Open to Public

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No 1545-0047 ▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, Inspection

	01 (11		ending 5	EP 30, 2016		
В	Check if ipplicable	C Namè of organization		D Employer identifica	tion number	
	_[Addre	SS CARGON PLACE THO				
누	_]chang _ Name	<u> </u>		31 16	40001	
片	lchang lnitial		D	31-16	48231	
누	Ireturn □Final	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone number	05 4555	
L	Final return termin ated	_	L		95-4555	
	ated Amen			G Gross receipts \$	57,307.	
늗	_lreturn ∏Applic	BIRMINGHAM, AL 35213		H(a) Is this a group retu		
L_	ltion pendii	F Name and address of principal officer CINDY SMITH		for subordinates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates incli		
		empt status	or 527	l .	st (see instructions)	
		te: N/A		H(c) Group exemption		
	art I	organization X Corporation Trust Association Other	L Year	of formation: 2001 M S	State of legal domicile. AL	
_ F		Summary		T 011 T110010		
မွ	1	Briefly describe the organization's mission or most significant activities TOP	KOAIDE	LOW-INCOME	HOUSING	
Activities & Governance						
/eri	1	Check this box if the organization discontinued its operations or dispo	sed of more	1 - 1		
ő	1	Number of voting members of the governing body (Part VI, line 1a)		3	<u>5</u>	
98	i	Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
ties	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0	
ξ	1	Total number of volunteers (estimate if necessary)		6	0	
Ac	1	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		7b	0.	
	_			Prior Year	Current Year	
ne	ľ	Contributions and grants (Part VIII, line 1h)	∦	31,681.	30,424.	
Revenue		Program service revenue (Part VIII, line 2g)	ا ان⊏	27,637.	26,880.	
Re	T .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	080	2.	3.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c, and 12 206		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Ram VIII, column (A), line 12)		59,320.	57,307.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 4:3)	ς ∦├──	0.	0.	
	1	AD WATER TO STATE OF THE PARTY		0.	0.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	}	0.	0.	
ĕ	i	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	<u> </u>	
Εχ	i	Total fundraising expenses (Part IX, column (D), line 25)	0.	FC 2FC	71 761	
_	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,356.	71,761.	
	i	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		56,356.	71,761.	
_ <u></u>	19	Revenue less expenses Subtract line 18 from line 12		2,964.	-14,454.	
Net Assets or Fund Balances		T (D V.)	Re	ginning of Current Year	End of Year	
Sse	20	Total assets (Part X, line 16)	<u> </u>	442,962.	416,844.	
iet Per	21	Total liabilities (Part X, line 26)		596,516.	584,852.	
뚬	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		-153,554.	-168,008.	
				anto and to the best of mul	repulsed as and hall of it is	
		lities of perjury, I declare that I have examined this return, including accompanying schedule			thowleage and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparer	las any knowledge		
		Signature of officer		Date	76	
Sig		Cindy Smith President		Date		
Type or print name and title						
				Date / Check	PTIN	
Trime type property statute						
Paid		self-employed	<u> №00597110</u> 63-0986156			
Use Only Firm's address ONE INDEPENDENCE PLAZZ, SUITE 820 Phone no. 205 - 803 - 2193						
	.,	HOMEWOOD, AL 35209		<u> </u>		
		AS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2015)	
5320	01 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instructi	บกร.		FUIII 330 (2015)	

orm	n 990 (2015) CARSON PLACE, INC.	31-1648231 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission NONE	
	•	
	•	
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 pro-	gram services? Yes X No
3	If "Yes," describe these changes on Schedule O	gram scryicus.
		ram convers to messured by synances
4	Describe the organization's program service accomplishments for each of its three largest program	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others, the total expenses, and
	revenue, if any, for each program service reported	57.207
4a) (Revenue \$ 57,307.)
	TO PROVIDE LOW COST HOUSING TO MENTALLY RETARDED	
	811 OF THE NATIONAL HOUSING ACT, AS AMENDED AND	REGULATED BY HUD.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		\
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	<u> </u>	
4d	· ·	`
	(Experiess)	e \$
4e	Total program service expenses ► 64,602.	
		Form 990 (2015)

