Form	990
rom.	VVV

# CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



- 1	For the	2016 calendar year, or tax year beginning JAN 1, 2016 and end	ing JÜ	N 30, 201	6
8 0	Check if spplicable:	C Name of organization	ľ	Employer ident	ification number
	Address				
	Name change	Doing business as		91-	2082308
	_ Initial _ return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite E	E Telephone numb	ber
	Final return/	PO BOX 1092		425	-432-2119
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts 6	1,318,830.
	Amende	MAPDE VALUET, WA 90030	I	<b>l(a) i</b> s this a group	return
L.	Applica tion pending	IF Name and address of principal officer: MICHEUDE FREID			es? Yes 🔀 No
		SAME AS C ABOVE			s Included? Yes No
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		a: WWW.VINEMAPLEPLACE.ORG		I(c) Group exempt	
			L Year of	formation: 2000	M State of legal domicile: WA
		Briefly describe the organization's mission or most significant activities: OUR MIS	SSTON	TS TO EN	DFAMTLY
5		HOMELESSNESS IN OUR COMMUNITY.	DDION		D FMIDI
Activities & Governance		Check this box	of more t	han 25% of its net	assets
200		Number of voting members of the governing body (Part VI, line 1a)		1	3 12
ğ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	*******		4 11
80	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		- 6	5 0
VIT		otal number of volunteers (estimate if necessary)			600
<b>C</b> ti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12			
_		let unrelated business taxable income from Form 990-T, line 34			b 0.
				Prior Year	Current Year
ŝ		Contributions and grants (Part VII), line 1h)		2,385,476	. 1,312,863.
Le le	19 P				0.010
>		Program service revenue (Part VIII, line 2g)		6,670	
Revenue	10 ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,088	. 3,757.
Rev	10 in 11 C	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,088 0	· 3,757. • 0.
Rev	10 in 11 C 12 T	nvestment Income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,088 0 2,398,234	. 3,757. . 0. . 1,318,830.
Rev	10 in 11 C 12 T 13 G	nvestment Income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3)		6,088 0 2,398,234 290,363	. 3,757. . 0. . 1,318,830. . 203,785.
	10 in 11 C 12 T 13 G 14 B	Arvestment Income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) arants and similar amounts paid (Part IX, column (A), lines 1-3) benefits paid to or for members (Part IX, column (A), line 4)	····	6,088 0 2,398,234 290,363 0	. 3,757. . 0. . 1,318,830. . 203,785. . 0.
	10 in 11 C 12 T 13 G 14 B 15 S	Arvestment Income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Frants and similar amounts paid (Part IX, column (A), lines 1-3) benefits paid to or for members (Part IX, column (A), line 4) salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,088 0 2,398,234 290,363 0 1,071,643	. 3,757. . 0. . 1,318,830. . 203,785. . 0. . 581,340.
	10 in 11 C 12 T 13 G 14 B 15 S	Arvestment Income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Frants and similar amounts paid (Part IX, column (A), lines 1-3) benefits paid to or for members (Part IX, column (A), line 4) salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,088 0 2,398,234 290,363 0	. 3,757. . 0. . 1,318,830. . 203,785. . 0. . 581,340.
Expenses Rev	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T	Areas and similar amounts paid (Part IX, column (A), lines 3, 4, and 7d) Areas and similar amounts paid (Part IX, column (A), lines 1-3) Areas and similar amounts paid (Part IX, column (A), lines 1-3) Areas and similar amounts paid (Part IX, column (A), lines 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 1) Areas and similar amounts (Part IX, column (D), line 25)		6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 16,550. 179,514.
	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C	Anter revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Frants and similar amounts paid (Part IX, column (A), lines 1-3) Renefits paid to or for members (Part IX, column (A), line 4) salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 222,170.		6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 16,550. 179,514. 981,189.
Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 B	Areas and similar amounts paid (Part IX, column (A), lines 3, 4, and 7d) Areas and similar amounts paid (Part IX, column (A), lines 1-3) Areas and similar amounts paid (Part IX, column (A), lines 1-3) Areas and similar amounts paid (Part IX, column (A), lines 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 4) Areas and similar amounts (Part IX, column (A), line 1) Areas and similar amounts (Part IX, column (D), line 25)		6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 16,550. 179,514. 981,189.
Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 B	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 1-3)         Investment Income (Part IX, column (A), lines 1-3)         Investment Income (Part IX, column (A), lines 1-3)         Investment Induction (Part IX, column (A), lines 1-3)         Investment Induction (Part IX, column (A), line 4)         Investment Induction (Part IX, column (A), line 4)         Investment Induction (Part IX, column (A), line 11e)         Investment Induction (Part IX, column (D), line 25)         Investment IX, column (A), lines 11a-11d, 11f-24e)         Inter expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ming of Current Year	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year
Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 B	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         arants and similar amounts paid (Part IX, column (A), lines 1-3)         enefits paid to or for members (Part IX, column (A), line 4)         alaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         otal fundraising expenses (Part IX, column (D), line 25)         222,170         otal expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         evenue less expenses. Subtract line 18 from line 12         otal assets (Part X, line 16)	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ning of Current Year 6,924,626	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year 6,599,624.
Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 B	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         Investment Income (Part VIII, column (A), lines 1-3)         Investment Income (Part IX, column (A), lines 1-3)         Investment Indraising fees (Part IX, column (A), line 4)         Investment Indraising fees (Part IX, column (A), line 11e)         Investment Indraising expenses (Part IX, column (D), line 25)         Investment IX, column (A), lines 11a-11d, 11f-24e)         Inter expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         Inter expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)         Investment less expenses, Subtract line 18 from line 12         Intel liabilities (Part X, line 16)         Intabilities (Part X, line 26)	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ning of Current Year 6,924,626 3,441,906	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. <u>End of Year</u> 6,599,624. 2,779,263.
Net Assets or Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 R 20 T 21 T 22 N	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         àrants and similar amounts paid (Part IX, column (A), lines 1-3)         enefits paid to or for members (Part IX, column (A), line 4)         alaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         Professional fundraising fees (Part IX, column (A), line 12e)         otal fundraising expenses (Part IX, column (D), line 25)         Part expenses (Part IX, column (A), line 11e,         otal expenses (Part IX, column (A), line 11e,         otal systems (Part IX, column (A), line 25)         Part expenses (Part IX, column (A), line 25)         Otal expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)         evenue less expenses, Subtract line 18 from line 12         otal assets (Part X, line 16)         otal liabilities (Part X, line 26)         et assets or fund balances, Subtract line 21 from line 20	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ning of Current Year 6,924,626	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 203,785. 0. 581,340. 16,550. 203,785. 179,514. 981,189. 337,641. F End of Year 6,599,624. 2,779,263.
Net Assets or Expenses	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 R 20 T 21 T 22 N	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         arants and similar amounts paid (Part IX, column (A), lines 1-3)         kenefits paid to or for members (Part IX, column (A), line 4)         aalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         otal fundralsing expenses (Part IX, column (D), line 25)         Part IX, column (A), lines 11a-11d, 11f-24e)         otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         tevenue less expenses. Subtract line 18 from line 12         otal assets (Part X, line 16)         otal liabilities (Part X, line 26)         et assets or fund balances. Subtract line 21 from line 20         Signature Block	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ning of Current Yeau 6,924,626 3,441,906 3,482,720	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year 6,599,624. 2,779,263. 3,820,361.
Expenses Fund Balances	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 R 20 T 21 T 22 N 19 Penalli	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         arants and similar amounts paid (Part IX, column (A), lines 1-3)         benefits paid to or for members (Part IX, column (A), line 4)         alaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         Professional fundraising fees (Part IX, column (D), line 25)         Part expenses (Part IX, column (D), line 25)         Part expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         evenue less expenses. Subtract line 18 from line 12         otal assets (Part X, line 16)         otal liabilities (Part X, line 26)         et assets or fund balances. Subtract line 21 from line 20         Signature Block         es of perjury, I declare that I have examined this return, including accompanying schedules and	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ming of Current Year 6,924,626 3,441,906 3,482,720	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year 6,599,624. 2,779,263. 3,820,361.
Expenses Fund Balances	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 19 R 20 T 21 T 22 N 19 Penalli	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)         arants and similar amounts paid (Part IX, column (A), lines 1-3)         benefits paid to or for members (Part IX, column (A), line 4)         alaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         otal fundraising expenses (Part IX, column (D), line 25)         Part IX, column (A), lines 11a-11d, 11f-24e)         otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         tevenue less expenses. Subtract line 18 from line 12         otal liabilities (Part X, line 16)         otal liabilities (Part X, line 26)         et assets or fund balances. Subtract line 21 from line 20         Signature Block         es of perjury, I declare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which p	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ming of Current Year 6,924,626 3,441,906 3,482,720	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year 6,599,624. 2,779,263. 3,820,361.
Expenses Fund Balances	10 in 11 C 12 T 13 G 14 B 15 S 16a P b T 17 C 18 T 17 C 18 T 17 C 18 T 20 T 21 T 22 N 10 T 21 T 22 N 10 T 21 T 20 T 21 T 20 T 21 T 20 T 21 T	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         arants and similar amounts paid (Part IX, column (A), lines 1-3)         benefits paid to or for members (Part IX, column (A), line 4)         alaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         Professional fundraising fees (Part IX, column (D), line 25)         Part expenses (Part IX, column (D), line 25)         Part expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         evenue less expenses. Subtract line 18 from line 12         otal assets (Part X, line 16)         otal liabilities (Part X, line 26)         et assets or fund balances. Subtract line 21 from line 20         Signature Block         es of perjury, I declare that I have examined this return, including accompanying schedules and	Begin	6,088 0 2,398,234 290,363 0 1,071,643 46,000 323,676 1,731,682 666,552 ming of Current Year 6,924,626 3,441,906 3,482,720	. 3,757. 0. 1,318,830. 203,785. 0. 581,340. 581,340. 16,550. 179,514. 981,189. 337,641. End of Year 6,599,624. 2,779,263. 3,820,361.

