Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For th	e 2018 calendar year, or tax year beginning OCT 1, 2018 and e	nding S	SEP 30, 2019							
	Check if			D Employer identif							
applicable											
Address DEVILLE PLACE											
F	879399										
F											
=	lreturn Final	940 MONTECTATE BOAD	Room/suite		<u> 595-45</u> 55						
_	return- termir			G Gross receipts \$	189,741.						
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35213									
늗	Ireturn □IApple			H(a) Is this a group r							
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 included? Yes No										
_		empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	r 527	~~	list (see instructions)						
		te: ► N/A		H(c) Group exemption							
		forganization: X Corporation Trust Association Other	L Year	of formation: 1985	M State of legal domicile: AL						
Pi	art []	Summary									
ė	1	Briefly describe the organization's mission or most significant activities $\ \underline{\ \ \ }$ $\ \underline{\ \ \ \ }$ $\ \underline{\ \ \ }$ $\ \underline{\ \ \ \ }$ $\ \underline{\ \ \ \ }$ $\ \underline{\ \ \ \ \ }$ $\ \underline{\ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ \ \ }$ $\ \underline{\ \ \ \ \ \ \ \ \ \ \ \ \ \ }}$ $\ \underline{\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ }}$ $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	OVIDE	E LOW-INCOME	HOUSING						
JL C											
Ĕ	2	Check this box if the organization discontinued its operations or dispose	ed of more	e than 25% of its net a	ssets						
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	6						
& Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6						
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0						
ΞĘ	6	Total number of volunteers (estimate if necessary)		6	0						
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
⋖	1	Net unrelated business taxable income from Form 990-T, line 38		7b	0.						
		RECEIVE	FD	Prior Year	Current Year						
4	8	Contributions and grants (Part VIII, line 1h)		104,104.							
Revenue	9	Program service revenue (Part VIII line 2a)	17		73,740.						
Š	1 -	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	.019 H	76,861. 86.	126.						
æ	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (N) in [12]	117	181,051.	189,741.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		$\frac{101,001}{0}$	0.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)	 	0.	0.						
	14		<u> </u>	0.	0.						
ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.						
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	o.								
Ä	1	* 1	<u> </u>	170 205	147 270						
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	<u>179,285.</u>	147,370.						
	J	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	<u>179,285.</u>	147,370.						
- 0	19	Revenue less expenses Subtract line 18 from line 12		1,766.							
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year						
Sset	20	Total assets (Part X, line 16)	<u> </u>	156,461.	170,248.						
P. P.	21	Total liabilities (Part X, line 26)		<u>331,068.</u>	302,484.						
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20		<u>-174,607.</u>	<u>-132,236.</u>						
	art II	Signature Block									
		ilties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is						
true	COTTEC	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	r has any knowledge							
		original Control of Officer		121161	19						
,≈.g	n			Date	•						
j-1 ;;	e	President Doug McBee									
		Type or print name and title									
-		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid JIM PERRY, CPA JIM PERRY, CPA 12/13/19 self-employed P00597110											
Preparer Firm's name BROWDER & ASSOCIATES, PC Firm's EIN 63-0986156											
Use Only Firm's address ONE INDEPENDENCE PLAZA, SUITE 322											
HOMEWOOD, AL 35209 Phone no 205-803											
	May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										
8320	UI 12-3	1-10 LIN TO Papel work neutrolion Mot Notice, see the separate instruction			1 /						
					· 1						

	990 (2018) DEVILLE PLACE	<u>63-0879399</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	∟Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
	revenue, if any, for each program service reported	rs, the total expenses,	ano
4a	(Code) (Expenses \$114,510 . including grants of \$) (Revenue		741.)
		rs) under	37
	SECTION 202 OF THE NATIONAL HOUSING ACT, AS AMENDED AND HUD.	REGULATED B	<u> </u>
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	18 \$)
			
			-
4c	(Code) (Expenses \$		
			
			
			
	Other program converse (Posserbo in Caberdida C.)	· · · · · · · · · · · · · · · · · · ·	_
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 114,510.		
<u>4e</u>	Total program service expenses 114,310	Form 9	90 (20