_	In the appropriate described in each of E01/a\(\text{O}\) or 40.47/a\(\text{O}\) (at both the control of the color of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		•	ļ
2	If "Yes," complete Schedule A	1	X	175
2	Is 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	_2_		X
3	public office? If "Yes," complete Schedule C, Part I	3		X
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	<u></u>	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	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the errangation report as amount for land, buildings, and equipment in Port X, line 102 /f "Vee " complete Schodule P			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI		х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Δ	
IJ	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	14h	X	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	Δ	
·	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	110		- 41
Ť	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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
12a	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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,			4-
	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	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х

Form 990 (2015) CARSON PLACE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 19 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_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	}		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ ļ	ļ	}
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	İ		
	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		_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	·	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1 32
	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	00		v
~4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		^
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- UZ		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	}	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
0-1	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	 	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	}	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2015)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b		Check if Schedule O contains a response or note to any line in this Part V				
16 Enter the number of Porma W2 of Cincided in into 1 a Enter O- into applicable 1 b 0 0 0 1 1 b 0 0 0 0					Yes	No
C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining digambling) with with missing an expension of the complexes reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
gambindy winnings to prize winners? 2 Either 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 5 If at least one is reported on line 2a, did the organization lite all required deferal employment tax returns? 5 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 5 If If "Ves," as in a filed a form \$90 for fire hey sar! If "No," for init 69, provide an explanation in Schedule 0 5 If "Ves," and in filed a form \$90 for fire hey sar! If "No," for init 69, provide an explanation in Schedule 0 5 If "Ves," enter the name of the foreign country See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5 Was the organization spartly of a princhfeet tax sheller transaction at any time during the tax year? 5 If "Yes," in the 5 arc 55, did the organization that it was or is a party to a princhfeet tax sheller transaction? 5 If "Yes," did the organization that it was or is a party to a princhfeet tax sheller transaction? 5 If "Yes," did the organization in the organization that it was or is a party to a princhfeet tax sheller transaction? 5 If "Yes," did the organization in the organization that it was or is a party to a princhfeet tax sheller transaction? 5 If "Yes," did the organization in the organization that it was or is a party to a princhfeet during the tax year? 6 If "Yes," did the organization in text seductible? 6 If "Yes," indicate the number of Form 88681? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Form 88621 filed during the year to the form 88622 filed during the year. 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return b if at least one is reported on hine 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fee (see instructions) 3 Dd the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3 A Tay time duming the celendar year, did the organization have an interest in, or a singulative or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account/? 5 If "Yes," inter the name of the foreign country [such as a bank account, securities account, or other financial account/? 5 If "Yes," interest the name of the foreign country [such as a bank account, securities account, or other financial account/? 5 If "Yes," in the name of the foreign country [such as a bank account, securities account, or other financial account/? 5 If "Yes," in the name of the foreign country [such as a bank account, securities account, or other financial Accounts (FBAR) 5 If "Yes," in the same of the foreign country [such as a bank account, securities account, or other financial Accounts (FBAR) 5 If "Yes," in the same of the foreign country [such as a bank account, securities account, or other financial Accounts (FBAR) 5 If "Yes," in the same of the foreign country [such as a bank account, securities account (such as a bank account, securities account, or other financial Accounts (FBAR) 5 If "Yes," in the same of the foreign country [such as a bank account, securities account (such as a bank account, securities accounts (such as a bank account, securities) 5 If "Yes," indicate the numbe	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming]		ĺ
field for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?		1c	_	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," and the during the celladerd year, did the organization have an inferest 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 any time the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," to line the organization end to the expression statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization section applied to the payor? 7a If If Yes, "Indicate the number of Forms 8282 filed during the year 6b If "Yes," did the organization exceed a payment in excess of 35 made party as a contribution of payment or the value of the goods or services provided? 6c If If Yes, "Indicate the number of Forms 8282 filed durin	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O And 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 to the sale a bank account, securities account, or other financial accounts? A If "Yes," either the name of the foreign country ▶ See instructions for filing requirements for fine/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See in Statisticions for filing requirements for Fine/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction? See instructions for filing requirements for Fine/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible in Form 8980-T? The sale of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If If "Yes," did the organization include with every solicitation and parily for goods and services provided? Organization state may receive deductible contributions under section 170(c). If If "Yes," did the organization include with every solicitation and parily for goods and services provided to the payor? The payor services and services and services and services and services provided to the payor? Th		filed for the calendar year ending with or within the year covered by this return	2a 0			ĺ
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b		
b if "Yes," has it field a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule 0 At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial account)? 4a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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;? 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) 8 Was the organization party to a prohibited tax shelter transaction? 5 Was the organization that was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 888617 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many recolve deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If "Yes," indicate the number of Forms 8282 filed during the year 9 Dot the organization of promess 8282 filed during the year 9 Dot the organization quing the year, pay premiums on a personal benefit contract? 7 organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 7 organization received a contribution of qualified intellectual property, did the organization file organization was property or indirectly or indirectly, on a personal benefit contract? 7 organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098 C? 8 organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file organization was proposed granizations. Enter in Initiation fees and capitatio contributions included on Part VIII, line	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	L _ I	X
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a 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	9					
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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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				<u> </u>		
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		-		1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		[13C]	44-	├	~
		•	'n O		 	_
	b	ir res, has it lied a Form 720 to report these payments (iii ivo, provide an explanation in Schedul	<u> </u>		ຸຊຊຸດ	(2016