Here	Type or print name and title	CUTIVE DIRECTOR		·····			
Paid	Print/Type preparer's name	Preparer's signature	Date	Ghack P	FIN .		
Preparer Use Only	Firm's name 🕞 Firm's address 🍃		Firr	m's EIN 👞			
			Pho	one no.	·		
May the If	RS discuss this return with the preparer show	n above? (see instructions)			lYes L	(	No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	m 990 (2016) VINE MAPLE PLACE 91	L-2082308	Page <b>2</b>
Ra	and III Statement of Program Service Accomplishments		- age -
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	·	
	VINE MAPLE PLACE'S MISSION IS TO STOP FAMILY HOMELESSNESS		07
	COMMUNITY, BY HELPING SINGLE PARENTS AND THEIR CHILDREN BU HOPE, STABILITY, AND GREATER SELF-SUFFICIENCY.	ILD LIVES	OF
	NOPE, STABIDITT, AND GREATER SEDF BOFFICIENCI.	· · · · · · · · · · · · · · · · · · ·	
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 mea		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses,	and
	revenue, if any, for each program service reported. a (Code: ) (Expenses \$ 685,628 · including grants of \$ 203,785 · ) (Revenue \$		210.)
<b>4</b> a	a (Code:) (Expenses \$685,628 · including grants of \$203,785 · ) (Revenue \$ OUR PROGRAM TARGETS LOW INCOME SINGLE PARENT FAMILIES WHO		
	OR IN IMMINENT DANGER OF LOSING THEIR HOUSING. THIS PROGR		<u> </u>
	SUPPORT SERVICES INCLUDING HOUSING ASSISTANCE, CASE MANAGE		
	FINANCIAL LITERACY AND BUDGETING, EMPLOYMENT COACHING, COU		AND
	CHILD AND YOUTH CASE MANAGEMENT. IN CALENDAR 2016, OUR PH		
	PROVIDED HOUSING AND SUPPORT SERVICES TO 180 FAMILIES AND	396 CHILD	REN.
4b	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		. )
	• • • • • • • • • • • • • • • • • • •		
			·
			· · · · · ·
		<u>.</u>	<u> </u>
4c	Code: ) (Expenses \$) (Revenue \$) (Revenue \$)	· · · · · · · · · · · · · · · · · · ·	)
-			/
		×	
			. · ·
		······································	
		•	<u> </u>
4d			
Ari	(Expenses \$ including grants of \$ ) (Revenue	)	
<u>4e</u>		Form 9	90 (2016)

VINE MAPLE PLACE Form 990 (2016) VINE MAPLE P Part V 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," complete Schedule A		x	
2	In the event of the second s	1 2	X	
3	Did the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 1	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u>ب</u>		
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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 )	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		(	
	as applicable.		$\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}_{\mathcal{O}}}}}$	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
Ь	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
C	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		х
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>A</u>
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 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	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines		T	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ.
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

Form **990** (2016)

Form 990 (2016)	
-----------------	--

			Yes	
20a	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 return?	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		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
<b>.</b>	Schedule J DId the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D O	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ç	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		
<b>25</b> a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			ang taran Ang taran
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	15000121924090	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
0	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		<u> </u>	
· ·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	<b> </b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33		<b>A</b> .
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
	Part V, line 1	34		X
35a		35a	+	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	300	<u> </u>	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	1.	x
-	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<b> </b>	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
90	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
38	Note All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016)

Form	990 (2016) VINE MAPLE PLACE	91-2082	308	_ Pi	age <b>5</b>
1271					
FREAK / CON	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
-	(gambling) winnings to prize winners?		1c	DODG-AGADES	HANNAGANAG
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		No.		
	filed for the calendar year ending with or within the year covered by this return	2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	10000000000	10.00 12 10 1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		1000		
3a		· · · · · · · · · · · · · · · · · · ·	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	074042534504	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	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 ser	vices 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_		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	Į		
	to file Form 8282?		7c	0-01-020-004	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
Ð	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	X	in the second
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1		
_			8		
9	Sponsoring organizations maintaining donor advised funds.		N 6425		
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			3.63
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
''a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 In lieu of Form		<b>12</b> a	100000000000000000000000000000000000000	
		125			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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.				
Ь	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	13b			
c	Enter the amount of reserves on hand	13c	2		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u>14a</u>		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
			Eorg	990	1201161

Form 990 (2016)

