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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ā	For the	2016 calendar year, or tax year beginning OCT 1, 2016 and ending	SEP 30, 2017	7						
_	Check if	C Name of organization	D Employer identific	cation number						
	applicable	e Contraction of the contraction								
Г	Addre	DEVILLE PLACE								
F	Name			879399						
F	lchange lnitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s								
<u> </u>										
L	Final return/ termin		595-4555							
ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 182,										
느	lreturn	BIRMINGHAM, AL 33213	H(a) Is this a group re							
L_	Application F Name and address of principal officer DOUG MCBEE for subordinates? Yes X No									
		SAME AS C ABOVE	H(b) Are all subordinates in							
		empt status X 501(c)(3) 501(c)()	527 If "No," attach a	list (see instructions)						
		e: ► N/A	H(c) Group exemptio							
<u>K</u>	Form of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 1985 N	A State of legal domicile: AL						
P	art I	Summary								
a)	1	Briefly describe the organization's mission or most significant activities. ${ t TO t PROVI}$	DE LOW-INCOME	HOUSING						
Š										
& Governance	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets						
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	6						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6						
80	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0						
Activities	1	Total number of volunteers (estimate if necessary)	6	0						
cŧ	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34	7b	0.						
-	<u> </u>	Tot direlated bearings taxable income norm of income 1, into on	- Prior Year -	- Current Year						
	8	Contributions and grants (Part VIII, line 1h)	113,819.	116,923.						
Revenue	0	·	67,774.	65,765.						
ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and RECEIVED	11.							
æ	10	investment income (Part VIII, column (A), lines 3, 4, and 7015	0.	50.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.						
		Total revenue - add lines 8 through 11 (must equal Part Will, column (8)) line 12	181,604.	182,738.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 30EM, UT	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), times 5-10)	0.	0.						
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	156,903.	<u>144,366.</u>						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	156,903.	<u>144,366.</u>						
	19	Revenue less expenses Subtract line 18 from line 12	24,701.	38,372.						
20.9			Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)	177,339.	184,703.						
ASS	21	Total liabilities (Part X, line 26)	392,084.	361,076.						
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	-214,745.	-176,373.						
P	art _a ll	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	v knowledge and belief, it is						
		t, and complete Declaration of preparer (other than officer) is based on all information of which pre		,,,,,						
		Daysta 1300	12/11	17						
Sic	ക	Signature of officer	Date	 						
	n_	Dova McBee President								
пе	re≰∫	Type or print name and title								
	0	Print/Type preparer's name Preparer's signature	Date / Check	PTIN						
Pai	اليال	JIM PERRY, CPA	14/17 If self-employed							
		Furm's name BROWDER & ASSOCIATES/ PC	Firm's EIN	63-0986156						
	parer	Firm's address ONE INDEPENDENCE PLAZA, SUITE 820	Tant Sent	02 0300T20 V						
USE	Only	HOMEWOOD, AL 35209	Dhana an 20	5_003 2102						
	U 2		Filone ilo. 20	5-803-2193						
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No						
6320	001 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)						

	n 990 (2016) DEVILLE PLACE	63-0879399	Page 2
Ра	rt 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		
			
			
	Did the appropriate undertake any appropriate to a second appropriate and the second appropriate to the second appropriate		
2	Did the organization undertake any significant program services during the year which were not listed on the		□
	prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O		[1]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? LYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses,	and
	revenue, if any, for each program service reported		720
4a	(Code) (Expenses \$		738.)
	TO PROVIDE HOUSING FOR THE MENTALLY HANDICAPPED (20 UNI		
	SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED AND) REGULATED E	3Y
	HUD.		
		 _	
4b	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
			
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	_
4 <u>e</u>	Total program service expenses ► 128,259.		
		Form 9	990 (2016)