Form 990 (2015) CARSON PLACE, INC.

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 C). See i	nstructions				
	Check if Schedule O contains a response or note to any line in this Part VI					[X]	
Sec	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	1a		5			
	If there are material differences in voting rights among members of the governing body, or if the governing			7			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5	Ì		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2		Х	
3	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 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	one or				
	more members of the governing body?			7a		_X_	
b	Are any governarice decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7b		_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following.				
а	The governing body?			8a	Х		
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 real	ached a	at the) i		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	Ĺ	_X_	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)				
					Yes	No	
10a	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 c	hapter	s, affiliates,		Ì		
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1	l !		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12a	Ĺ	_X_	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	ın Schedule O how this was done			12c			
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?	-1.		14	 	<u> X</u>	
15	Did the process for determining compensation of the following persons include a review and approv		idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
	The organization's CEO, Executive Director, or top management official			15a	-	X	
b	Other officers or key employees of the organization			15b		<u> X</u>	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	mant u	uth o				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	/iiii a	40-	\	v	
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the or		articipation	<u>16a</u>	 	X	
D							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	iiizalio	11.5	166			
200	exempt status with respect to such arrangements?			<u>16b</u> _	L		
	List the states with which a copy of this Form 990 is required to be filed NONE						
17 18	· · · · · · · · · · · · · · · · · · ·	T (Sect	on 501(c)(3)s on	v) availat	le		
10	· · · · · · · · · · · · · · · · · · ·						
	for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)						
19							
19	statements available to the public during the tax year				J.w.		
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records.				
ž.U	JBSC MENTAL HEALTH AUTHORITY - 205-595-4555	ui					
	940 MONTCLAIR ROAD, SUITE 200, BIRMINGHAM, AL 352	213					

Form **990** (2015)

532006 12-16-15

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete 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

X 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	(B) Average			(C Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	box	o not check more than one x, unless person is both an compensation compensation			compensation from related	amount of other			
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CINDY SMITH PRESIDENT	0.00							0.	0.	0.
(2) NENA BIDDLE VICE PRESIDENT	0.00							0.	0.	0.
(3) NANCY HAYLEY	0.00							0.	0.	
TREASURER (4) ANN GLASS	0.00									0.
MEMBER (5) PEGGY HORNE	0.00							0.	0.	0.
MEMBER								0.	0.	0.
_										
						_	<u> </u>			
		_								
										- 000

Form 990 (2015)

532008 12-16-15 Form **990** (2015)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	990 (2 t VII I		N PLACE,	INC.			31-1648	3231 Page 9
Pai	L VIII							
-		Check if Schedule O conta	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grants similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f RENTS	/e 1f 1a-1f \$	30,424. Business Code 531110	30,424. 26,880.	26,880.		
Program Service Revenue		All other program service reve		>	26,880.			
Other Revenue	d 7 a b c d 8 a b	other similar amounts) Income from investment of tax Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less. direct expenses Net income or (loss) from fund Gross income from gaming acceptant IV, line 19	(i) Real (i) Securities g events (not of 1c) See a b draising events	(ii) Personal (ii) Other	3.	3.		
	c 10 a b	Less direct expenses Net income or (loss) from garr Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	bing activities returns a bins of inventory	>				

532009 12-16-15

Form **990** (2015)

57,307.