•

Form				ge D
R.E.F	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	spons	ê
Manual Contractor	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI		145	X
Sect	ion A. Governing Body and Management			
·			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			S
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		1	$(-\pi)$	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			an a da far A sa a sa a
-		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its doverning documents since the prior Form 990 was filed?	4		X
5		5		X
6	-	6		X
78		7a		Х
	Are any soverman devisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D		76		X
~	persons other man the governing body?			
8			X	998927892.74%
8			X	
	Big Governance, Management, and Disclosure <i>f</i> or each "yes" response to lines 2 through 7b below, and the "No" is to line 3b, Mo and the Constant of the sector of			
9	is there any officer, director, indice, or key employee isses in rar vir, decision r, who damet be reached at the	9		X
Sac	tion B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000			Yes	No
40.0	Did the according have local chapters, branches, or affiliates?	10a		X
JUA	big the organization have wait the policies and procedures governing the activities of such chapters, affiliates,			
D	The res, did the organization have written policies and produced by governing the deather or organization's exempt purposes?	10b		
440	Les the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
118	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	1.00	
420	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	_
120 h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
č	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-		12c	X	
13		13	X	
14		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		5.5	
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a	X	
		15b		X
		General		
<b>16a</b>	A. Governing Body and Management         ter the number of voling members of the governing body at the end of the tax year       1a       12         there are marked differences in voling rights among members of the governing body, of the governing to dy digeted thread utionity to an aveatuble committee or similar committee, explain in Schedule 0.       1b       11         dary officer, furction, or two year polyces?       11       11       11         dary officer, furction, or two year polyces have a family relationship or a business relationship with any other filter, director, trustes, or key employces to a significant charges to its governing documents alone the prior Form 900 was filed?       14       11         d the organization become eaver during the year of a significant diversion of the organization's assets?       16       17         d the organization bave members, stockholders, or other persons who had the power to elect or appoint one or       17         e any outries, director, trustes, or key employee isted in Fart VII, Section A, who cannot be transchod at the governing bod?       17         d the organization contemporaneously document the meetings held or written actives undertaken during the year by the following:       18         e governing bod?       12       18       18         d the organization nearbors of the governing bod?       12       14         d the organization have members, stockholders, or subject to subject to subject to subject to subject of subject of subject or subject or subject or subject			
		16a	C V router	X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
		<u> </u>		
Sec	tion C. Disclosure			
17	List the states with which a dept of the form due to te det met.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) availal	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	icial	
	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:			
	BETH LANCASTER - 425-432-2119			
	22815 SE 216TH WAY, MAPLE VALLEY, WA 98038	<b>P</b>		(2016)
		1111		120103

VINE MAPLE PLACE

91-2082308 Page 6

Form 990 (2	2016) VINE MAPLE PLACE	91-2082308	Page 7		
i XIII WI	Compensation of Officers, Directors, Trustees, Key Employees, Higher	st Compensated			
Key Constant of Sider	Employees, and Independent Contractors				
Check if Schedule O contains a response or note to any line in this Part VII					
Partyll Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors					
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year el	nding with or within the organizatior	n's tax year.		
	Il of the exceptionic current officers, directors, trustees (whether individuals or organization	s), regardless of amount of comper-	isation.		

List all of the organization's current officers, directors, trustees (whether individuals of organizations), regardent of the organization of the organization of the organization's current key employees, if any. See instructions for definition of "key employee."

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(8)			(C	>)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	l then		Reportable	Reportable	Estimated
	hours per	box	, unle	es pe	rson	is bot	han	compensation	compensation	amount of
	week		cer ar	nd a di	lirecto	or/trus	itee)	from	from related	other
!	(list any	ector						the	organizations	compensation
- -	hours for	er eft	9		ł	ated		organization	(W-2/1099-MISC)	from the
1	related	istee	at sin at			sueda		(W-2/1099-MISC)		organization and related
	organizations below	la l	ional		Pey	ee a	_			organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK HOWELL	3.00			Ē	-					
BOARD MEMBER		X							•	
(2) ZENA ROBERTS	3.00									
BOARD MEMBER		X								
(3) KRISTIN SAKAI	3.00						]			
BOARD MEMBER		] <u>x</u>								
(4) JULIE STACHOWIAK	3.00	Ţ								]
BOARD MEMBER		<u> x</u>	L.		Ĺ		Ĺ_		[	
(5) ERIE STONE	3.00						[	1		
BOARD MEMBER		<u> x</u>					<u> </u>			
(6) CARLA CLARK	3.00	1_		1	ł					
BOARD MEMBER	<u> </u>	<u>X</u>		ļ			ļ			
(7) BRENDA WEBER	3.00	Į							·	
BOARD MEMBER		<u> x</u>	_	ļ	<b>_</b>	<u> </u>	<b> </b>			
(8) DAN WILTON	3.00	1_		1					ļ	
BOARD MEMBER		<u> x</u>		-			<b>_</b>		<u> </u>	
(9) BETTY MCNEELY	3.00	I								
BOARD MEMBER		X	_	<u> </u>	┢			<u> </u>		
(10) KEVIN KALBERG	3.00				1				]	
BOARD MEMBER, PRESIDENT	2 00	<u>] x</u>	_	x	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(11) STEPHANIE KENITZER	3.00	1								
BOARD MEMBER, SECRETARY		X	ļ	X	Ļ.		L			
(12) RANDY MARTIN	3.00	1_			ŀ				1	
BOARD MEMBER, TREASURER		X	_	X	⊢		<u> </u>			
(13) JON AGUIRRE	3.00	I					1			
BOARD MEMBER, VICE CHAIR		<u> x</u>	<u> </u>	X	<b>ļ</b>		_		· · · · · · · · · · · · · · · · · · ·	
(14) MICHELE FRETS	50.00			x		1	ļ			ļ
EXECUTIVE DIRECTOR	<u> </u>	-	╂			$\vdash$	-			
•	· · · · · · · · · · · · · · · · · · ·	-			1 -		1			
ــــــــــــــــــــــــــــــــــــ		╂──	+	┼──	+	+				
		-			Ł		1			1
		+	$\vdash$	+	┢		╂──		<u> </u>	
		-		1	1	1				
				<u> </u>	<u> </u>					Earm 000 (2016)

- - - - -

	PLE PLACE					aleee		omoneoted Employe		82308	Page 8
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					กอ	(D) Reportable compensation from	(E) Reportable compensatio from related	n ar	(F) stimated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compansated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	iC) fi org an	pensation rom the panization d related anizations
											<u> </u>
		-					<u></u>			·	
											<u> </u>
			-								
1b       Sub-total         c       Total from continuation sheets to Part         d       Total (add lines 1b and 1c)         2       Total number of individuals (including but	VII, Section A							eceived more than \$10	0,000 of reportab	le	
compensation from the organization											Yes No
<ul> <li>3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J to</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	r such individua	t						*****		3	X
and related organizations greater than \$ 5 Did any person listed on line 1a receive of	150,000? If "Yes or accrue compe	," co :nsat	ion tion	lete S from	Sche any	eduk y unr	ə J i elat	for such individual ted organization or Indi	vidual for services	4	
rendered to the organization? # "Yes," co Section B. Independent Contractors											
1 Complete this table for your five highest the organization. Report compensation f	compensated in or the calendar	dep /ear	end end	ent c Ina v	: <mark>Ont</mark> i vith	racto or w	o <mark>ris.</mark> 1 ithii	that received more than in the organization's tax	1 <b>\$100,000 of co</b> n year.	npensation	from
(A) Name and busine	· .		ON.					(B) Description of		( Comp	<b>C)</b> ensation
							_	: 			<u></u>
				<u>.</u> ,							
2 Total number of independent contractor											
											MACTINA INTEL MASSICAL MAX