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
_	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for] _		٠,
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١,		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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- -		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII Was the avegarization included in concelledated, independent sudited financial statements for the tax year?	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ł	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]	
	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 ⁹ 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 ^o If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	990 (
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Form 990 (2018) DEVILLE PLACE

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	l		ł
	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		j	
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c]	,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			ļ
	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	2.00		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20		
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
_		00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u> _
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			77
	contributions? If "Yes," complete Schedule M	_30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			••
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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		_ <u>X</u> _
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	
	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		<u>X</u> _
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	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	· · · · · · · · · · · · · · · · · · ·		J	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
20000	1 10 21 10	Form	990 (2018)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>, , , , , , , , , , , , , , , , , , , </u>		age c			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			 -			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		$\overline{\mathbf{x}}$			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
_		30					
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	and the second of the second o	<u> -7a</u>					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	90					
-	any contributions that were not tax deductible as charitable contributions?	6a		X			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa	-	- 1			
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	- 55	-				
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_ <u></u> _			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
Ū	to file Form 8282?	7c		Х			
ď	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.			i .			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		, -			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12			l			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter		}	l			
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1				
	amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O	Ì	Ì				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	İ	Ì				
C	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		<u>X</u>			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_		<u> </u>			
	If "Yes," complete Form 4720, Schedule O						

Form **990** (2018)

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		!
	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.	ĺ	1	.
b	Enter the number of voting members included in line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	l
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			 -
_	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 55	 	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X.
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12¢		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a		x '
	Other officers or key employees of the organization	15b		X
	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	1		1
	taxable entity during the year?	16a		x ·
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	
	exempt status with respect to such arrangements?	16b	L -	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	(3)s only) availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd fınar	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JBSC MENTAL HEALTH AUTHORITY - 205-595-4555			
	940 MONTCLAIR ROAD, BIRMINGHAM, AL 35213			
		Forn	000	(2018)

6854___1

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

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons V Charles to the state of the s

Name and Title Name and the sum of the title Name and Title Name a	Check this box if neither the organization in	1	orga	nıza			mpei	nsat			
(th) DOUG MCBEE (1) DOUG MCBEE (2) CITYHIA SCOTT (3) GINGER BANBES (4) RACHELLE CATHER BOARD MEMBER (5) BOST SITES (6) BOST GREENNAY BOARD MEMBER (6) DOUG MCBEE (7) DOUG MCBEE (7) DOUG MCBEE (8) DOUG MCBEE (7) DOUG MCBEE (7) DOUG MCBEE (7) DOUG MCBEE (8) DOUG MCBEE (7)		· ·	1		(C	C)			(D)	(E)	(F)
week (list any) hours for related organizations below line) (1) DOUG NCBEE (2) CYNTHIA SCOTT (2) CYNTHIA SCOTT (3) GINGER ARABES (4) RACHELLE CATHER (5) BOS SIMS (5) BOS SIMS (6) BECKY GREENNAY BOARD MEMBER (6) BECKY GREENNAY BOARD MEMBER (7) BOARD MEMBER (8) BOARD MEMBER (9) BOARD MEMBER (1) BOARD MEMBER (1) DOUG NCBEE (2) CYNTHIA SCOTT (3) GINGER ARABES (4) RACHELLE CATHER (5) BOS SIMS (6) BECKY GREENNAY (6) BECKY GREENNAY (7) BOARD MEMBER (8) BOARD MEMBER (9) Quantity of the organizations (W.2/1099-MISC) (1) COUNTY OF A COU	Name and Title		(do	(do not check more than one				one			
(i) DOUG MCBEE		1	box, unless person is both an			is bot	han tee)				
(1) DOUG MCBEE PRESIDENT (2) CYNTHIA SCOTT (3) GINGER BARBEE (13) GINGER BARBEE (14) RACHELLE CATHER BOARD MEMBER (5) BOB SIMS (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BOARD MEMBER (7) COLUMN CO		1	-				T	, 			
(1) DOUG MCBEE PRESIDENT (2) CYNTHIA SCOTT (3) GINGER BARBEE (13) GINGER BARBEE (14) RACHELLE CATHER BOARD MEMBER (5) BOB SIMS (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BECKY GREENWAY (6) BOARD MEMBER (7) COLUMN CO			direct				_		L		
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(1) DOUG MCBEE PRESIDENT (2) CYMTHIA SCOTT VICE PRESIDENT (3) GINGER BARBEE (4) RACHELLE CATHER BOARD MEMBER (5) BOS SIMS 0.00 BOARD MEMBER 0.00 D.00 D.			휼	Instr	Offic	Key	돌통	퉏			
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VICE PRESIDENT	PRESIDENT						_	<u> </u>	0.	0.	0.
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		0.00							_	^	•
	BOARD MEMBER						<u> </u>				<u> </u>
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Form 990 (2018)