26,883.

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

Sect	check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b,	(A)	nis Part IX (B)	(C)	(D)				
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic			_					
	individuals See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees			_					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include			ļ					
0	section 401(k) and 403(b) employer contributions) Other employee benefits								
9	Payroll taxes								
10 11	Fees for services (non-employees)								
'' a		10,677.	5,437.	5,240.					
b	[*]	10,0111		3/2101	 · 				
	Accounting	1,825.		1,825.	·				
	Lobbying								
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses	991.	991.						
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials	94.		94.					
19 20	Conferences, conventions, and meetings Interest	<u></u>							
20 21	Payments to affiliates								
21 22	Depreciation, depletion, and amortization	16,781.	16,781.						
23	Insurance	2,654.	2,654.		· · · · · · · · · · · · · · · · · · ·				
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))					
	amount, list line 24e expenses on Schedule 0.)								
	OPERATING & MAINTENANCE	22,462.	22,462.						
b	UTILITIES EXPENSE	16,277.	16,277.						
С									
d									
е	All other expenses	B1 564	64 600						
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	71,761.	64,602.	7,159.	0.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined			1					
	educational campaign and fundraising solicitation.			İ					
	Check here if following SOP 98-2 (ASC 958-720)								

532010 12-16-15

Form **990** (2015)

Form 990 (2015)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	11,803.	1	1,055
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
Ï	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing]	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ts	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 ^۲	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 608,937.			
b	010 020	406,788.	10c	390,007
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	24,371.	12	25,782
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	442,962.	16	416,844
17	Accounts payable and accrued expenses	14,455.	17	2,985
18	Grants payable		18	
19	Deferred revenue	29.	19	62
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
≝∣	key employees, highest compensated employees, and disqualified persons			
Liabilities	Complete Part II of Schedule L		22	
ت ا	Secured mortgages and notes payable to unrelated third parties	580,400.	23	580,400
24	Unsecured notes and loans payable to unrelated third parties		24	
25	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	
	Schedule D	1,632.	25	1,405
26	Total liabilities. Add lines 17 through 25	596,516.	26	584,852
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
SS.	complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Unrestricted net assets	-153,554.	27	-168,008
<u>g</u> 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u></u>	and complete lines 30 through 34.		1	
<u>ध</u> 30	Capital stock or trust principal, or current funds		30	
S 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا 32 ا	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	-153,554.	33	-168,008
34	Total liabilities and net assets/fund balances	442,962.	34	416,844

Form **990** (2015)

Form	1 990 (2015) CARSON PLACE, INC.	31-164	8231	_Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	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		7,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>54.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-153	3,5	<u>54.</u>
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	-168	3,0	08.
Pa	rt XII 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 Accrual Other		1 1	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. 0	1 1	İ	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1)	
	separate basis, consolidated basis, or both.)	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,		- {	
	consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	ł	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1	Í	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1 1	l	
	Act and OMB Circular A-133?		3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	1 1	}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

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

Open to Public

Nam	Name of the organization Employer identification number							identification number		
			ON PLACE,					3	1-1648231	
Pa	t I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part) Se	e instruction	s		
The o	organ	ization is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)				
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(ı).			
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 9	90-EZ))				
3		A hospital or a cooperative	hospital service orga	anızatıon described in se	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(µi). Enter	the hospital's name,	
		city, and state								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
_		section 170(b)(1)(A)(iv). (C								
6	=	A federal, state, or local gov								
-		An organization that norma		intial part of its support f	rom a gov	ernmentai	unit or from t	the general	public described in	
•		section 170(b)(1)(A)(vi). (Co		(4)(4)() (C====l=t= D==						
8	X	A community trust describe								
9		An organization that norma			-				· ·	
		activities related to its exer		•					•	
		income and unrelated busing See section 509(a)(2). (Cor		(less section 511 tax) in	oni busine	sses acqu	ired by the of	ganization	alter June 30, 1975.	
10		An organization organized a		ively to test for nublic sa	fety See	saction fi	10/2)/4)			
11	\equiv	An organization organized a	•	-	-			arny out the	nurnoses of one or	
••		more publicly supported or		-	•			-	• •	
		lines 11a through 11d that	_					, .	MOOK GIO DOX III	
а		Type I. A supporting orga				•		-	alvina	
_		the supported organization								
		organization You must c			. ,					
b		Type II. A supporting orga	•		tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management of					-	• • •	•	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions) You must complete i	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organı	zation(s)	
		that is not functionally int	egrated The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е	<u></u>	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated support	ng organi	zation				
		er the number of supported o	_							
g		vide the following information	about the supporte	ed organization(s) (iii) Type of organization	(m) le the e	rganization	(v) Amount o	fmanatanı	(vi) Amount of	
	,	i) Name of supported organization	(11) E114	(described on lines 1-9	listed	n your	(v) Amount o	-	other support (see	
		o.gam_amp/		above (see instructions))		document?	instruct	•	instructions)	
					Yes	No	 			
						l				
										
