c) 2020 (d) 2021 3 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished trade or business under section 513 (b) 2019 (c) 2020 (d) 2021 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (c) 2020 (d) 2021 5 The value of services or facilities furnished by a governmental unit to the (a) 2018 (b) 2019 (c) 2020 (d) 2021		(f) Total
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2018 (b) 2019 (c) 2020 (d) 2021 2 Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the Image: Section 513 Image: Section 513	(e) 2022	(f) Total
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2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the		
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unrelated trade or business under section 513		
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the 		
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the		
or expended on its behalf		
5 The value of services or facilities furnished by a governmental unit to the		
furnished by a governmental unit to the		
organization without charge		
6 Total. Add lines 1 through 5		
7a Amounts included on lines 1, 2, and 3		
received from disqualified persons .		
b Amounts included on lines 2 and 3		
received from other than disqualified		
persons that exceed the greater of \$5,000		
or 1% of the amount on line 13 for the year		
c Add lines 7a and 7b		
8 Public support. (Subtract line 7c from		
Section B. Total Support	(.) 0000	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		
10a Gross income from interest, dividends, .		
payments received on securities loans, rents,		
royalties, and income from similar sources		
b Unrelated business taxable income (less		
b Unrelated business taxable income (less section 511 taxes) from businesses		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of the s		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of taxes of		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of taxes of		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of the s		
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of the s		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: Comparison of the section of the s		1(0)(2)
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b		
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b		
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<u></u>	
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15	· · · · · · · · □
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	<u></u>	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15 16	· · · · · · · · · □ % %
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15 16 17	· · · · · · · · □ % %
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15 16 17 18	· · · · · · · · □ % % % %
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15 16 17 18 ore than 33	□ % % % 1/3%, and line
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15 16 17 18 ore than 33 supported c	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	15 16 17 18 ore than 33 supported o than 33 1/3%	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

No

Yes

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedu	le A (Form 990) 2022 Vineyard Family Services of Central Alabama Inc 13-436202	9	Р	age 5
Part	IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 2 Did the organization operate for the benefit of any supported organization other than the supported
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 2a
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2022

2b

3a

3b

Yes No

1

2

1

Yes No

	e A (Form 990) 2022 Vineyard Family Services of Central Alal			2029 Page 6
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organi	zatio	ons must complete Section	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	•		((optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

6

Schedule A (Form 990) 2022

	e A (Form 990) 2022 Vineyard Family Services			43620	29 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
-	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8	Evenes from 2019				
<u>a</u>	Evenes from 2010				
b	Evenes from 2020				
 d	Evenes from 2021				
e	Exercise from 2022				
EEA				S	

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Attach to Form 990.

OMB No. 1545-0047 2022

2022
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Em				Employer identification number				
Viney	ard Family Services of Central Alabama	Inc		13-4362029				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advis	ed funds	(b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised					
	funds are the organization's property, subject to the organization	ation's exclusive legal cor	ntrol?	Yes 🗌 No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	int funds can be us	ed				
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or fo	r any other purpose	e				
	conferring impermissible private benefit?			Yes 🗌 No				
Par								
	Complete if the organization answered "Yes" of							
1	Purpose(s) of conservation easements held by the organiza							
	Preservation of land for public use (for example, recreation	on or education)		historically important land area				
	Protection of natural habitat		Preservation of a	certified historic structure				
_	Preservation of open space	6 1 1 1 1						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form of a					
	easement on the last day of the tax year.			Held at the End of the Tax Yea				
a	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
C	Number of conservation easements on a certified historic str			<u>2</u> c				
d	Number of conservation easements included in (c) acquired	-		24				
2	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, of						
4	tax year Number of states where property subject to conservation ea	esement is located						
5	Does the organization have a written policy regarding the pe		ion handling of					
Ū	violations, and enforcement of the conservation easements i		-	Yes 🗌 No				
6	Staff and volunteer hours devoted to monitoring, inspecting,							
		0	0	G <i>y</i>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	orcing conservation	n easements during the year				
8	Does each conservation easement reported on line 2(d) abo							
	and section 170(h)(4)(B)(ii)? \ldots			Yes No				
9	In Part XIII, describe how the organization reports conserva	tion easements in its reve	nue and expense s	statement and				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's f	inancial statements	s that describes the				
	organization's accounting for conservation easements.							
Par				Other Similar Assets.				
	Complete if the organization answered "Yes" of							
1a	If the organization elected, as permitted under FASB ASC 9							
	of art, historical treasures, or other similar assets held for pu			nerance of public				
	service, provide in Part XIII the text of the footnote to its fina							
b	If the organization elected, as permitted under FASB ASC 9	•						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:			•				
	(i) Revenue included on Form 990, Part VIII, line 1							
-	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre			gain, provide the				
-	following amounts required to be reported under FASB ASC			¢				
a h	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·				