(A)

Name and title

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

ndividual trustee or directo

Institutional trustee

Total number of individuals (including bu	it not limited to those listed above) wh	no received more than \$100,000 of reportal	ole		
compensation from the organization					_ 0
				Yes	No
Did the organization list any former office	er, director, or trustee, key employee	, or highest compensated employee on			
line 1a? If "Yes," complete Schedule J fo			3		Х
• •		d other compensation from the organization	,		
and related organizations greater than \$	·		4		Х
•	•	elated organization or individual for service			
rendered to the organization? If "Yes," c	•	olated organization of individual for scrivice	5		Х
tion B. Independent Contractors	Simplete defredule o for such person				
	companyated independent contract	ors that received more than \$100,000 of co	mooncation	from	_
			препзации	iioiii	
the organization Report compensation	or the calendar year ending with or w	<u> </u>			
(A) Name and busine	es address NONTE	(B) Description of services	Compe	C) Insatio	n
Traine and boom	ess address NONE				-
			}		
				_	
			<u></u>		
Total number of independent contractor	s (including but not limited to those li	sted above) who received more than	 		
•	_ ·	sted above, who received more than	1		
\$100,000 of compensation from the orga	inization			000 //	0010
			rorm	990 (2	2010)
12-31-18	•				
	8	D		- 4	-
213 796873 6854	2018.05000 DEV	ILLE PLACE	685	4	1

c Total from continuation sheets to Part VII, Section A

1b Sub-total

d Total (add lines 1b and 1c)

	(A) Name and business address				
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those li	sted above) who received more than	i	

14141213 796873 6854

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Grants 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c Girts, d Related organizations 1d Government grants (contributions) <u>1e</u> f All other contributions, gifts, grants, and 115,875 similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f Business Code 531110 Program Service 2 a RENTS All other program service revenue 73,740 y Total, Add lines 2a-2f Investment income (including dividends, interest, and 126 126 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties . (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Pevenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total, Add lines 11a-11d 189,741 73,866 0. 0. Total revenue See instructions Form 990 (2018)

Form 990 (2018) DEVILLE PLACE 63-0879399 Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) 25,863. 14,817. 11,046. Management Legal 4,350. 4,350. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,259. 1,259 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 27,677. 27,677. 20 Interest Payments to affiliates 21 7,586. 7,586. 22 Depreciation, depletion, and amortization 3,981 3,981 23 Insurance 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 32,805. 32,805 UTILITIES 26,385 26,385. OPERATING & MAINTENANCE 17,464 17,464. ADMINISTRATIVE RENT FRE C e All other expenses 147,370. 114,510. 32,860 Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720) Form 990 (2018)
Part X | Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part X		_	
	Check if Schedule O contains a response or note to any line in this Part X	(A)	\Box	(B)
		Beginning of year		End of year
1	Cash · non-interest-bearing	2,663.	1	20,502
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	98.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under]]	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		.	
2	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10				
	basis Complete Part VI of Schedule D 10a 677, 429.			
	b Less accumulated depreciation 10b 603, 241.	81,774.	10c	74,188
11	Investments - publicly traded securities		11	
12	Investments · other securities See Part IV, line 11		_12	
13	Investments · program-related See Part IV, line 11		_13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	71,926.	15	75,558
16	Total assets. Add lines 1 through 15 (must equal line 34)	156,461.	16	170,248
17	Accounts payable and accrued expenses	9,125.	17	8, <u>884</u>
18	Grants payable		_18	
19	Deferred revenue	99.	19	605
20	Tax-exempt bond liabilities		_20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3 22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons			····
<u> </u>	Complete Part II of Schedule L	216 121	22	
23	Secured mortgages and notes payable to unrelated third parties	316,481.	_23	288,454
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	F 262		4 541
İ	Schedule D	5,363.	_	4,541
26		331,068.	_26	302,484
}	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
}	complete lines 27 through 29, and lines 33 and 34.	174 607		122 226
27 28 29 30 31 31 32	Unrestricted net assets	-174,607.	27	-132,236
28	Temporarily restricted net assets		28	
29	· · · · · · · · · · · · · · · · · · ·	<u> </u>	29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	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 equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	-174,607.	32	_132 226
33	Total net assets or fund balances	156,461.	33	-132,236 170,248
34	Total liabilities and net assets/fund balances		34	Form 990 (201