Form	990 (2	OI6) VINE J	MAPLE PL	ACE			91-2082	308 Page 9
Form 990 (2016) VINE MAPLE PLACE 91-2082308								
Check if Schedule O contains a response or note to any line in this Part VIII								
1. 1. A. B. J.					(A)	(B) Related or	(C) Unrelated	(D) Revenue excluded
-21 m				200 - C	Total revenue	exempt function	business	I from tax under
			Sector Antonio de la			revenue	revenue	sections 512 - 514
22	1 a	Federated campaigns	1a					
		Membership dues						
<u> </u>		Fundraising events					ne de la Brail	
IT A		Related organizations	······					
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Government grants (contributi		15,000.				
Sis		All other contributions, gifts, grant					6-11-11-11-11-11-11-11-11-11-11-11-11-11	
is a		similar amounts not included abov	e 11 1.	297,863.	and developing an approximate		$(1,1,2,2,3) \in \mathbb{R}^{n} \times \mathbb{R}^{n}$	
Ξġ		Noncash contributions included in lines		58,625.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,312,863.	A SHERE	and a star	Sector Sector Code
<u> </u>				Business Code	sta series and a series of the			
	2 a	RENTAL INCOME		531110	2,210.	2,210.		·
ġ.	b							
la Se	e							
Ne N	h l		·····					
Program Service Revenue	e						· · ·	
ď	f	All other program service reve	nue					
	a	Total. Add Ines 2a-2f			2,210.			
	3	Investment income (including						
		other similar amounts)			3,757.			3,757.
	4	Income from investment of tax						
	5	Royalties						
		•	(I) Real	(ii) Personal		<b>学校学校学生</b> 会社		
	6 a	Gross rents						distance and the second
	Ь	Less: rental expenses						
	· c	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		Constant and the second		
		assets other than inventory				Contraction and the		
	Ь	Less: cost or other basis						
	· ·	and sales expenses						
İ	_	Gain or (loss)						
		Net gain or (loss)		····· •				
2	8 a	Gross income from fundraising						
eur		including \$	of				Cere and a grad	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Jev	1	contributions reported on line					States and States	
Other Revenue		Part IV, line 18						
đ		Less: direct expenses		L		S CARGO STREET		
-		Net income or (loss) from fund		P				
	9 a	Gross income from gaming ac					Sec. Constants	
		Part IV, line 19						
		Less: direct expenses			and the second second			
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances			and the second second		Sector and the	Same of the second
		Less: cost of goods sold						
	C	Net income or (loss) from sale		Business Code			A CONTRACTOR	
		Miscellaneous Revenu		pusiness Code				
	11 a	<u></u>						1
	b			1				
	<mark>ہ</mark>	All other revenue	<u> </u>					
		Total. Add lines 11a-11d						
	12 e	Total revenue. See instructions.	**********************		1,318,830.	2,210.	0	. 3,757.
	114	· LAMI LAAAURA' OON NOU NOUNUS'						E 000 (0040)

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (A) (E) (D) Fundraising Do not include amounts reported on lines 6b, (C) Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 203,785. 203,785. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 42,851. 17,140. 8,570. 17,141. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 441,834. 33,166. 295,653. 113,015. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9.304. 5,968. 802. 2,534. 13,192. 44,901. 28,592. 3,117. Other employee benefits 9 27,296. 42,450. 3,665. 11,489. 10 Payroll taxes Fees for services (non-employees): 11 a Management 148. 148. b Legal 13,056. 13,056. c Accounting d Lobbying 16.550 Professional fundraising services. See Part IV, line 17 16,550. A Investment management fees f. Other, (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 7,167. 7,167. 12 5,110. 29,437. 19,622. 4,705. 13 Office expenses 17,807. 7,398. 9,888. 521. 14 Information technology 15 Royalties 38,143. 427. 35,562. 2,154. 16 Occupancy 4,245. 3,989. 2. 254. 17 Travel ..... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 24.502. 537. 4,869. 19,096. 19 20 Interest Payments to affiliates 21 42,830. 2,644. 33,116. 22 Depreciation, depletion, and amortization 7,070. 2,179. 2,179. 23 Insurance Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().) а b С d e All other expenses 981,189. 685,628. 73,391. 222,170. Total functional expenses. Add lines 1 through 24e 25 Joint costs, Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Lif following SOP 98-2 (ASC 956-720)

VINE ]	MAPLE	PLACE
--------	-------	-------

91-2082308 Page 11

		Check if Schedule O contains a response or not	e to any	y line in this Part	X			
						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				647,672.	1	262,307.
	2	Savings and temporary cash investments	1,039,570.	2	1,737,657.			
	3	Piedges and grants receivable, net				3,366,544.	3	2,694,908.
	4	Accounts receivable, net					4	l
	5	Loans and other receivables from current and fo	rmer of	fficers, directors,				
		trustees, key employees, and highest compensation	ated em	ployees, Comple	rte			
		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·			•	5	
	6	Loans and other receivables from other disquali	fled per	sons (as defined	under			
		section 4958(f)(1)), persons described in section	4958(c	c)(3)(B), and cont	ributing			
		employers and sponsoring organizations of sect					8 W.A	S. S. States and S. S.
ş		employees' beneficiary organizations (see instr).					6	
Assets	7	Notes and loans receivable, net				283.	7	
•	8	Inventories for sale or use					8	10 000
	9	Prepaid expenses and deferred charges				15,734.	9	16,658.
	10a	Land, buildings, and equipment: cost or other	1	1 0 2 0				
	1	basis. Complete Part VI of Schedule D	<u>10a</u>	1,839,				1 102 425
	b	Less: accumulated depreciation			312.		10c	1,192,435.
	11	Investments - publicly traded securities				145,204.	11	191,577.
	12	Investments - other securities. See Part IV, line 1					12	
	13	investments - program-related. See Part IV, line				· · · · · · · · · · · · · · · · · · ·	13	<u> </u>
	14	Intangible assets				483,228.	14	504,082.
	15	Other assets. See Part IV, line 11				6,924,626.	15 16	6,599,624.
	16	Total assets. Add lines 1 through 15 (must equ				74,852.		83,955.
	17 18	Accounts payable and accrued expenses Grants payable				/1/0520	18	00,000
	19	Deferred revenue				3,366,544.	19	2,694,908.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete I				· · · · · · · · · · · · · · · · · · ·	21	
Ø	22	Loans and other payables to current and former						
Liabilities		key employees, highest compensated employee					P. S.	
liđe	1	Complete Part II of Schedule L					22	
Ĩ	23	Secured mortgages and notes payable to unrela					23	
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, pa	y <b>able</b> s '	to related third				
		parties, and other liabilities not included on lines	17-24)	. Complete Part )	( of			
		Schedule D				510.		400.
	26	Total liabilities. Add lines 17 through 25				3,441,906.	26	2,779,263.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🖾	and			
S a		complete lines 27 through 29, and lines 33 an			-			2 2 6 0 4 7
and	27	Unrestricted net assets				2,560,936. 921,784.	27	2,268,847. 1,551,514.
Ba	28	Temporarily restricted net assets				941,704.	28	1,001,014.
pu	29						29	
r Fu		Organizations that do not follow SFAS 117 (A	SC 958	i), check here 🕨	• LJ			
5 5		and complete lines 30 through 34.					20	
Set	30	Capital stock or trust principal, or current funds					30 31	
Net Assets or Fund Balances	31	Paid-In or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated in	-			· · · · · · · · · · · · · · · · · · ·	31 32	
Nei	32 33	Total net assets or fund balances				3,482,720.	33	3,820,361.
	33 34	Total liabilities and net assets/fund balances				6,924,626.		6,599,624.
	04	I VIAL HAVINGS AND HEL ASSERTATION VAIALUOS						<b>7000</b> (0010)

Form:990 (2016)

#### Form 990 (2016) Parit X Balan

nce	Sheet	

Form	990 (2016) VINE MAPLE PLACE	91-	2082308	Page 12
375	Reconciliation of Net Assets			
La di ta di ta di	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>
			4 044	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,189.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,482	2,720.
5	Net unrealized gains (losses) on Investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		3 000	0.001
	column (B))	10	3,820	0,361.
Pei	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<b>B</b>	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	θŪ.		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	dona		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		2b	X
b	Were the organization's financial statements audited by an independent accountant?	to baels	AND DURING THE	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		', *	
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	, .	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule (	Э.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle AL	ıdit 🕺	
	Act and OMB Circular A-133?		<u> </u>	<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired au	ıdit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	<b>990</b> (2016)

VINE MAPLE PLACE

91-2082308 Page 12

SCHEDULE A

## (Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete If the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.lrs.gov/form990.