Schedu	e D (Form 990) 2022 Vineyard Family					13-436		Page 2
Par	t III Organizations Maintaining C	Collections of A	Art, Historica	I Treasures	, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, accessio	n, and other record	s, check any of the	e following that r	make sig	pnificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loai	n or exchange p	orogram			
b	Scholarly research		e 🗌 Othe	ər				
с	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	n how they further	the organizatio	n's exem	npt purpose in Par	rt	
	XIII.			-				
5	During the year, did the organization solicit or	receive donations of	of art, historical tre	easures, or othe	r similar			
	assets to be sold to raise funds rather than to						. 🗌 Yes	s 🗌 No
Par								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.					•		
1a	Is the organization an agent, trustee, custodian	n or other intermedi	ary for contributio	ns or other asse	ets not			
	included on Form 990, Part X?		-				🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII a							
		• • • •	9			A	mount	
с	Beginning balance				. 10			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on For							s 🗌 No
b	If "Yes," explain the arrangement in Part XIII.					-		
Par			xplanation has be				• • • • •	•
1 41	Complete if the organization a	nswered "Yes"	on Form 990	Part IV line	10			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(a) Four	years back
1a	Beginning of year balance	(a) Current year	(b) Flibi yeai	(C) Two years	S DACK	(u) Thee years back		years back
b	Contributions							
	Net investment earnings, gains, and							
С								
h								
d	Grants or scholarships							
е	-							
4								
f	Administrative expenses							
g	End of year balance	ntweer and helene						
2	Provide the estimated percentage of the curre	-	e (inte 19, column	(a)) neiù as.				
d ⊾	Board designated or quasi-endowment Permanent endowment %	70						
b	· · · · · · · · · · · · · · · · · · ·							
С								
20	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be be be been as the percentage of the pe		ation that are hold	and administer	ad for the	-		
3a	Are there endowment funds not in the posses					5		Vac Na
	organization by:						2=(1)	Yes No
	(i) Unrelated organizations						. 3a(i)	
h.	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza			R?			. 3b	
4 Dori	Describe in Part XIII the intended uses of the		owment runds.					
Par			on Form 000	Dart IV/ line	110 0	Soo Form 000	Dort V	ino 10
	Complete if the organization a							
	Description of property	(a) Cost or othe (investme		st or other basis (other)		Accumulated epreciation	(d) Boo	k value
	Land	,			u u			
1a ⊾				460.000		00.400		126 500
b	Buildings			460,063		23,483	4	136,580
C	Leasehold improvements			2,250		2,250		
d				22,776		17,445		5,331
e	Other			18,604		18,604		
Total.	Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Par	t X, column (B), li	ne 10c.)			4	441,911

Schedule D (Form 990) 2022

Schedule D (Fo	rm 990) 2022 Vineyard Family Services of	Central Alabama	Inc 13-	4362029 F	- age 3	
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.).					
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X, line	13.	
	(a) Description of investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value		
(1)				•		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.).					
Part IX	Other Assets.					
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	990, Part X, line	15.	
	(a) Description			(b) Book value		
(1) Right of use assets				79	,100	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2] Lease	liabilities	79,100
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) .	79,100

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

79,100

Schedu	le D (Form 990) 2022 Vineyard Family Services of Central Alabama Inc	c 1	3-4362029	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	976,418
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	6,000	_	
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	6,000
3	Subtract line 2e from line 1		3	970,418
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	970,418
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	988,292
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	6,000		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	6,000
3	Subtract line 2e from line 1		3	982,292
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	982,292
Part				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Vineyard Family Services of Central Alabama Inc

Employer identification number 13-4362029

01. Form 990 governing body review (Part VI, line 11)

Form 990 is provided to Board members for a regularly scheduled meeting.

02. Conflict of interest policy compliance (Part VI, line 12c)

Board members are required to annually affirm they have no conflicts of interest. If a

conflict exists, the member must remove the conflict or resign their position.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Board evaluates an approves compensation for the Executive Director and provides

general oversight of all employees.

04. Other officer or key employee compensation (Part VI, line 15b

Form 990 Part VI Section B Lines 15a & 15b.

The Board evaluates an approves compensation for the Executive Director and provides

general oversight of all employees. There are no other compensated officers or key

employees.

05. Governing documents, etc, available to public (Part VI, line 19)

Documents are made available by appointment at the Organization's administrative offices

during regular husiness hours.