Form	1 990 (2018) DEVILLE PLACE	63 <u>-0</u> 8'	79399	_Pag	_{je} 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	189 147					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1	_ 3			71.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	174	.,6	07.			
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	-132	2.	<u> 36.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			- 1	- 1			
	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		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1			
	separate basis, consolidated basis, or both				}			
	Separate basis Consolidated basis Both consolidated and separate basis			أنسا]			
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			Į			
	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	e audıt,	1		•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	\rightarrow				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	-					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit						
	Act and OMB Circular A-133?		3a	\rightarrow	<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		1				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form 9	990 (2	2018)			

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			LLE PLACE					6	<u> 3-0879399</u>		
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instructions	3			
The	organ	zation is not a private found	dation because it is	For lines 1 through 12,	check only	one box)	1				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(ı).	-	19		
2		A school described in sect	ion 170(b)(1)(A)(II). (Attach Schedule E (Forr	n 990 or 9	90-EZ))		() [
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)	(iiı). Enter	the hospital's name,		
		city, and state									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınıt descrit	ped in		
		section 170(b)(1)(A)(iv). (0	Complete Part II)								
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A))(v).				
7		An organization that norma	ılly receives a substa	ntial part of its support	from a gov	ernmenta	l unit or from tl	ne general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)								
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	tII)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of	the colleg	e or		
		university									
10	X	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions.	and (2) no	more tha	ın 33 1/3% of	ts suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975		
		See section 509(a)(2). (Con	mplete Part III)								
11	\sqsubseteq	An organization organized a	and operated exclus	vely to test for public sa	afety See:	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 5	09(a)(3). ⁽	Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	nplete line:	s 12e, 12f, and	l 12g `			
а	L	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	ganızatıon(s), t	ypically by	giving giving		
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting		
		organization You must o	•								
b	<u> </u>	Type II. A supporting org	-				_				
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported		
	_	organization(s) You mus	•			_		_			
С	L	Type III functionally inte	•					ly integrat	ed with,		
		its supported organizatio		•							
d	L.	Type III non-functionally									
		that is not functionally int	-	•	•			an attent	iveness		
	_	requirement (see instruct	•	•				U T oma III			
е	L	Check this box if the orga					a type i, type	п, туре п			
	Cata	functionally integrated, or		nally integrated support	ing organiz	zation					
T		r the number of supported on the the following information	•	d organization(s)							
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	•	organization	, ,	(described on lines 1-10 above (see instructions))	Yes	No No	support (see in	structions)	support (see instructions)		
				above (see instructions))				_			
							ł				
							-				
											
_											

832022 10-11-18

Frivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EŽ) 2018

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

Se	ction A. Public Support	elow, please comp	olete Part II)				
	_ 	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(e) 2018	(O Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
'	membership fees received (Do not						
	include any "unusual grants ")	179,272.	191 503	182 688	180,965.	100 615	914,133.
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	119,212.	101,393.	102,000.	100,703.	109,013.	714,133.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				1		1
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	179,272.	181,593.	182,688.	180,965.	189,615.	914,133.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received			-			0.
_	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) etion B. Total Support						914,133.
Cale	ndar year (or fiscal year beginning in) ➤ 🛭	(a) 2014_	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	179,272.	181,593.	182,688.	180,965.	189,615.	914,133.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12.	_ 11.	50.	86.	126.	285.
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	12.	11.	50.	86.	126.	285.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	179,284.	181,604.	182,738.	181,051.	<u>189,741.</u>	914,418.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organız	ation,
	check this box and stop here		_ ,				<u> </u>
Sec	tion C. Computation of Publi	c Support Per	rcentage			 	
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, o	column (f))	_	15	99.97 %
	Public support percentage from 2017					16	<u>99.98 %</u>
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.03 %
	Investment income percentage from 2				Ĺ	18	.02 %
19a	33 1/3% support tests - 2018. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						▶ X
	line 18 is not more than 33 1/3%, chec						ightharpoons
	Private foundation. If the organization						▶ □

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 (as 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		ئــــا
	2_		
	3a		
	3b	 	
ļ	3c		
	4a		
	4b		<u> </u>
	4c		
	<u>5</u> a		
	5b		ز
	5c		
	6		
	7		
	8		
	9a		
	9b		
}	9c		
	 10a	- =	
	10b		
	20 or 99	0-EZ\	2018

8	Minimum Asset Amount (add line 7 to line 6)		
Sect	tion 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-function	nally integrated Type III su	pporting organization (see

6

7

Schedule A (Form 990 or 990-EZ) 2018

5

6

Multiply line 5 by 035

instructions)

Recoveries of prior-year distributions

га	TV 1 Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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 to	he organization is responsive	е	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6		<u>- </u>	
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	,		
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013	•		
b	From 2014			
С	From 2015	••		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u>'</u>
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount			
C	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h	,		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			[
	and 4c			
8	Breakdown of line 7		 	
	Excess from 2014			
b	Excess from 2015			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

SCHEDULE D

(Form 990).

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	DEVILLE PLACE	I Ford and Other Circles Fords	1 63-08/9399
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	20
u	listed in the National Register	and 1725/00, and not on a motorio structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	
3	year	neased, extinguished, or terminated by the organ	The tax
4	Number of states where property subject to conservation ea	sement is located	
4			
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, flatiding of violations, and emorcing conservat	ion easements during the year
_		dina of welstions and enforcing companiation of	accompanie di was the ves
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conservation e	asements during the year
_	Data sach separation secured an line 2/d\ sha	us satisfy the requirements of postion 170/b)/4)//	D)(i)
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(f)(4)(i	Yes No
_	and section 170(h)(4)(B)(ii)?	the accompanie in its revenue and evenues state	
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	ganization's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
Га	Complete if the organization answered "Yes" on Form		Olimai Assets.
			and balance about walls of aid
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		r public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
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 public se	ervice, 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		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		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

	edule D (Form 990) 2018 DEVILLE									Page 2
Pa	rt III Organizations Maintaining C	collections of A	<u>rt, Histe</u>	<u>orical Tr</u>	easures, o	or Oth	<u>er Simil</u>	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	, <u> </u>	oan or exc	hange progra	ams				
b	Scholarly research	•	. 🔲 c	ther						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organızatı	on's exe	mpt purp	ose in Parl	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	sets not	included		_	
	on Form 990, Part X?								⅃ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing ta	ble.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						_1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	ount liabi	lity?		Yes	Щ No
	If "Yes," explain the arrangement in Part XIII									
Pai	rt V Endowment Funds. Complete	f the organization ar	swered "	Yes" on Fo	rm 990, Part					
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				<u> </u>				ļ	
b	Contributions									
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships									
е	Other expenditures for facilities					ļ				
	and programs								<u> </u>	
f	Administrative expenses				·					
g	End of year balance				l				L	
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	, column (a	ı)) held as [.]					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administe	red for t	he organı	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	inds						
Par	rt VI _ Land, Buildings, and Equipm									
_	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990), Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumulate		(d) Book	value
		basis (investr		basis	(other)	de	preciation			
1a	Land		934.							,934 <u>.</u>
b	Buildings	636,	495.				<u>503,2</u>	41.	33	,254.
С	Leasehold improvements									
d	Equipment									
_e	Other									
Γotal	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X, colu <u>m</u> r	<u>1 (B), line 1</u>	0c) .				74	<u>.,188.</u>

Schedule D (Form 990) 2018

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) 2018

(5) (6)(7) (8) (9)