OMB No. 1545-0047

Π

Name	Name of the organization Employer identification number								
	VINE MAPLE PLACE 91-2082308								
		Reason for Public	Charity Status (	All organizations must c	omplete tł	nis part.) S	ee instruction:	s.	
The or	ganiz	ation is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)	) .		
1 E		A church, convention of ch	nurches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Fon	n 990 or 9	90-EZ).)			
з [		A hospital or a cooperative	hospital service org	anization described in s	ection 17	) (b)(1)(A)(i	iii).		
4 [	$\Box$	A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:	•						•
5 L		An organization operated f	or the benefit of a co	lege or university owne	d or opera	ted by a g	overnmental (	unit descri	bed in
		section 170(b)(1)(A)(iv). ((							
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	)(v).		
7 🕻		An organization that norma						he genera	public described in
		section 170(b)(1)(A)(vi). (C			J-			5	
8 L		A community trust describ	• ·	(1)(A)(vi), (Complete Pa	t II.)				
9 [		An agricultural research or				ed in coni	unction with a	land-orant	college
		or university or a non-land-	-			-		-	-
		university:	0 0 00			,			
10	_	An organization that norma	ally receives: (1) more	than 33 1/3% of its su	oport from	contributi	ions, members	ship fees, a	and gross receipts from
		activities related to its exer							
	i	income and unrelated busi	iness taxable income	(less section 511 tax) fi	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co						-	
11 L		An organization organized	and operated exclus	ively to test for public s	afety. See	section 5	09(a)(4).		
12	$\Box$ ,	An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported of	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in
	1	ines 12a through 12d that	describes the type of	of supporting organization	n and cor	nplete line	s 12e, 12f, an	d 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	typically by	/ giving
		the supported organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	janization supervised	l or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or mana	ige the sur	oported
		organization(s). You mus	at complete Part IV,	Sections A and C.					
C		Type III functionally inte	egreted. A supportin	g organization operated	in connec	tion with, a	and functional	lly integrat	ed with,
		Its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	<b>y integ</b> rated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organi	Ization(s)
		that is not functionally ini	tegrated. The organiz	ration generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	tions). You must con	nplete Part IV, Section:	s A and D	, and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type iii	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
		the number of supported (							
g F		de the following information			100 100 1000000				
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your govern		(v) Amount of support (see in		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				·			. <u> </u>		
								·	· · · · · · · · · · · · · · · · · · ·
							· · · · · · · · · · · · · · · · · · ·		
Total					1.57				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

91-2082308 Page 2

Schedule A (Form 990 or 990 EZ) 2016 VINE MAPLE PLACE 91-20823 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	-			
Cale	ndar year (or fiscal year beginning in) 🗩	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	Include any "unusual grants.")	877,512.	1339463.	1571097.	2385476.	1312863.	7486411.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge		1222462	1581008	0205706	1212062	7486411.
4	Total. Add lines 1 through 3	877,512.	1339463.	1571097.	2385476.	1312863.	/400411.
5	The portion of total contributions				Second Second		
	by each person (other than a		1. 1. C. C. C. C. C.	Contraction and			
	governmental unit or publicly			6.9			
	supported organization) included	Without even and even	and the second	Contract of the	New York Com		
	on line 1 that exceeds 2% of the					ne esta sur estas	
	amount shown on line 11,						747,185.
	column (f)						6739226.
	Public support. Subtract line 5 from line 4.						0759220.
_	ction B. Total Support	(-) 0010	(1) 0010	(-) 0014	(d) 2015	(e) 2016	(f) Total
	endar year (or fiscal year beginning in)	(a) 2012 877, 512.	(b) 2013 1339463.	(c) 2014 1571097.	2385476.	1312863.	7486411.
	Amounts from line 4	077,512.	10001	+3720370	20001.00		
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources		1,014.	7,245.	6,088.	3,757.	18,104.
•	Net income from unrelated business			· · · · ·			··
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					i i i	
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	32,415.	24,510.	16,383.	6,670.	2,210.	82,188.
11	Total support. Add lines 7 through 10						7586703.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor	ohere					<u> </u>
	ction C. Computation of Pub					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2016 (					14	88.83 %
15	Public support percentage from 2018	5 Schedule A, Part	II, line 14			15	91.99 %
<b>16</b> a	33 1/3% support test - 2016. If the						
	stop here. The organization qualifies	as a publicly supp	ported organization	1			
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check ti	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			<b>P</b> L
17a	10% -facts-and-circumstances tes	<b>it - 2016. I</b> f the org	janization did not e	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts and circumstances"						
Ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cin						
18	Private foundation. If the organization	on ala not check a	DOX OF INTE 13, 16	a, 100, 17a, 01 17	D, CHOCK CHIS DOX 8	and and manusuon	

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990 EZ) 2016 VINE MAPLE PLACE

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in			1			
	any activity that is related to the organization's tax-exempt purpose		}				
3	Gross receipts from activities that					1	
-	are not an unrelated trade or bus-			1		1	
	iness under section 513						
4	Tax revenues levied for the organ-		· ·				
	zation's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1	1			1
	the organization without charge						
6	Total. Add lines 1 through 5				<u> </u>		
	Amounts included on lines 1, 2, and						
- 1 6	3 received from disgualified persons	}				1	
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Contrast Con		a baa haanaa ahaa haanaa ahaanaa			a
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) LOIL	0/2010	10/2011			
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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			1			
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years, if the Form 990 is fo	r the organization'	s first second this	d fourth or fifth t	ay vear as a sectiv	on 501(c)(3) omani	zation
17		-	, ,		•		
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
	Public support percentage for 2016 (			column (fi)		15	%
	Public support percentage from 2015		-	Joidinin (I))	••••••	16	%
	ction D. Computation of Inve			***************************************		1 22.1	70
	Investment income percentage for 2			a 13 column (fi)		17	%
	investment income percentage from	-				18	<u> </u>
	133 1/3% support tests - 2016. If the			on line 14 and lin			
195	more than 33 1/3%, check this box a						
	more than 33 1/3%, check this box a 3 3 1/3% support tests - 2015. If the						
ι.	line 18 is not more than 33 1/3%, cho						
00	Private foundation. If the organization						
20	Filvate roundation. I) the organizatio	AT UKITING CITECK 8	DOX OLTRINE 14, 19	a, OLISO, UNCOKI	THIS DON AND SHE IT		

### 91-2082308 Page 4

(Complete only if you checked a box in line 12 on Part I. if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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 (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified 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 Pert VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 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.)

Yes No 1 2 3a 3b Sec. S 30 1. A. J. C. 4a 4h 4c 5a 5b 50 6 7 8 9a 9b 9c 10a 10b

#### Particly Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 organization(s) that operated, supervised, or controlled the supporting 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

- 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?
- 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).
- 3 By reason of the relationship described in (2), 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.

