Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

A I	For th	e 2014 calendar year, or tax year beginning	and	ending					
В	Check if applicab	C Name of organization			D Employer	identifica	tion number		
	Addre	e VINE MAPLE PLACE		-					
	Name chang	e Doing business as				91-20	82308		
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street PO BOX 1092	address)	Room/suite		number 425 – 4	32-2119		
	termii ated	City or town, state or province, country, and ZIP or foreign	n postal code		G Gross receipt	s \$	1,718,707.		
	Amen	ded MAPLE VALLEY, WA 98038			H(a) Is this a	group retu	ım		
	Appli- tion pendi	F Name and address of principal officer: COLLEGE 5	TARR			ordinates?	Yes X No		
ī	Tax-ex	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527	1		st. (see instructions)		
		te: WWW.VINEMAPLEPLACE.ORG	•		H(c) Group e				
K	Form o	organization: X Corporation Trust Association	Other ►	L Year	of formation: 2	000 M	State of legal domicile: WA		
P	art I	Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant and HOMELESSNESS IN OUR COMMUNITY.	ctivities: OUR	MISSIO	N IS TO	END	FAMILY		
rug	2	Check this box if the organization discontinued its op	erations or dispo	sed of more	than 25% of i	ts net ass			
o Ve	3	Number of voting members of the governing body (Part VI, line	1a)			3	12		
<u>م</u>	4	Number of independent voting members of the governing body	(Part VI, line 1b)				11		
es	5	Total number of individuals employed in calendar year 2014 (Pa	rt V, line 2a)			5	21		
ΣĘ	6	Total number of volunteers (estimate if necessary)				6	759		
d ct	7 a	Total unrelated business revenue from Part VIII, column (C), line	12			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>			7b	0.		
ne ne					Prior Year		Current Year		
	8	Contributions and grants (Part VIII, line 1h)			1,337,		1,571,097.		
Revenue	9	Program service revenue (Part VIII, line 2g)				510. 681.	16,383. 6,875.		
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				000.	5,139.		
	,	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			1,364,		1,599,494.		
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, colu			113,		237,066.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			113,	0.	237,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)			684,	1	835,698.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, colum Professional fundraising fees (Part IX, column (A), line 11e)				603.	13,990.		
oen.	loa	Total fundraising expenses (Part IX, column (D), line 25)	315,3	81	<i>J</i> ,	003.	13,330.		
ᄍ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			230,	299	251,983.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)			1,034,		1,338,737.		
		Revenue less expenses. Subtract line 18 from line 12			330,		260,757.		
or	1				ginning of Curre		End of Year		
sets or	20	Total assets (Part X, line 16)			3,361,		4,271,560.		
Net Asse Fund Bala	21	Total liabilities (Part X, line 26)			805,		1,455,392.		
캺	22	Net assets or fund balances. Subtract line 21 from line 20			2,555,	411.	2,816,168.		
P	art II	Signature Block							
		lties of perjury, 1)declare that I have examined this return, including acco					nowledge and belief, it is		
true	, correc	t, and complete/Declaration of prepa/et (other than officer) is based on a	all information of wh	nich preparer	has any knowled	ge.	<u> </u>		
		MODELLA SUR			19	221	15		
Sig	n	Signature of officer			Date				
Her	e	COLLEEN STARR, EXECUTIVE DIRECTION Type or print name and title	CTOR						
		Print/Type preparer's name Preparer's sig	nature	D		Check	PTIN		
Paid	d					if self-employed			
Pre	parer	Firm's name			Firm's				
Use	Only	Firm's address							
				· .	Phone	no.			
May	the II	RS discuss this return with the preparer shown above? (see instr	ructions)				Yes No		

926,286.

Total program service expenses ▶

Page 3

Form 990 (2014) VINE MAPLE P.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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 I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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 I	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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.	ii **		
а	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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	١		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Δ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	N	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		х
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 VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	2244

Form 990 (2014) VINE MAPLE PLACE
Part IV Checklist of Required Schedules (continued)

100000000				r
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			-
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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,"	000		х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	(Notarpoolis Sill	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		22
34	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Earm	aan /	0014

Form 990 (2014) VINE MAPLE PLACE Part V Statements Regarding Other IRS Filings and Tax Compliance

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit]	ľ	
	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 contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		v
	to file Form 8282?	7c		X
. d			1.00	v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	x	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	23	
•		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لييا	
		Farm	ഹവ	10011