Form 990 (2016) DEVILLE PLACE Part IV Checklist of Required Schedules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	_X_	77
2		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			v
		3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		'	v
_	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	_	:	v
_	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			v
_	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,	_		v
_	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			v
^	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
40	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	40		v
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		X
11				
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	44-	x	
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		
D	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	116	ĺ	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	-	Λ
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
ч	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		• • • •		
124	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
-	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		i	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b)	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		7	
	complete Schedule G, Part III	19		X
		Earm	aan /	2016

Form 990 (2016) DEVILLE PLACE Part IV Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_	X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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	-		
	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			
	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
b	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ı
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	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		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	990	2016

Series the number reported in Box 3 of Form 1099. Enter 0- if not applicable 16 0 16 0 0		Check if Schedule O contains a response or note to any line in this Part V					
tale Effect the number er forms W20 Endequed with the Effect of First of applicable be Effect the number of forms W20 Endequed with the Effect of First of applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) withmost power was with sealing the property of the company of the property of the property of the company of the property of th						Yes	No
b Enter the number of Forms W26 included in line 1a Enter 0-f (not applicable of Did the organization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Traismittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 5 If I lead for the calendar year ending with or within the year covered by this return 6 If I lead for the calendar year ending with or within the year covered by this return. 7 If I lead is the winner of the property of the Wage and Tax Statements, fled for the calendar year, did the organization like all required federal employment tax returns? 8 If I lead is the winner of the calendar year, did the organization like all required federal employment tax returns? 8 If I lead is the winner of 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, sourches account, or other financial accountry of the financial accountry or the financial accountry o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1 0			
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to price witners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1		1
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return b if at least one is reported on his 2a, did the organization file all required federal employment tax returns? Note, if the sum of least 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Ust the organization have unreliated business gross income of \$1.000 or more during the year? b if 'Yes,' has at filed a Form 990.1 for this year? If 'No,' it line 3b, provide an explanation in Schedule O 3b If 'Yes,' has at filed a Form 990.1 for this year? If 'No, ' to line 3b, provide an explanation in Schedule O b if 'Yes,' has at filed a Form 990.1 for this year? If 'No, ' to line 3b, provide an explanation in Schedule O b if 'Yes,' has the filed a Form 990.1 for this year? If 'No, ' to line 3b, provide an explanation file frameousl Accounts (FBAR). 5b If 'Yes,' to line 5a or 5b, did the organization file Form 8886.1? 6b Was the organization and the wash of the Yes,' to line 5a or 5b, did the organization that it was or in a party to a prohibited tax shelter transaction? 6c If 'Yes,' to line 5a or 5b, did the organization that it was or in a party to a prohibited tax shelter transaction? 6c If 'Yes,' to line 5a or 5b, did the organization that it was or in a party to a prohibited tax shelter transaction? 6c If 'Yes,' to line 5a or 5b, did the organization that was required to any time during the tax year? 6c If 'Yes,' to line 6a or 5b, did the organization that was received eductible as chantable contributions and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' indicate the number of Forms 8282 filed during the year 9b If 'Yes,' indicate the number of Forms 8282 filed during the year 10b the organization during the year, pay premiums, directly or indirectly, to ap personal benefit contract? 7c If If 'Y	С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			1
the did for the calendar year ending with or within the year covered by this return bit of at beast one is reported on line 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-file (see instructions) 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3b If "Yes," that shide a form 890. For this year? If "No," to line 3b, provide an explanation in Schedule O. 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, a foreign country (such as a bank account, or other financial accounts? 5b If "Yes," enter the name of the foreign country. ► 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization shell or organization that it was or is a party to a prohibited tax deductible? 7c Organizations that may receive deductible contributions? 7c Organizations that may receive deductible contributions under section 170(c). 9c Did the organization receive a symmetral in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 9c Did the organization received a prometine excess \$75 made party is a contribution and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 9d Unit to reginazion to receive a fundamental party of goods and services provided to the payor? 7d Organization state the number of forms 8282 filed during the year. 9d Unit the organization received an organization file provided to the organizat		(gambling) winnings to prize winners?			1c		1
b If at least one is reported on line 2a, and the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file Gen eithrottons) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a form 980-1 for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendary 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)? 5c If "Yes," the retire the name of the foreign country in the foreign country. 5c If Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited as shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or such any contributions include with every solicitation any contributions? 6c If "Yes," to line 5a or 5b, did the organization relieve annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution on include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization neceive applient in excess of 575 made party as a contribution of post as a contribution of the post as a contribution of	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) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			1
b If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		ĺ
b If "Yes," has it fled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	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). 5a Was the organization have try to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c X 5c X 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 of the Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If the organization network any experiment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7 The straightful of the organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The Did the organization organization should should be premiums on a personal benefit contract? 7 The Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 9 If t	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X
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DEVILLE PLACE 63-0879399 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 6 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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? Х Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 6 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a \mathbf{X}_{-} b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website __] Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records JBSC MENTAL HEALTH AUTHORITY - 205-595-4555 940 MONTCLAIR ROAD, BIRMINGHAM, AL 35213