# 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 yea(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 (a) and (b) 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.
- **b** Did the activities described in (a) 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 (a) and (b) 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? *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.

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

2a

 $2\mathbf{h}$ 

За

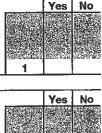
3b

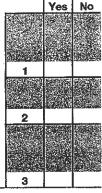
1

2

	Yes	No
11a		SENDAS.
1 <b>1b</b>		
11c		

Yes No





Yes No

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	ion 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		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):		State States	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10		
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	and the second second	
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)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

Scile C	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
TOTALLY STRUCTURY	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See Instructions	······		
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	be organization is responsive	3	
	(provide details in Part VI). See instructions	ne ergennezztert te reepenert		
	Distributable amount for 2016 from Section C, line 6			
the second s	Line 8 amount divided by Line 9 amount	· · · ·		······································
10		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see Instructions)		Pre-2016	Amount for 2016
- 1	Distributable amount for 2016 from Section C, line 6	e Carlo Stanon Stand an		
	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions	Construction of the second		
3	Excess distributions carryover, if any, to 2016:			
a		A CONTRACTOR OF THE REAL PROPERTY OF THE REAL PROPE	NO MAGINE SOL	
b				
	From 2013		Contraction and the second	
	From 2014	evaluated Subjective Manager		
	From 2015			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			Sector Andrews States
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D.	The State State State State State	States of the States of the	No second second
-	line 7: \$			
a	Applied to underdistributions of prior years	and the second second second		
00	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
*	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			A Data was a state of the
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			States and the states are
	Excess from 2016			
	and the second s		Cohodulo A	(Form 990 or 990-FZ) 201

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 VINE MAPLE PLACE	91-2082308 Page 8
<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	I and 2; Part IV, Section C, /, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	·
PROGRAM SERVICE REVENUE	
2012 AMOUNT: \$ 32,415.	
2013 AMOUNT: \$ 24,510.	
2014 AMOUNT: \$ 16,383.	
2015 AMOUNT: \$ 6,670.	
2016 AMOUNT: \$ 2,210.	
	-
	. <u> </u>
	· · · · · · · · · · · · · · · · · · ·
	······································
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

SCH	EDU	JLΕ	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. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization 

Employer identification number

	VINE MAPLE PLACE			91-2082308
			or Other Similar Fund	ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Di	onor advised 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 v	writing that th	ne assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	exclusive leg	al control?	
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advis	sor, or for any other purpos	se conferring
	Impermissible private benefit?			Yes No
Æ	till Conservation Easements. Complete if the org			D, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all	that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a hi	istorically important land area
	Protection of natural habitat		Preservation of a co	ertified historic structure
	Preservation of open space			X
2	Complete lines 2a through 2d if the organization held a qualif	ied conserva	tion contribution in the for	m of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	after 8/17/06	, and not on a historic stru	cture
	listed in the National Register		·····	2d
3	Number of conservation easements modified, transferred, rel	eased, exting	guished, or terminated by a	the organization during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	sement is loc	ated 🕨	-
5	Does the organization have a written policy regarding the per	iodic monito	ring, inspection, handling o	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, Inspecting,	handling of v	violations, and enforcing co	onservation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violati	ons, and enforcing conser	vation easements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financia	al statements that describe	es the organization's accounting for
	conservation easements.			
	Organizations Maintaining Collections of			Other Similar Assets.
	Complete if the organization answered "Yes" on Form			
1 <b>a</b>	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh			rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descrit			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ec	lucation, or r	esearch in furtherance of	public service, provide the following amounts
	relating to these Items:			
	(I) Revenue included on Form 990, Part VIII, line 1			• •
			.,	
2	If the organization received or held works of art, historical trea	asures, or oth	her similar assets for finance	cial gain, provide
	the following amounts required to be reported under SFAS 1:			
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			🕨 \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

Schedule D (Form 990) 2016

Scher	dule D (Form 990) 2016 VINE MA	PLE PLACE					91-20	82308	Page 2
1251	Organizations Maintaining C		t, Historic	al Treasures, (	or Other	Simil	ar Asse	scontinu	ed)
	Using the organization's acquisition, accession								
	(check all that apply):								
a	Public exhibition	d	🗆 🛄 Loan 🤆	x exchange progr	ams				
b	Scholarly research	e							
c	Preservation for future generations								
-	Provide a description of the organization's co	liections and explai	n how they fu	ther the organizat	ion's exem	ipt purpi	ose in Parl	XIII.	
	During the year, did the organization solicit o								
•	to be sold to raise funds rather than to be ma							Yes	
15.5	Escrow and Custodial Arran							line 9, or	
122012230	reported an amount on Form 990, Par		•						
	Is the organization an agent, trustee, custodi	an or other intermed	tiary for contri	butions or other as	ssets not i	ncluded			
	on Form 990, Part X?							Yes	No No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	liowing table:						
5	in res, explain the analysine in the same							Amount	
~	Beginning balance					10			······································
C d	Additions during the year								
u c	<b>.</b>								
	Distributions during the year								
T 0	Ending balance Did the organization include an amount on Fe						L	Yes	No
	If "Yes," explain the arrangement in Part XIII.					·)•			
	t V Endowment Funds. Complete i					D.			
		(a) Current year	(b) Prior ye				vears back	(e) Four v	ears back
4.0	Designing of user belense							<u></u>	
-	Beginning of year balance								
b	Contributions								
c.	Net investment earnings, gains, and losses								
d	Grants or scholarships				<b>_</b>				
e	Other expenditures for facilities								
	and programs								
ť	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur			umn (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and administ	ered for th	e organi	zation	5	<u> </u>
	by:								<u>res No</u>
	(i) unrelated organizations						••••••		
	(ii) related organizations							<u>3a(ii)</u>	
b	If "Yes" on line 3a(ii), are the related organization							36	
4	Describe in Part XIII the intended uses of the	organization's end	owment funds	•				· · · · ·	
1.2ET	Land, Buildings, and Equips								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line	11a. See Form 99					
	Description of property	(a) Cost or c	- u i e :	) Cost or other		cumulat	· 1	(d) Book	value
		basis (invest	ment)	basis (other)		reciatior	1	1	
1a	Land			476,600.		Stor.			,600.
b	Buildings		1	,221,294.	5	41,9	12.	679	,382.
C	Leasehold improvements	ſ						· .	
d	Equipment			141,853.	1	05,4	.00.	<u> </u>	,453.
	Other								
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	t X, column (B)	, line 10c.)				1,192	,435.
							Cohodula	D /Earm	990) 2016

.

2016 Schedule D (Form 990)

# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 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-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(Ĝ)	•	
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	504,082.
(2)	
(3)	······································
(4)	
(5)	
(6)	
(7)	······
(9) otal, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	504,082

### 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) Federal income taxes	
(2) DEPOSITS	(b) Book value 400.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	400.
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	400.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 VINE MAPLE PLACE				2082308	Page 4
Rei	Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Return	•	
NOT COMPANY	Complete If the organization answered "Yes" on Form 990, Part IV, line 12a.					144
1	Total revenue, gains, and other support per audited financial statements			1	2,799	<u>,491.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
þ	Donated services and use of facilities					
С	Recoveries of prior year grants	<u>2</u> c				
d	Other (Describe in Part XIII.)		1,480,661	• 📾 🚳		
е	Add lines 2a through 2d			2e	1,480	
3	Subtract line 2e from line 1			3	1,318	,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			and a second		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. <u>4</u> b				
с	Add lines 4a and 4b					0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>		5	1,318	,830.
	KIII Reconciliation of Expenses per Audited Financial Statem		Vith Expenses pe	r Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 000	
1	Total expenses and losses per audited financial statements			1	1,886	,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	<u>2a</u>		- 200		
b	Prior year adjustments	2b				
C	Other losses					
d	Other (Describe In Part XIII.)	2d	905,250		0.05	250
0	Add lines 2a through 2d					,250.
3	Subtract line 2e from line 1			3	901	,189.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	I			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	L			0
C	Add lines 4a and 4b		•••••••••••••••••••••••••••••	4c	0.01	,189.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u>701</u>	,103.
r.F.	a XIII Supplemental Information.					