Tota	1						Į.			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CARSON PLACE, INC.

Part II 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organ-		 	 	 	 	
2	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	l	Ì		Ì		
	the organization without charge		ì		Ì		
4	Total. Add lines 1 through 3]		
5	The portion of total contributions						
	by each person (other than a	' 	}	}		ļ	}
	governmental unit or publicly	ı	ł		}	i	
	supported organization) included		1				
	on line 1 that exceeds 2% of the		1		1		
	amount shown on line 11,)		Ì		
	column (f)						
6	Public support. Subtract line 5 from line 4	·		 	 	 	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		Ì				
	securities loans, rents, royalties		ļ				į
	and income from similar sources]				
9	Net income from unrelated business						
	activities, whether or not the		}	1	}	1	
	business is regularly carried on		}			1	
10	Other income Do not include gain						
	or loss from the sale of capital		1		}		
	assets (Explain in Part VI)		1		l		
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)	-		12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ıne 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	n			
b	33 1/3% support test - 2014. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	cly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨
					Sch	edule A (Form 990	or 990-F7\ 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 CARSON PLACE, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked gualify under the tests listed b		_	ganization failed to	qualify under Pa	rt II If the organiza	ation fails to
Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,					
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	,				}	
	ınclude any "unusual grants ")	59,184.	60,107.	59,186.	59,318.	57,304.	295,099.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	}	Ì				
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	59,184.	60,107.	59,186.	59,318.	57,304.	295,099.
	Amounts included on lines 1, 2, and	33/2021	00/10/0		22,310.	37730 1.	233,033.
-	3 received from disqualified persons	}	1	ł		,	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)					 	295,099.
	ction B. Total Support						499,099.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	59,184.	60,107.	59,186.	59,318.	57,304.	295,099.
	Gross income from interest,		30/120/1	33,100.	33,310.	37,30 1.	233,033.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2.	2.	1.	2.	3.	10.
k	Unrelated business taxable income	<u> </u>	1	}			
	(less section 511 taxes) from businesses	<u> </u>	İ	}			
	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	2.	2.	1.	2.	3.	10.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	59,186.	60,109.	59,187.	59,320.	57,307.	295,109.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publi	c Support Per	centage		 	, — , — — —	
15	Public support percentage for 2015 (In	ne 8, column (f) div	ided by line 13, co	ilumn (f))		15	100.00 %
_	Public support percentage from 2014					16	<u>99.99 %</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20			: 13, column (f))		17	.00 %
18	Investment income percentage from 2	:014 Schedule A, P	art III, line 17			18	.01 %
19a	33 1/3% support tests - 2015. If the	_					
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2014. If the	•					▶ X
	line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The organ	iization qualifies as	s a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

_	 	•	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 11a or 11b 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 Part 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		
2		
3a		<u></u>
_3b		
_3c		
4a		
4b		
		1
4c_		
5a		ı
5b 5c		
		 _
	;	
6		
7		
8_		
9a_		
9b		
9c		
10		
10a		
10b	<u> </u>	

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Sche	dule A (Form 990 or 990-EZ) 2015 CARSON_PLACE, INC.	31-164823	31 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	}		ŀ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1	
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	┼	
	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.	11b	├	
	tion B. Type I Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ĺ	ŧ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ļ
	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	Ì	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	<u> </u>	
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	2	.l	L_
ec	tion C. Type II Supporting Organizations			
		(Yes	No
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		1	
	the supported organization(s) tion D. All Type III Supporting Organizations		ـــــــ	<u> </u>
	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ies	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx İ		}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	^	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		\dagger	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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		1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	4	1	
	supported organizations played in this regard	3	<u> </u>	<u>L</u> _
ec	tion 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 in	structions):		
а	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 en	tity (see instructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	Ì	1	ĺ
	that these activities constituted substantially all of its activities	2a	1	ľ
b			+	\vdash
Ü	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		Ì
3	Parent of Supported Organizations Answer (a) and (b) below.		T^{-}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a_		_
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	⊥	
202	5 09-23-15 Schedul	e A (Form 990 or 9	90-EZ) 20
	17			
91	207 796873 6857 2015.05010 CARSON PLACE, INC.	68	57_	:

Sche	edule A (Form 990 or 990-EZ) 2015 CARSON PLACE, INC.		•	31-1648231 Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Mınimum 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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	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	· · · · · · · · · · · · · · · · · · ·	
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 _		L
_	Charle hard if the current year is the organization's first as a pon-functional		d Trea III area antra a re	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CARSON PLACE, INC. 31-1648231 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (1) (11) (iri) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015 b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see 7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2015

b

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015	<u>CARSON PLACE,</u>	INC.	31-1648231 Page 8
Part VI	Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	?, 3b, 3c, 4b, 4c, 5a, 6, 9a, ies 2 and 3; Part IV, Sectio	nations required by Part II, line 10, Pa 9b, 9c, 11a, 11b, and 11c, Part IV, Se n E, lines 1c, 2a, 2b, 3a and 3b, Part V es 2, 5, and 6 Also complete this part	ection B, lines 1 and 2, Part IV, Section C, /, line 1, Part V, Section B, line 1e, Part V,
	(See instructions)		s z, c, and c 7,000 complete this part	
			·	
				
				
				
				

20

SCHEDULE D

(Form 990)

Department of the Treasury

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.irs.gov/form990.

OMB No. 1545-0047

Name of the organization Employer identification number CARSON PLACE, INC. 31-1648231 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2015

b Assets included in Form 990, Part X

		PLACE, INC.					:	<u> 31-16</u>	4823	1 P	age 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	easures, or O	her S	imila	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the	following that are	a signif	ıcant ι	use of its	collectio	n item	s
	(check all that apply).										
а	Public exhibition	d			nange programs						
þ	Scholarly research	е	Other	r							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they fu	ırther th	ne organization's e	xempt	purpo	se in Par	t XIII		
5	During the year, did the organization solicit or	receive donations of	of art, historic	cal treas	sures, or other sim	ıılar ass	ets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arrang		te if the orga	ınızatıoı	n answered "Yes"	on For	m 990	, Part IV,	line 9, oi	ŕ	
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contr	ribution	s or other assets i	not incl	uded		_		
	on Form 990, Part X?								Yes		No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table			_					
						<u>_</u>			Amoun	<u>t</u>	
C	Beginning balance					_	1c				
d	Additions during the year					_	1d				
e	e Distributions during the year						1e				
f Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escro	w or cu	istodial account li	ability?			Yes		No
	If "Yes," explain the arrangement in Part XIII]
Pa	rt V Endowment Funds. Complete if	the organization and	swered "Yes	" on Fo	rm 990, Part IV, Iır	ne 10					
	<u>[</u>	(a) Current year	(b) Prior y	ear	(c) Two years back	(d)]	hree y	ears back	(e) Four	years	back
1a	Beginning of year balance				<u> </u>				<u> </u>		
-b-	Contributions								 		
С	Net investment earnings, gains, and losses				L				ļ		
d	Grants or scholarships								ļ		
е	Other expenditures for facilities	}		i					{		
	and programs					+-					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, col	lumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are	held ar	nd administered fo	or the o	rganız	ation	ĺ		
	py.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(iı)		
b	If "Yes" on line 3a(ii), are the related organizat	•							_3b_		
4	Describe in Part XIII the intended uses of the		wment funds	<u> </u>							
Pal	rt VI Land, Buildings, and Equipm		D-+ N/ 1 -	44. 0		V 1	40				
	Complete if the organization answered				——————————————————————————————————————			 			
	Description of property	(a) Cost or ot	1 ,	•	, ,) Accur		d ((d) Boo	k valu	е
 -		basis (investm		basis ((outer)	deprec	iation			1 6	26
	Land	41,0				21	0 0	-		$\frac{1}{9}, \frac{6}{3}$	
	Buildings	567,	DOT.			<u> </u>	3 , 9 :	30.	34	8,3	<u>/ 1 • </u>
	Leasehold improvements	 									
	Equipment	<u> </u>									
	Other Add lines 1a through 1e (Column (d) must en	qual Form 000 Dart	X column (P) line 1	001				30	0.0	07