Form 990 (2014) VINE MAPLE PLACE 91-2082308 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		, ,	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	77-24-7-3	37	
	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a	1579 1538 13	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		-
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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) and the section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Sec	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request 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, and	i tinan	cial	
	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: ► COLLEEN STARR - 425-432-2119			
	22815 SE 216TH WAY MADIE VALLEY WA 98038			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and Title	officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of					
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK HOWELL	3.00	Į.,								0
BOARD MEMBER	3.00	X	<u> </u>	_	_	├-	┞—	0.	0.	0.
(2) STEPHANIE KENITZER	3.00	$ \mathbf{x} $						0.	0.	0.
BOARD MEMBER (3) RANDY MARTIN	3.00	┝	├	<u> </u>		├-	ļ	0.		<u></u>
BOARD MEMBER	3.00	X						0.	0.	0.
(4) ZENA ROBERTS	3.00	<u> </u>	┢	\vdash	<u> </u>	┢	_	- 0.	0.	<u></u>
BOARD MEMBER	3.00	\mathbf{x}	ľ					0.	0.	0.
(5) KRISTIN SAKAI	3.00	1		-	\vdash	 				
BOARD MEMBER	13131	x			l		l	0.	0.	0.
(6) JULIE STACHOWIAK	3.00				-					
BOARD MEMBER		\mathbf{x}						0.	0.	0.
(7) DEANNA TALBERT	3.00									
BOARD MEMBER		X						0.	0.	0.
(8) JON AGUIRRE	3.00									
BOARD MEMBER		X						0.	0.	0.
(9) BETTY MCNEELY	3.00									
BOARD MEMBER		X						0.	0.	0.
(10) CHRIS RULE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BEN BICKNELL	3.00									
BOARD MEMBER, PRESIDENT	L	Х		X				0.	0.	0.
(12) KEVIN KALBERG	3.00							· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER, VICE PRESIDENT		X		Х				0.	0.	0.
(13) MONICA BAVENDAM	3.00							er en		
BOARD MEMBER, SECRETARY		X		X				0.	0.	0.
(14) DAN WILTON	3.00	_								entralia. Tambén a series de <u>La</u> ndon
BOARD MEMBER, TREASURER	F	Х		X				0.	0.	0.
(15) COLLEEN STARR	50.00							E0 056		0 000
EXECUTIVE DIRECTOR	ļ			X				78,856.	0.	2,272.
	ــــــــــــــــــــــــــــــــــــــ	ш				لـــا		L		

Form 990 (2014) VINE MAPI									91-2	082	308	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
(A)	Daniel Da										(F	
Name and title	Average hours per		(do not check more than one			than		Reportable	Reportable			
	week		box, unless person is both an officer and a director/trustee)					compensation from	compensati from relate			
	(list any	tor						the	organizatio			nsation
	hours for	r direc				pa		I .	(W-2/1099-MI		from	
	related	stee o	trustee			ensa		(W-2/1099-MISC)			organi	
	organizations below	nal tru	onalt		oloyee	moo:					and re	
	(list any hours for related organizations below line) line) (list any hours for related organizations below line)								Organiz	zations		
		=	=	٥	7	그 &	۳					
		1										
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		1			ŀ							
dh Ouh tatal	<u> </u>		L		L		<u> </u>	78,856.		0.	2	,272.
1b Sub-total c Total from continuation sheets to Part VI							•	70,030.	<u> </u>	0.	ر ک	0.
d Total (add lines 1b and 1c)								78,856.		0.	2,	272.
2 Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportal	ole		
compensation from the organization											132	0
O Dilli											Ye	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	x
4 For any individual listed on line 1a, is the su								her compensation from			3	- 23
and related organizations greater than \$150	· ·							•	aro organización		4	X
5 Did any person listed on line 1a receive or a									dual for service	s		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch j	oers	on .		··········		<u></u>	5	X
Section B. Independent Contractors											·	<u> </u>
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.										npens	ation fron	n .
(A)	ine calendar y	cai c	riui	ig w	7141	OI W		(B)	year.		(C)	<u> </u>
Name and business	address	NC	NE	3				Description of s	ervices	С	ompensa	tion
						-	\downarrow					
										l		
							+					
							_					
2 Total number of independent contractors (in	acluding but a	ot lin	nito	1 +0	ther	o lie		ahove) who received m	ore than		/	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		J. 111			0		, . c u	above, willo leceived III	iore urari			

91-2082308

Form 990 (2014)

Part '			
			Revenue

	1	Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a		The same of	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (
ira our	b	Membership dues	1b		a distance			100 m
Ğ,Ğ		Fundraising events						
# i		Related organizations				Same 1		
B.S.	٠	Government grants (contribut		15,000.			48 - 400	
Si Si	f	All other contributions, gifts, gran	· /			de La Pallación		100
he E	'	similar amounts not included abo		556,097.	100	200	5 1875 - 15 Cal	444
草豆	١,	Noncash contributions included in lines		90,012.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,571,097.			
		Total / Ida inico ra 11		Business Code	region developed in regional and a contract of the			10000
ø	2 a	RENTAL INCOME		531110	16,383.	16,383.		
Š	_ t	·						
Ser								
E S								
Program Service Revenue	`							
F	,	All other program service reve	enue					
		Total. Add lines 2a-2f		•	16,383.	11		
	3	Investment income (including						
		other similar amounts)			7,245.			7,245.
	4	Income from investment of ta						
-	5	Royalties						
		•	(i) Real	(ii) Personal	4	M. STANIS	1963	
	6 a	Gross rents			1869 P	4.0	I'm a saliki	
	b	Less: rental expenses						100
		Rental income or (loss)					1900	La Fig. Statistics
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	199			1000
		assets other than inventory	118,843.			0.00		
	b	Less: cost or other basis						Fig. 30
		and sales expenses	119,213.			The Landing St.		100
	С	Gain or (loss)	-370.		1,000			10000
	d	Net gain or (loss)		·	-370.			-370.
<u>o</u>	8 a	Gross income from fundraising	g events (not					
Revenue	·	including \$	of		141.4			
ev.		contributions reported on line	1c). See					
		Part IV, line 18	a	· .			10000	
Other		Less: direct expenses					15,000	
	С	Net income or (loss) from fund	Iraising events)		and the second of		
	9 a	Gross income from gaming ac						
		Part IV, line 19			5.46			
		Less: direct expenses			Sp. 1		1000	
		Net income or (loss) from gam	-	<u></u>				
	10 a	Gross sales of inventory, less						
-		and allowances						
		Less: cost of goods sold					1000	
	C	Net income or (loss) from sales		>				
		Miscellaneous Revenue		Business Code				F 122
		REFUND FROM IRS		900099	5,139.			5,139.
	b							
	C							
	d	All other revenue			5,139.			
l	- e	Total. Add lines 11a-11d Total revenue. See instructions.			1,599,494.	16,383.	0.	12,014.
	12	i otal revenue. Oce mon uchono.			-	-0,0000	U •	

Part IX Statement of Functional Expenses

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

Seci	ion 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	-
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				250 Thursday
2	Grants and other assistance to domestic	227 066	227 066		
	individuals. See Part IV, line 22	237,066.	237,066.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u> </u>	100	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 007	15 620	7 010	EA 667
	trustees, and key employees	78,097.	15,620.	7,810.	54,667.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	642,026.	440,532.	46,595.	154,899.
7	Other salaries and wages	044,040.	440,334.	40,333.	104,033.
8	Pension plan accruals and contributions (include	15,741.	9,987.	1 100	1 561
_	section 401(k) and 403(b) employer contributions)	37,499.	31,050.	1,190. 2,400.	4,564. 4,049.
9	Other employee benefits	62,335.	39,578.	4,706.	18,051.
10	Payroll taxes	04,333.	33,310.	4,700.	10,031.
11	Fees for services (non-employees):				•
a		1,771.	1,692.		79.
b	Legal	13,220.	1,002.	13,220.	,,,,
	Accounting	15,220.		13,220	
	Lobbying Professional fundraising services. See Part IV, line 17	13,990.			13,990.
f	Investment management fees	2373301			2373300
g g	Other. (If line 11g amount exceeds 10% of line 25,				
, , ,	column (A) amount, list line 11g expenses on Sch O.)	5,441.			5,441.
12	Advertising and promotion	2,341.		2,341.	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	29,816.	9,312.	1,964.	18,540.
14	Information technology	13,175.	13,175.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,150.	61,776.	6,775.	12,599.
23	Insurance	12,987.	10,715.	2,272.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			100	
	amount, list line 24e expenses on Schedule 0.)	and the second s	The control of the		
а	MAJOR GIVING PROMOTION	23,537.			23,537.
b	UTILITIES	21,154.	19,187.	543.	1,424.
C	REPAIRS AND MAINTENANCE	17,772.	17,772.		
d	TELEPHONE	7,299.	7,299.		
е	All other expenses	22,320.	11,525.	7,254.	3,541.
25	Total functional expenses. Add lines 1 through 24e	1,338,737.	926,286.	97,070.	315,381.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
432010	11-07-14				Form 990 (2014)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 465,991. 507,585. 1 Cash - non-interest-bearing 602,008. 761,671. Savings and temporary cash investments 2 2 1,392,179. 732,478. 3 3 Pledges and grants receivable, net 12,841. 951. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 11,345. 14,078. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,812,018. basis. Complete Part VI of Schedule D 10a 519,686. 1,313,493. 1,292,332. b Less: accumulated depreciation ______10b 10c 103,383. Investments - publicly traded securities _____ 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 181,624. 240,975. 15 15 Other assets. See Part IV, line 11 4,271,560. 3,361,374. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 71,665. 61,363. Accounts payable and accrued expenses 17 17 18 18 Grants payable 732,478. 1,392,179. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,820. 1,850. 25 ····· 805,963. 1,455,392. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,499,649. 2,664,535. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 55,762. 28 151,633. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,555,411. 2,816,168. Total net assets or fund balances 33 33 3,361,374. 4,271,560. 34 Total liabilities and net assets/fund balances

Pa	t XI Reconciliation of Net Assets		1.				
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,599	9,4	94.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,338	8,7 0,7			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
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,						
	column (B))	10	2,81	6,1	68.		
Pa	T XIII 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						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1,47			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or quelite, explain why in Schodule O and describe any stens taken to undergo such guidts		l ah l	:			