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.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

# AUDITED STATEMENTS COVERED 12 MONTHS- TAX RETURN IS FOR 6

MONTHS

1,480,661.

91-2082308 Page 4

PART XII, LINE 2D - OTHER ADJUSTMENTS:

,

# AUDITED STATEMENTS COVERED 12 MONTHS- TAX RETURN IS FOR 6

MONTHS

905,250.

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on rganization entered more than \$15 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 c	990, P 311 For 111 99	art IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ.	r 19, or if the ov/form990.		OMB No. 1545-0047
Name of the organizatio	n	PLE PLACE				Employ 91-2		ntification number 308
	ing Activities	Complete If the organization answe	red *Y	es" or	Form 990, Part IV, I			
<ol> <li>Indicate whether the a X Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and C X Internet and C X Phone solicitation</li> <li>A Did the organization</li> <li>key employees listication</li> <li>b If "Yes," list the 10</li> </ol>	ions   email solicitations itations olicitations on have a written o ted in Form 990, F	ed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual eart VII) or entity in connection with p viduals or entities (fundralsers) pursu	tion of tion of fundra (inclue profess	non-g goven ising o ling o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes	
(i) Name and addres or entity (fun		(II) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
THE BETTER FUNDRAL COMPANY - 6659 157		STRATEGIC CONSULTING	Yes	No X	0.		0.	0.
							· · · · · · · · · · · · · · · · · · ·	
Total 3 List all states in wi or licensing. WA	hich the organizati	on is registered or licensed to solicit	contrit	Dution	s or has been notifie	d it is exempt	from r	egistration
								· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

# Schedule G (Form 990 or 990-EZ) 2016 VINE MAPLE PLACE

91-2082308 Page 2

P.E	ોતદર્	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3.	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 throug				
12 a )-	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ne 3, column (d)	w 000 Dent IV line 10		
		\$15,000 on Form 990-EZ, line 6a.	answered tes offrom	11: 390, Fait 14, Inte 15, 0	reported more riskin	
		\$15,000 01 FORT 350 EZ, INC 02		(b) Pull tabs/instant	4.5.00	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
<u>н</u>	1	Gross revenue		1		
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u></u>
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming as No," explain:				Yes No
5				<u> </u>	· ···· ·	
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or t	terminated during the tax	(year?	Yes No
b	lf "	Yes," explain:				

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 VINE MAPLE PLACE	91-2082308 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	ا مور ا
	The organization's facility	I
k	An outside facility	tereses
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	15;
	Name	
	Address	
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt
	of gaming revenue retained by the third party 🕨 \$	
•	c If "Yes," enter name and address of the third party:	
	Name	·····
	Address ►	
16	Gaming manager information:	
	Name 🕨	
	Gaming manager compensation 🕨 \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
	retain the state gaming license?	
I	organization's own exempt activities during the tax year > \$	
1	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9, 9b, 10b, 15b,
8	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
		T (77) (1
S	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
		·····
()	I) NAME OF FUNDRAISER: THE BETTER FUNDRAISING COMPANY	
(]	I) ADDRESS OF FUNDRAISER: 6659 15TH AVE NW, #102, SEATTLE, W	A 98117
		<u>.</u>

Schedule G	(Form 990 or 990-EZ)	VINE MAPLE	PLACE	91-2082308 Page 4
PERSINA	Supplemental Inf	VINE MAPLE ormation (continued)		
	· · · · ·			
			······································	······································
				·
			· ·	
				1
·				· · · · · · · · · · · · · · · · · · ·
	·			
			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
<u></u>	,		· · · · · · · · · · · · · · · · · · ·	<u>942</u>
				······································
			·	
			· · · · · · · · · · · · · · · · · · · ·	
····				in a state of the strength of
	-		· · · · · · · · · · · · · · · · · · ·	·····
<del></del>	<u> </u>			· · · · · · · · · · · · · · · · · · ·
			. <u> </u>	· · · · · · · · · · · · · · · · · · ·
	·			· · · · · · · · · · · · · · · · · · ·
			······································	· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	
		, <u>, , , , , , , , , , , , , , , , , , </u>		
<u></u>				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov Comple	rants and Oth /ernments, an ete if the organization	d Individual n answered "Yes" Attach to For	l <b>s in the Uni</b> ' on Form 990, Pa m 990,	ted States rt IV, line 21 or 22.	10	OMB No. 1545-0047 <b>2016</b> Copen to PUBLIC 1. South Structures
Name of the organizatio	in		on about Schedule I	(Form 990) and id	s instructions is a	(www.ws.gotnomse		Employer identification number
-	VINE MAPL							91-2082308
是一种的资源。 中心的意义。 中心。 中心	ormation on Grants a							
criteria used to av	ation maintain records t vard the grants or assis	stance?						tion X Yes No
2 Describe in Part IV	V the organization's pro	cedures for monit	oring the use of grant	funds in the Unite	d States.			
	Other Assistance to I					anization answered "	Yes" on Form 990, Pai	t IV, line 21, for any
	at received more than \$			1		(f) Method of	(g) Description of	(h) Purpose of grant
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Arnount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
<u> </u>			<u></u>					
			•					
. <u></u>								
			-	1				
	•				1			
			·····					
,								
		]						
								-
2 Enter total number	er of section 501(c)(3) a	Ind government or	ganizations listed in t	he line 1 table	1	<u>.</u>		▶ <u> </u>
	er of other organization							
LHA For Paperwork								Schedule I (Form 990) (2016)

### Schedule | (Form 990) (2016) VINE MAPLE PLACE

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT AND UTILITY ASSISTANCE	576	158,345.	0.		
RANSPORTATION ASSISTANCE	576	20,530.	0.		
OUNSELING, CHILDCARE, CHILDREN'S EXPENSES, FOOD ND CLOTHING, AND CLASSES	576	24,910.	0.		
Part IV Supplemental Information. Provide the Information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
HE PROGRAM TEAM WORKS DIRECTLY W	TH EACH	CLIENT AT	VINE MAPLE	PLACE TO	
ETERMINE THE NATURE AND LEVEL OF	SERVICES	NEEDED FO	R EACH CLI	ENT. THEN	
THEY DEVELOP AND IMPLEMENT A GOAL	AND TRAN	SITION PLA	N FOCUSED	ON ACHIEVING	
ERMANENT HOUSING, STABILITY, AND	SELF-SUF	FICIENCY.	EXPENDITU	RES ARE PAID	
DIRECTLY TO THE PROVIDER OF THE SI	ERVICE TO	REMOVE BA	RRIERS TO	BECOMING	
STABLE (HOUSING, RENT ARREARS, SCH	HOOL, UTI	LITIES, AU	TO REPAIRS	, COUNSELING,	
INSURANCE, LICENSING, ETC.)					