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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 hours per week	Average hours per Position (do not check more than one box, unless person is both an				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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) DOUG MCBEE	0.00	1									
PRESIDENT	+	 -		 	├	├	-	0.	0.	0.	
(2) CYNTHIA SCOTT VICE PRESIDENT	0.00						_	<u> </u>	<u> </u>	-0.	
(3) GINGER BARBEE	0.00]									
TREASURER		_			L	L.		0.	0.	0.	
(4) RACHELLE CATHER	0.00										
BOARD MEMBER		<u> </u>			L.			0.	0.	0.	
(5) BOB SIMS	0.00	ļ	İ			}	{				
BOARD MEMBER		<u> </u>				<u> </u>		0.	0.	0.	
(6) BECKY GREENWAY	0.00		ĺ			{					
BOARD MEMBER				ļ	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
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Form 990 (2016)

Ъ.	,	Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats Tts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, C	c	Fundraising events	1c					
ar E	c	Related organizations	1d					
is,	e	Government grants (contribu-	tions) 1e	116,923.				
rior S	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo	ove 1f					
dat	و	Noncash contributions included in lines	s 1a-1f \$					
2 E	F	Total. Add lines 1a-1f		>	116,923.			<u> </u>
	l			Business Code				
e	2 a	RENTS		531110	65,765.	65,765.		
e Ķ	b)						
Senu	c							
ev.	c	1						
Program Service Revenue	e	·					·	
Ъ	f	All other program service reve	enue					L
		Total. Add lines 2a-2f			65,765.			
	3	Investment income (including	dividends, inter	est, and]		
		other similar amounts)			50.	50.		ļ
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties				<u> </u>		<u> </u>
	_		(ı) Real	(ii) Personal		1		
	6 a			 	~-			
		Less rental expenses		 		li .		
		Rental income or (loss)						
l		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
	/ a		(i) Securities	(ii) Other			ľ	
	h	assets other than inventory Less cost or other basis		1		Ì		
	U	and sales expenses)				,	
1	_	Gain or (loss)	1					
		Net gain or (loss)	<u> </u>	•		'		1
_		Gross income from fundraisin	ia events (not					
Jue		including \$	of	1	į	ĺ		1
Other Revenu		contributions reported on line			ĺ			1
Ę		Part IV, line 18	а	1		1		1
ŧ	b	Less direct expenses	b			j		1
0	С	Net income or (loss) from fund	draising events	>)		1
Ì		Gross income from gaming ad						
		Part IV, line 19	а					
ĺ	b	Less direct expenses	b					
ĺ	С	Net income or (loss) from gan	ning activities	>				
ĺ	10 a	Gross sales of inventory, less	returns	}				
Ì		and allowances	а					
j	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	D				
		Miscellaneous Revenu	ie	Business Code	}			
Í	11 a	·		 				
	b			}				
	C							
ł	d	All other revenue						
		Total. Add lines 11a-11d		>	100 730			
	12	Total revenue See instructions.			182,738.	65,815.	0.	0.
63200	9 11-1	1-16						Form 990 (2016)

Form 990 (2016) DEVILLE PLACE
Part IX Statement of Functional Expenses

Sect	tiòn 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7	Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	26,489.	14,720.	11,769.	
b	Legal				
c	Accounting	4,300.		4,300.	
d	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	660.	660.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	j	}		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,394.	32,394.		
20 21	Interest Payments to affiliates	34,334.	34,334.		
22	Depreciation, depletion, and amortization	7,586.	7,586.		
23	Insurance	4,305.	4,305.		
24	Other expenses. Itemize expenses not covered		=7000		
	above. (List miscellaneous expenses in line 24e. If line	1		ł	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		ļ		
а	UTILITIES	28,680.	28,680.		
b	OPERATING & MAINTENANCE	23,194.	23,194.		
С	ADMINISTRATIVE RENT FRE	16,720.	16,720.		
d	MISC FINANCIAL EXPENSE	38.		38.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	144,366.	128,259.	16,107.	0.
26	Joint costs. Complete this line only if the organization	j		İ	
	reported in column (B) joint costs from a combined			j	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) DEVILLE PLACE
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		-	17,319.	1	28,747
2	2	Savings and temporary cash investments	·	2			
3	3	Pledges and grants receivable, net		3			
4	4	Accounts receivable, net			252.	4	35
5	5	Loans and other receivables from current and for	ormer o	fficers, directors,]]	
)		trustees, key employees, and highest compensation	ated en	ployees Complete			
)		Part II of Schedule L		_		5	
6	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
ł		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing		1	
1		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary		}	
.		employees' beneficiary organizations (see instr)	Comp	ete Part II of Sch L		6	
7	7	Notes and loans receivable, net				7	
8	3	Inventories for sale or use				8	
9	3	Prepaid expenses and deferred charges				9	
10)a	Land, buildings, and equipment cost or other			-	T	
		basis Complete Part VI of Schedule D	10a	677,429.			
	b	Less accumulated depreciation	10b	588,069.	96,946.	10c	89,360
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities See Part IV, line			12		
13	3	Investments - program-related See Part IV, line		13			
14	\$	Intangible assets		14			
15	5	Other assets See Part IV, line 11	62,822.	15	66,561		
16	3	Total assets. Add lines 1 through 15 (must equ	177,339.	16	184,703		
17	7	Accounts payable and accrued expenses		21,917.	17	14,598	
18	3 -	Grants payable	Ĺ		18		
19	•	Deferred revenue		19	99		
20)	Tax-exempt bond liabilities	Ĺ		20		
21	1	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
22	2	Loans and other payables to current and former	officer	s, directors, trustees,			
}		key employees, highest compensated employee	es, and	disqualified persons			
22		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated thi	rd parties	365,350.	23	342,041
24	Ļ	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third			
- {		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
İ		Schedule D			4,817.	25	4,338.
26	<u>. </u>	Total liabilities. Add lines 17 through 25			392,084.	26	361,076.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
ļ		complete lines 27 through 29, and lines 33 an	d 34.	İ	į		
27	7	Unrestricted net assets			-214,745.	27	
28	3	Temporarily restricted net assets				28	·
29	•	Permanently restricted net assets				29	
}		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
		and complete lines 30 through 34.					
30)	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or eq				31	
27 28 29 30 31 32	2	Retained earnings, endowment, accumulated in	come,	or other funds		32	
33	3	Total net assets or fund balances		Ĺ	-214,745.	33	
34		Total liabilities and net assets/fund balances		į.	177,339.	34	184,703.

Form	n 990 (2016) DEVILLE PLACE	63-08	79399	Page 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		2,738.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,366.
3	Revenue less expenses Subtract line 2 from line 1	3	38	3,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-214	1,745.
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	-176	5,373.
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		((
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	[[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	-	~-
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O))	
За	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		
	Act and OMB Circular A-133?		3a	X_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt	}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form §	990 (2016)

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

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization DEVILLE PLACE 63-0879399 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 DEVILLE PLACE 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not	}		1			
	include any "unusual grants ")						
2	Tax revenues levied for the organ-		İ	ł	}		
	ızatıon's benefit and either paid to		1			ļ	
	or expended on its behalf	ļ			ļ <u> </u>		
3	The value of services or facilities		į	ļ			
	furnished by a governmental unit to				,		
	the organization without charge	<u> </u>					ļ
4	Total. Add lines 1 through 3	ļ			ļ		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		Ì				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1)
_	column (f)				/	ļ	<u> </u>
	Public support. Subtract line 5 from line 4 ction B. Total Support	L	L		'	L	
		(=) 2012	(b) 2012	(-) 001/4	(4) 0015	(-) 0016	(0 T-1-1
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 20,14	(d) 2015	(e) 2016	(f) Total
				 			
8	Gross income from interest,		ļ			}	
	dividends, payments received on	-				-	1
	securities loans, rents, royalties						
_	and income from similar sources				 		
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on	 					
10	Other income Do not include gain	·)			
	or loss from the sale of capital						
44	assets (Explain in Part VI)				 		
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (coo instructi	L	L	L	12	<u> </u>
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear ac a coctio		
13	organization, check this box and stor	•	s ilist, second, tilli	d, louren, or mar a	ax year as a sectio	11 30 1(0)(3)	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			column (f))		14	%
	Public support percentage from 2015	• •	•			15	%
	33 1/3% support test - 2016. If the c			n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies	_					▶□
b	33 1/3% support test - 2015. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	=					
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization	-	▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	3
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	o, check this box a	nd see instruction	ıs 🕨
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 DEVILLE PLACE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	leiow, please comp	Diete Fart II)				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	172,926.	176,014.	179,272.	181,593.	182,688.	892,493.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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	172,926.	176,014.	179,272.	181,593.	182,688.	892,493.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						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						0.
c	: Add lines 7a and 7b					-	0.
	Public support. (Subtract line 7c from line 6)						892,493.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	172,926.	176,014. 52.	179,272.	181,593.	182,688.	892,493. 257.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	132.	52.	12.	11.	50.	257.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)		176,066.				
14	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here	is Cumpart Day	roontogo				
	ction C. Computation of Publ			olumn (6)	 	46	00 07 0
	Public support percentage for 2016 (I			olumn (I))	i	15	99.97 % 99.93 %
	Public support percentage from 2015 ction D. Computation of Investigation					16	99.93 %
	Investment income percentage for 20			e 13. column (f))		17	.03 %
	Investment income percentage from 2			0,0014 (1,)		18	.07 %
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box as						▶ X
b	33 1/3% support tests - 2015. If the				_		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a l	<u>box on line 14, 19a</u>	a, or 19b, check th	is box and see ins	tructions	
63202	23 09-21-16				Sche	edule A (Form 990	or 990-EZ) 2016

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in 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_1_		
	2_		
			ļ
	3a		
	3b		
	3c		
	_4a		
	4b		
	70		
	4c		
	_		
	_5a		
	5b		
	_5c		
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	8		
	9a		
	9b		
i	9c	i	
	_10a		
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ال	10b 90 or 99	0-EZ	2016
. 3	90 Ot 99	U-E4)	2010

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12141206 796873 6854

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			. — — — — — — — — — — — — — — — — — — —
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	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			
	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	instructions for short tax year or assets held for part of year).			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1	 	
Ū	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_ - _	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4	*	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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		
7	Check here if the current year is the organization's first as a non-functional	lv integrate	d Type III supporting org	anization (see
-	instructions)	,	,,	

Schedule A (Form 990 or 990-EZ) 2016

Pai	¹ V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	_
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which ti	he organization is responsive)	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(iı)	(iii)
Cook	on F. Distribution Allocations (and unations)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
نــــــــــــــــــــــــــــــــــــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		·	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			<u> </u>
8_	Breakdown of line 7			
_ <u>a</u>			·	
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Inspection

Name	e of the organization DEVILLE PLACE		Employer identification number 63-0879399
Par		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, Iir		in the desired complete in the
	organization and voted 100 cm of the orange of the control of the	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(-)	· · · · · · · · · · · · · · · · · · ·
1	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in	westing that the access held in donor advis	end funds
5			Yes No
	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	of donor advisor, or for any other purpose	Yes No
Par		panization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	·	cified historic structure
	Preservation of open space	1 100017441011 01 2 0011	and material structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year	nod conservation continuation in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ructure included in (a)	2c
q	Number of conservation easements included in (c) acquired		~~~
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
•	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor-	ve satisfy the requirements of section 170	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		➤ \$ ➤ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued/ a		dule D (Corm 990) 2016 DEVILLE								79399	
to here all that apply) a	Par										
a Public exhibition d	3	,	on, and other record	is, check	any of the	following that	are a sign	ııfıcant ı	use of its	collection i	tems
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b It Yes, "oxplain the arrangement in Part XIII and complete the following table Yes No. 1c Beginning balance Amount 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation during the year 1d No. 1d Separation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 1d Separation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 1d Separation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 1d Separation or Scholarships (a) Current year (b) Part Yes or Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 1d Beginning of year balance (a) Current year (b) Part Yes (b) For years back (d) fiftree years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years back (e) Forr years		re									
c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other amiliar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а		d			hange prograr	ns				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of airt, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a. Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b. If "Yes," explain the arrangement in Part XIII and complete the following table 1c. Beginning balance 2d. Additions during the year 1	b	Scholarly research	е)ther						
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to be sold to rase funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exemp	t purpo	se in Par	t XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Complete Comp	5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or othe	r sımılar as	ssets		٦	F
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a Board designated or quasi-endowment ▶	. •	•	rent year and haland	e (line 1c	column (a)) held as				l	
b Permanent endowment \	_	· · · · · · · · · · · · · · · · · · ·	rent year end balanc		, colamin (e	iji neid as					
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) basis (other) 4 0, 934 . 4 0, 934 . 5 88, 069 . 4 0, 934 . 5 88, 069 . 4 8, 426 . C Leasehold improvements d Equipment e Other		· .	0/4								
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 40,934. 40,934. 40,934. 588,069. 48,426. c Leasehold improvements d Equipment e Other	_		 '								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land 40,934. 40,934. 588,069. 48,426. c Leasehold improvements d Equipment e Other	С	-									
yes No (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land 40,934. 40,934. b Buildings 636,495. 588,069. 48,426. c Leasehold improvements d Equipment e Other				ation tha	t are bold a	nd administar	ad for the	Organia	ration		
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other depreciation 1a Land 40,934. 40,934. 588,069. 40,934. c Leasehold improvements d Equipment e Other	За		ession of the organiz	auon ma	l are nelu a	nu aunmister	ed tot the	Organiz	anon	, T	/aa M-
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 40,934. 40,934. b Buildings 636,495. 588,069. 48,426. c Leasehold improvements d Equipment e Other		-									es No
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 40,934. b Buildings 636,495. 588,069. 48,426. c Leasehold improvements d Equipment e Other		•									
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 40,934. 40,934. 40,934. 588,069. 48,426. c Leasehold improvements d Equipment e Other		, .	-4 14		abadula DO					1	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 40,934. 40,934. 588,069. 48,426. c Leasehold improvements d Equipment e Other	_	.,,,	•							30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land 40,934. b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 40,934. 588,069. 40,934.				JWITIETIC I	unus						
Description of property (a) Cost or other basis (investment) 1a Land 40,934. (b) Cost or other basis (other) 40,934. (c) Accumulated depreciation 40,934. 588,069. 48,426. c Leasehold improvements d Equipment e Other	- 4			0 Part IV	Jine 11a S	See Form 990.	Part X. lin	e 10			
basis (investment) basis (other) depreciation 1a Land 40,934. 40,934. b Buildings 636,495. 588,069. 48,426. c Leasehold improvements 40,934. 40,934. 40,934. d Equipment 40,934. 40,934. 40,934. 40,934.									ed l	(d) Book	value
1a Land 40,934. 40,934. b Buildings 636,495. 588,069. 48,426. c Leasehold improvements 40,934. 40,934. 40,934. c Leasehold improvements 48,426. 48,426. 48,426. d Equipment 40,934. 48,426. 48,426.		Description of property	\ <i>\</i>	ľ					1	(u) Dook	value
c Leasehold improvements d Equipment e Other	40	Land		- +		` <i>-</i>				40	934.
c Leasehold improvements d Equipment e Other							58	88.0	69.	48	426
d Equipment e Other		· ·					,				<u>, = = × •</u>
e Other		·									
		• •									
			equal Form 990, Part	X, colum	nn (B), line 1	10c)				89	,360.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 DEVILLE PL	ACE	63-	0879399 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			of voor modern value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	or-year market value
(1) Financial derivatives	<u> </u>		
(2) Closely-held equity interests			
(3) Other	 		
<u>(A)</u>			·····
(B)	 		
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•	<u></u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	 		
(9)	<u></u>		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.		-	
Complete if the organization answered "Yes		11d See Form 990, Part X, line 15	
<u> </u>	a) Description		(b) Book value
(1) TENANT SECURITY DEPOSITS			4,338.
(2) MORTGAGEE ESCROW DEPOSIT	<u>S</u>		4,447.
(3) REPLACMENT RESERVE			<u>52,819.</u>
(4) RESIDUAL RECEIPTS RESERV	E		<u>4,957.</u>
(5)			
(6)			
			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)	>	66,561.
Part X Other Liabilities.			
Complete if the organization answered "Yes			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSITS		4,338.	
(3)			
(4)			
(5)			
(6)			
(8)			
_	[l l	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

▶

Schedule D (Form 990) 2016

4,338.

Sche	dule D (Form 990) 2016 DEVILLE PLACE		63-08	79399 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	182,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
¢	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	182,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	182,738.
	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Exper		
	Complete if the organization answered "Yes" on Form 990, Part IV, II		•	
1	Total expenses and losses per audited financial statements		1	144,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- -	211/3001
a	Donated services and use of facilities	2a		
-	Prior year adjustments	2b		
b	Other losses	2c 2c		
C				
d	Other (Describe in Part XIII)	2d		0
e	Add lines 2a through 2d		2e	0. 144,366.
3	Subtract line 2e from line 1		3	144,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		0
	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line of XIII Supplemental Information.	18)		144,366.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information		
				·
63205	4 08-29-16		Schedul	e D (Form 990) 2016

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name	of the	orgar	nization		DE'	VILI	E P	LΑ	CE										Emple 63	yer ide -087	ntificat	ion nu	mber
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-E7

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2016

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Employer identification number 63-0879399 Ξ 9 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 3 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 3 3 DEVILLE PLACE Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			-			:
			-			
PartII	Part II Identification of Related Tax-Exempt Organizations. Complete report II organizations during the tax year		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	se it had one or more re	lated tax-exempt

organizations during the tax year							
(a)	(q)	(0)	(Q		€	(g)	9
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	section 5 12(b)(13)	(5) YO
of related organization		foreign country)	section	sta	entity	entity?	
				501(c)(3))		Yes	No
HORZON HOMES, INC 63-0810660		-					
940 MONTCLAIR ROAD							
BIRMINGHAM, AL 35213	LOW INCOME HOUSING	-	501(C)(3)				×
VERA HOUSE - 63-0877111							
940 MONTCLAIR ROAD							
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(c)(3)				×
CRESTLINE HOMES - 63-0955727							
940 MONTCLAIR ROAD							
BIRMINGHAM, AL 35213	LOW INCOME HOUSING		501(C)(3)				×
28-1992657							

LOW INCOME HOUSING

the Instructions for Form 990.

Schedule R (Form 990) 2016

63-0879399

DEVILLE PLACE Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(6)	3	3	₹	3	9	
(a)	(a)	(a)	(a)	(6)	(I)	Section 512(b)(13)
of related organization	רוווומוץ מכוואווץ	foreign country)	section	status (if section	Direct controlling entity	controlled organization?
		,		501(c)(3))		Yes No
CARSON PLACE - 31-1648231						
940 MONICLAIR ROAD						
213	LOW INCOME HOUSING		501(C)(3)			×
SALERNO HOMES - 20-8339010						
940 MONTCLAIR ROAD						
BIRMINGHAM AL 35213	LOW INCOME HOUSING		501(C)(3)			×
JBS MENTAL HEALTH AUTHORITY - 63-0592183	PROVIDE MENTAL HEALTH					
940 MONTCLAIR ROAD	SERVICES TO JEFFERSON,	_	GOVERNMENT			
BIRMINGHAM AL 35213	BLOUNT AND ST CLAIR		ENTITY			X
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Page 2

Schedule R (Form 990) 2016 DEVILLE PLACE

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 63-0879399

	-										
(a)	(q)	(၁)	(p)	(e)		€	(6)	(£)	ε	S	(X
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total encome	Share of end-of-year assets	Disproportionate allocations?	Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	General or x managing le partner? 5) Yes No	General or Percentage managing ownership partne?
								1			
				-							
				-							
Part IV identification of Helated Organizations Laxable 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	rganizations laxable orporation or trust duri	as a Corporate tax	year	omplete if the c	organization ans	swered "Yes" or	1 Form 990, P	art IV, line 3.	t because it had	d one or mo	re related
(a) Name, address, and EIN of related organization	EIN	Prim	(b) Primary activity	(C) Legal domicile Dir (state or foreign country)	(a) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total rp, Income		(g) Share of Fend-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
				-		~~~~					
				-							
				-							
				- *							
632162 09-06-16				28					Sched	ule R (Forn	Schedule R (Form 990) 2016

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	. o
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 re	lated organizations listed	in Parts II-IV?	1	
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity	·.			1	×
b Gift, grant, or capital contribution to related organization(s)				10	×
c Gift, grant, or capital contribution from related organization(s)	•			10	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				16	×
Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)	-			;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				;;	×
k Lease of facilities, equipment, or other assets from related organization(s)	-			1,	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
$oldsymbol{\mathfrak{m}}$ Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		•	13	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŗ.	×
o Sharing of paid employees with related organization(s)	-			0	×
B Reimbursement paid to related organization(s) for expenses				5 ×	
				 	×
					;
				;= ,	× >
S Other training of cash of property hour related organization by the property from the answer to any of the above is "Yes" see the instructions for information on who mist complete this line including covered relationships and transaction thresholds.	who must complete the	ing including covered	relationships and transaction thresholds	18	4
1	1	10)	W.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	}
(1) JBS MENTAL HEALTH	Д	26,489.	ACTUAL AMOUNT PAID		}
(2)					
(3)					}
(4)	,				
(5)					
(9)					
632163 09-06-16	29		Schedul	Schedule R (Form 990) 2016	2016

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Schedule R (Form 990) 2016 DEVILLE PLACE

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exciu	SION TOT CERTAIN INV	estment parmersnips							
(a)	(q)		G	Age 31	£ ;	(6)	Ξ	3	5	8
Name, address, and EIN of entity	Primary activity	e g	redominant income pa (related, unrelated, excluded from tax under	partners sec 501(c)(3) orgs ?	Share of total	Share of end-of-year	UISPTOPOT- LONATE Allocations?	Uspropor Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
				1					_	
			-							
					,					
									-	
			-							
			-							
				+					1	
			-							
				+					-	
			-	1					-	
			-							
				1			-		1	
				-					-	
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Schedule R	Form 990) 2016 DEVILLE PLACE	63-0879399	Page 5
Part VII	Supplemental Information.		
•	Provide additional information for responses to questions on Schedule R. See instructions		
	·		
-			
			
			