Schedule D (Form 990) 2015

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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) 2015

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number CARSON PLACE, INC. 31-1648231 FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY REVIEWS THE TAX RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: BY PUBLIC REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. INC. CARSON PLACE, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

31-1648231

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year $\boldsymbol{\varepsilon}$ End-of-year assets <u>e</u> Total income **©** Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled Š × × × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) Primary activity OW INCOME HOUSING LOW INCOME HOUSING LOW INCOME HOUSING OW INCOME HOUSING Name, address, and EIN of related organization CRESTLINE HOMES - 63-0955727 DEVILLE PLACE - 63-0879399 HORIZON HOMES - 63-0810660 VERA HOUSE - 63-0877111 BIRMINGHAM AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD 940 MONTCLAIR ROAD

532161 09-08-15 LHA

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

Schedule R (Form 990) 2015

31-1648231

CARSON PLACE, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(b)	(e)		(g) Section 512(b)(13)
name, address, and Ein of related organization	Finally activity	Legal dofflicile (state of foreign country)	section	status (if section	Officer confroming entity	controlled organization?
				501(c)(3))		Yes No
GREENWOOD HOMES - 58-1992657					•	
940 MONTCLAIR ROAD						
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)			×
3						
<u>د</u>	1					
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)			×
JBS MENTAL HEALTH AUTHORITY - 63-0592183	PROVIDES MENTAL HEALTH					
940 MONTCLAIR ROAD	SERVICES TO JEFFERSON,		GOVERNMENT			
BIRMINGHAM, AL 35213	BLOUNT AND ST CLAIR		ENTITY	-		×
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31-1648231

Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. INC. CARSON PLACE Schedule R (Form 990) 2015 Part III

Schedule R (Form 990) 2015 General or Percentage managing ownership partner? Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Code V-UBI General of Pe amount in box managing of 20 of Schedule Pariner? K-1 (Form 1065) Yes No Percentage ownership 9 Share of end-of-year assets <u>6</u> Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entrty (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>©</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 Part IV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1a		×
 Gift, grant, or capital contribution to related organization(s) 				4		×
c Gift, grant, or capital contribution from related organization(s)				,2		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)			-	*		×
				,	1	: >
				5	1	4
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£		×
o Sharing of paid employees with related organization(s)				9	1	×
 P Reimbursement paid to related organization(s) for expenses 				₽	×	
				19		×
r Other transfer of cash or nronedy to related organization(s)						>
				5		₽
	who must complete t	nis line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) JBS MENTAL HEALTH AUTHORITY	Д	5,437.	437.ACTUAL AMOUNT PAID			
(2)						
(3)						
(4)						
(5)						
(9)				ļ		
532163 09-08-15	29		Schedule R (Form 990) 2015	R (Form	(066	2015

Page 4

INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage		
G) Seneral or F managing partner? (es No		
Ocde V-UBI General or Percentage amount in box 20 managing ownership yes No (Form 1065) yes No		
Disproportonate allocations?		
(9) Share of end-of-year assets		
(f) Share of total income		
(e) Are all partners sec 501(c)(3) Jer Yes No		
Predominant income related, unrelated, excluded from tax under sections 512-514)		
(c) Legal domicile (state or foreign ecountry)		
(b) Primary activity		
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity Legal domicile (related, unrelated, of entity of entity scountry) (c) (d) (d) (related, unrelated, unrelated, unrelated, unrelated, sections 512-514)		

Schedule R	(Form 990) 2015	<u>CARSON P</u>	LACE,	INC.	31-1648231 Page 5
Part VII	(Form 990) 2015 Supplemental Infor	mation			
	Provide additional inform	ation for response	e to allecti	ons on Schedule R (see instructions)	
	T TOVIGE ACCITIONAL INTOTITI	ation for response	o to questi	ons on conedule mandelling	
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