SCH	EDL	JLE	L
-----	-----	-----	---

# Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

	34
Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	対応語

OMB No. 1545-0047 6 ોન્સિટાઓને

Nan	ne of the organization					· _ · _ · _ · _ · _ · _ · _ · _			-		ificati	on nu	mber
		INE MAPL								823	08		
	Cardina ( 1991 - 1991 - 1991 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 199						01(c)(29) organization						
	Complete If the o						b, or Form 990-EZ, P	art V, li	ne 40	)b.			
1	(a) Name of disgualified p	erson (b) F	Relationship ben person and or			lifled (	c) Description of tran	saction	n			· · · · ·	cted?
			person and or	yanız							<u> </u>	<del>95</del>	No
	· · · · · · · · · · · · · · · · · · ·										+		
_											+-		<u> </u>
												+	
											+-		
2	Enter the amount of tax in	ncurred by the c	organization man	aders	or dis	qualified persons du	ring the year under						
_		-	-	-		•			▶ \$				
3	Enter the amount of tax,								► \$				
	In IL Loans to and	/or From In	terested Per	sons	i.								
	Complete if the o	rganization ans	wered "Yes" on I	Form	990-EZ	, Part V, line 38a or	Form 990, Part IV, lin	ie 26; d	or if th	ne orga	inizati	оп	
	reported an amou				2. ban to or					Vol An	nrover		
	(a) Name of interested person	(b) Relationship with organization		from	m the	(e) Original principal amount	(f) Balance due	(g) defa		by bo	proved ard or	( () V aoree	/ritten ment?
					From	principal arroarre		Yes	No	Yes	No	Yes	
				10	From	· · · · · · · · · · · · · · · · · · ·		res	NO	res	NO	res	
				-									<u> </u>
				<u> </u>	1								
													· ·
		1		L									
			L			L		07297 2000,000	121-122-01-12-128-12	SOCTO SINCE	a contra contra da	1000000	STOREDARD
Tot		alatanoo Do				\$							
	No. 22 Constant Vold												
	Complete if the o (a) Name of interested p					(c) Amount of	(d) Type	of		10	) Purp	080 0	F
	(a) Name of interested p		(b) Relationship interested pers			assistance	assistan				assista		
			the organiza							-			
_												_	
	<u> </u>										•		
	<u> </u>												
									_				

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (F	orm 990 or 990-EZ) 2016	<b>VINE</b>	MAPLE	PLACE	

**Business Transactions Involving Interested Persons.** 子后和Y体

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. hetween interacted fait the second and . . .

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
LORENE PALMER	SIBLING OF BOARD ME	28,500.	WAGES FOR H		X	
				╉──┦		
				$\left\{ \cdots \right\}$		
·····						
<u>,                                     </u>				1		

.

#### Part Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: LORENE PALMER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### SIBLING OF BOARD MEMBER, BRENDA WEBER

(D) DESCRIPTION OF TRANSACTION: WAGES FOR EMPLOYMENT

### SCHEDULE M (Form 990)

# **Noncash Contributions**



Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Internal Revenue Service I Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employ

Employer identification number 91-2082308

	VINE MAPLE P	LACE				91-2	2082	308	
1:E))	Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of d noncash contrib	etermini		5
1	Art - Works of art				<b></b>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	5	2,700.	COM	IPARABLE	SAL	ES	
7	Boats and planes				L				
8	Intellectual property			11.001	L				
9	Securities - Publicly traded	X	3	44,081.	FAI	IR MARKET	<u>' VA.</u>	LUE	
10	Securities - Closely held stock				<u> </u>				
11	Securities - Partnership, LLC, or		t.	·					
	trust interests				<b> </b>				
12	Securities - Miscellaneous				┣──				
13	Qualified conservation contribution -								
	Historic structures					· · · · · · · · · · · · · · · · · · ·			
14	Qualified conservation contribution - Other								
15	Real estate - Residential	<u> </u>							
16	Real estate · Commercial					······			
17	Real estate - Other								
18	Collectibles								
19	Food inventory				–−				
20	Drugs and medical supplies		• • • • • • • • • • • • • • • • • • •			<u></u>			
21	Taxidemy					· · · · · · · · · · · · · · · · · · ·			
22	Historical artifacts								
23	Scientific specimens	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-				
24	Archeological artifacts Other (CAMPERSHIPS)	X	3	4,709.	CON	IPARABLE	COS	TS	
25	Other (EQUIPMENT)	X	3			IPARABLE			
26 27	Other (WOOD CHIPS)	X	<u> </u>			IPARABLE			
27 28	Other ( ( ))								
<u>20</u> 29	Number of Forms 8283 received by the organ	ization durin	n the tax year for a	contributions	<u></u>				
200	for which the organization completed Form 82		-	· · · · ·					
								Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1 throu	igh 28	3, that it			
	must hold for at least three years from the dat								$\gamma_{ij}^{-1} q_{ij}^{2}$
	exempt purposes for the entire holding period						30a		X
b	if "Yes." describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribution	utions	3?	31		X
	Does the organization hire or use third parties								
	contributions?						32a	X	
b	If *Yes," describe in Part II.								
33	If the organization didn't report an amount in a	column (c) fa	or a type of proper	ty for which column (a) is che	ecked	I,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Supplemental Information. Provide the information required by Part J. Ines 30b. 32b, and 33, and whether the organization is propring in Part J. Court Pb. the number of contributions, the number of Rems received, or a combination of both. Also complete this part for any additional information.           SCHEDULE M, LINE 32B:	Schedule M (Form 990) (2016)	VINE MAPLE P	LACE				91-20	)82308 Page 2
VINE MAPLE PLACE RECEIVES IN-KIND DONATIONS OF CLOTHING, SHOES, AND HOUSEHOLD GOODS. ITEMS NOT USED BY CLIENTS ARE SOLD TO THIRD PARTIES SUCH AS VALUE VILLAGE OR USAGAIN.	Bandli Supplemental I is reporting in Part I	Information. Provide , column (b), the numbe	The information	n required by Pa ns, the number (	ut I, line of items	s 30b, 32b, an received, or a	d 33, and wheth combination of I	er the organization both. Also complete
HOUSEHOLD GOODS. ITEMS NOT USED BY CLIENTS ARE SOLD TO THIRD PARTIES SUCH AS VALUE VILLAGE OR USAGAIN.	SCHEDULE M, LINE	32B:						
SUCH AS VALUE VILLAGE OR USAGAIN.	VINE MAPLE PLACE	RECEIVES IN	-KIND D	ONATIONS	OF (	CLOTHING	, SHOES	, AND
	HOUSEHOLD GOODS.	ITEMS NOT	USED BY	CLIENTS	ARE	SOLD TO	) THIRD I	PARTIES
	SUCH AS VALUE VI	LLAGE OR USA	GAIN.					
				·				
			<u>.</u>					
						,		
			· · · · · · · · · · · · · · · · · · ·					
	•							
					<u> </u>			
			·····					
								·
				·	-		·	
								<u></u>
								· · · · · · · · · · · · · · · · · · ·

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.lrs.gov/form990. Employer identification

VINE MAPLE PLACE

Employer identification number 91-2082308

OMB No. 1545-0047

h

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE BOARD FINANCE COMMITTEE. THE FORM 990 IS

ALSO PROVIDED TO EACH BOARD MEMBER VIA EMAIL FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

YEARLY RECERTIFICATION OF COMPLIANCE IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNANCE COMMITTEE ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR'S

PERFORMANCE AND COMPENSATION, AND REVIEWS COMPARABLE SALARY DATA TO ENSURE

THAT COMPENSATION IS REASONABLE. THE BOARD ANNUALLY APPROVES THE OPERATING

BUDGET WHICH INCLUDES ALL EMPLOYEE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE