

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
Vine Maple Place C/O Colleen Starr

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 1092

City or town, state or country, and ZIP + 4
Maple Valley, WA 98038-1092

D Employer identification number
91-2082308

E Telephone number
(425) 432-2119

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **Vinemapleplace.org**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **420,752**

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Direct public support	1a		325,369		
	b Indirect public support	1b		-		
	c Government contributions (grants)	1c		-		
	d Total (add lines 1a through 1c) (cash \$ 297,054 noncash \$ 28,315)	1d			325,369	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			19,679	
	3 Membership dues and assessments	3			-	
	4 Interest on savings and temporary cash investments	4			2,296	
	5 Dividends and interest from securities	5			-	
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			-	
7 Other investment income (describe ▶)	7			-		
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			8a			
			8b			
			8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	a Gross revenue (not including \$ 2,443 of contributions reported on line 1a)	9a		55,547	
		b Less: direct expenses other than fundraising expenses	9b		9,366	
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			46,091
	10a Gross sales of inventory, less returns and allowances	10a				
		b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			-		
11 Other revenue (from Part VII, line 103)	11			17,951		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			411,386		
13 Program services (from line 44, column (B))	13			172,400		
	14 Management and general (from line 44, column (C))	14		9,404		
	15 Fundraising (from line 44, column (D))	15		3,674		
	16 Payments to affiliates (attach schedule)	16			-	
	17 Total expenses (add lines 16 and 44, column (A))	17			185,478	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			225,908	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			426,675	
	20 Other changes in net assets or fund balances (attach explanation)	20			-	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			652,583	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>5,755</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 5,755	5,755		
23	Specific assistance to individuals (attach schedule)	23 2,152	2,152		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 600		600	
26	Other salaries and wages	26 76,168	74,501		1,667
27	Pension plan contributions	27			
28	Other employee benefits	28 3,723	3,437		286
29	Payroll taxes	29 7,751	7,751		
30	Professional fundraising fees	30			
31	Accounting fees	31 2,500		2,500	
32	Legal fees	32 1,548		1,548	
33	Supplies	33 4,891	3,672	714	505
34	Telephone	34 1,232	1,232		
35	Postage and shipping	35 1,840	1,440	150	250
36	Occupancy	36 56,280	56,280		
37	Equipment rental and maintenance	37			
38	Printing and publications	38 1,758	1,665		93
39	Travel	39 158	158		
40	Conferences, conventions, and meetings	40 2,608	1,308	427	873
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 13,049	13,049		
43	Other expenses not covered above (itemize):				
a	D&O Insurance	43a 1,724		1,724	
b	Bank/CC Fees	43b 1,741		1,741	
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 185,478	172,400	9,404	3,674

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Transitional Housing to Homeless Single Mothers All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a During 2005, seventeen women received training to increase their employability, improve their access to permanent housing and enhance their life skills. Every family realized some type of gain stability, employability, healthy relationships and life skills. Ten mothers got jobs and others are in the interview process or in training programs. Six families successfully transitioned from VMP, one with a Master's degree. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	172,400
b 27 children had a safe, loving place to sleep, play and grow. Every child received the care and attention of a dedicated child advocate. Hired a highly qualified child advocate providing consistent one to one time with children and moms to assess needs and facilitate healthier family, school and community connections. Children's Hope Fund provided help to 7 families and the child advocate held onsite family meetings, structured play time, developed school contacts, assisted with parent need and parenting. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c Held weekly Life Skills Training, including Money Management, Building Community, Healthy Communication, Time Management, Career Exploration, Interviewing, Success Strategies, Job Skills, Parenting, Boundaries and Goal Setting. Added twice a week daytime educational training and support meetings for mothers not working or attending school. Added an accountability program using daily checkins designed for establishing effective routines in preparation for work and school. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d Launched expansion efforts by formalizing a lease-purchase agreement for three duplexes. Began extensive demolition and reconstruction of these 6 severely decayed apartment homes, using volunteer labor and primarily donated materials. Weatherization of VMP apartments completed through King County, including insulation, improved heating and circulation. Continued maintenance to onsite property and leased houses, resulting in 9 safe, healthy, pleasant homes for mothers and children. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	172,400

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45 Cash—non-interest-bearing			65,360	45	92,332
	46 Savings and temporary cash investments			75,854	46	203,856
	47a Accounts receivable	47a	4,651			
	b Less: allowance for doubtful accounts	47b	-	3,756	47c	4,651
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b		-	48c	-
	49 Grants receivable			-	49	-
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			-	50	-
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b		-	51c	-
	52 Inventories for sale or use			-	52	-
	53 Prepaid expenses and deferred charges			-	53	-
	54 Investments—securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	-	54	-
	55a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b		-	55c	-
56 Investments—other (attach schedule)			-	56	-	
57a Land, buildings, and equipment: basis	57a	522,763				
b Less: accumulated depreciation (attach schedule)	57b	32,090	489,127	57c	490,673	
58 Other assets (describe ►)			-	58	-	
59 Total assets (must equal line 74). Add lines 45 through 58.			634,097	59	791,512	
Liabilities	60 Accounts payable and accrued expenses			7,422	60	8,929
	61 Grants payable			-	61	-
	62 Deferred revenue			-	62	-
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			-	63	-
	64a Tax-exempt bond liabilities (attach schedule)			-	64a	-
	b Mortgages and other notes payable (attach schedule)			200,000	64b	130,000
	65 Other liabilities (describe ►)			-	65	-
66 Total liabilities. Add lines 60 through 65			207,422	66	138,929	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			399,799	67	479,071
	68 Temporarily restricted			26,876	68	173,512
	69 Permanently restricted			-	69	-
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			-	70	-
	71 Paid-in or capital surplus, or land, building, and equipment fund			-	71	-
	72 Retained earnings, endowment, accumulated income, or other funds			-	72	-
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			426,675	73	652,583	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			634,097	74	791,512	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	N/A

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	N/A

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Colleen Starr c/o Vine Maple Place P.O Box 1092, Maple Valley, WA 98038	Exec Director-40 Hrs	600	-0-	-0-
Ron Starr P.O Box 1092, Maple Valley, WA 98038	Treasurer- 40 Hrs	-0-	-0-	-0-
Les Scott P.O Box 1092, Maple Valley, WA 98038	Chairman- 2 Hrs	-0-	-0-	-0-
Denise Schillaci P.O Box 1092, Maple Valley, WA 98038	Secretary- 2 Hrs	-0-	-0-	-0-
Joyce Byrd P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-
Anita Medina P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-
Heidi Daoust P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-
Rhonda Rochleau P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-
Lorretta Green P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-
Jeanne Weber P.O Box 1092, Maple Valley, WA 98038	Director- 2 Hrs	-0-	-0-	-0-

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b | \$180,000	✓	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		✓
c	Dues, assessments, and similar amounts from members	85c | N/A	
d	Section 162(e) lobbying and political expenditures	85d | N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e | N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f | N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g | N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h | ✓	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a | N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b | N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a | N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b | N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed ▶ Washington		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b | 3	
91a	The books are in care of ▶ Vicky L. Stockton Telephone no. ▶ (. 425) 432-2119 Located at ▶ Vine Maple Place, PO Box 1092, Maple Valley, WA ZIP + 4 ▶ 98038-1092		
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	Yes No ✓
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Rental Income From Moms					19,679
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,296	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	46,091	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Property Tax Refund					17,951
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				48,387	37,630
105 Total (add line 104, columns (B), (D), and (E))					86,017

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Rental Income from Mom's—one of our exempt purposes
103a	Refund of property taxes paid since inception as Vine Maple Place is a non-profit

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: Ronald B. Starr Date: 5/11/06

Ronald B. Starr, Vine Maple Place Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no.: () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Vine Maple Place

Employer identification number

91 : 2083208

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	✓	
b Do you have a section 403(b) annuity plan for your employees?		✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				N/A
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

VINE MAPLE PLACE
EIN: 91-2082308
Form 990 (2005) Schedule Attachment

Part I, Line 9. Special events and activities

<u>Event</u>	<u>Annual Auction</u>
No of occasions	1
Gross Revenue	\$55,547
Less: Direct expenses	\$9,366
Net income	<u>\$46,181</u>

Part II, Line 22: Grants and allocations

Deanne Peterson, Mom in program	\$684
Johamma Lemmon, Mom in program	\$71
Kim Miller, Mom in program	\$5,000
Scholarship Recipients	
	<u>\$5,755</u>

Part II, Line 23. Specific assistance to individuals

Assistance to Moms in Program such as Car Insurance and Repairs, Gasoline	\$854
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Assistance to Children in Program such as child care, camps, meal and extracurricular activities	\$1,298
	<u>\$2,152</u>

Part V-A, Line 75b: Current Officers, Directors, Trustees and Key Employees

Ron and Colleen Starr are husband and wife

Attachment for Schedule A (Form 990) (2005)

Part III, Line 2d:

Reimbursement to Ron and
Colleen Starr for Office Supplies,
Building Refurbishment and other
miscellaneous expenses

Part III, Line 3a:

Scholarship recipients must be
approved by the Scholarship
Committee