4,541

_	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever		79399 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		ide per rietarri.	
1	Total revenue, gains, and other support per audited financial statements	0 124	1	189,741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		 -'- -	105,741.
a	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	189,741.
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		
b	Other (Describe in Part XIII)	4b		_
С	Add lines 4a and 4b		4c	0.
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Sta	stomonto With Evno	5 Sturn	189,741.
Pa			inses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a		147,370.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	147,370.
2	Donated services and use of facilities	2a		
a b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	<u></u>	2e	0.
3	Subtract line 2e from line 1		3	147,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	46		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	<u>147,370.</u>
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		Part V, line 4, Part X, li	ne 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional information		
			_ _	
		-		
	<u> </u>			
				
		-		
B3205	4 10-29-18		Schedule	D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

DEVILLE PLACE	<u> </u>
FORM 990, PART VI, SECTION B, LINE 11B:	
THE GOVERNING BODY REVIEWS THE TAX RETURN PRIOR TO FILIN	G
	-
FORM 990, PART VI, SECTION C, LINE 19:	
BY PUBLIC REQUEST	
	-
<u> </u>	
	
	·

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

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

(g) Section 512(b)(13) ž Employer identification number controlled entity? Direct controlling Yes 63-0879399 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total income Exempt Code 9 ► Go to www.irs.gov/Form990 for instructions and the latest information. section Ð Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity DEVILLE PLACE Name, address, and EIN (if applicable) Name, address, and EIN of related organization - 63-0810660 of disregarded entity Name of the organization 940 MONTCLAIR ROAD HORZON HOMES INC. Department of the Treasury Internal Revenue Service

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

LOW INCOME HOUSING

OW INCOME HOUSING

Schedule R (Form 990) 2018

×

501(C)(3)

LOW INCOME HOUSING

LOW INCOME HOUSING

CRESTLINE HOMES - 63-0955727

BIRMINGHAM, AL 35213

940 MONTCLAIR ROAD

VERA HOUSE - 63-0877111

BIRMINGHAM, AL 35213

Part II

GREENWOOD HOMES - 58-1992657

BIRMINGHAM, AL 35213

940 MONTCLAIR ROAD

BIRMINGHAM, AL 35213

940 MONTCLAIR ROAD

×

×

501(C)(3)

501(C)(3)

501(C)(3)

63_0879399

DEVILLE PLACE

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(6)	(4)	(3)	₹	10)	9	3
Name address and EIN	Primary activity	i enal domicile (state or	Exempt Code	Public chanty	Oract controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entity	controlled organization?
				501(c)(3))		Yes
CARSON PLACE - 31-1648231						
940 MONTCLAIR ROAD						
BIRMINGHAM, AL 35213	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	:		×
						-
						-
				-		
	Γ-					
	Τ					
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	-					
	T					
				-		

63-0879399 Page 2

4,

Schedule R (Form 990) 2018 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 organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ϵ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicite
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related in a corporation or trust during the tax year

1		_1		!		l		ı		l	
Ξ	Section 512(b)(13) controlled entity?	Yes No								<u> </u>	
-	512 Solution	Yes									
(£)	ge p										
(6)	Share of end-of-year	922613				<u> </u>					
(£)	Share of total income										
(e)	Type of entity (C corp, S corp,	O mast									
(p)	Direct controlling entity										
(0)	Legal domicile (state or foreign	country)									
(p)	Primary activity										
(q) (e)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2018

832162 10-02-18

Page 3

414

Schedule R (Form 990) 2018 DEVILLE PLACE

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	S S
	s with one of more rei	ated organizations listed	in Pans II:1V	-	>
				2 4	\
b Gill, grafit, of capital contribution to related organization(s)				2	4 :
 Giff, grant, or capital contribution from related organization(s) 				၁	×
d Loans or loan guarantees to or for related organization(s)				9	×
e Loans or loan guarantees by related organization(s)				1	×
f Dividends from related organization(s)				4	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				1h	X
i Exchange of assets with related organization(s)				1;	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				ᅷ	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ţ	×
 Sharing of paid employees with related organization(s) 				10	×
p Reimbursement paid to related organization(s) for expenses				1p A	+
q Reimbursement paid by related organization(s) for expenses				19	×
					;
				-	4
,,				18	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	/olved	
	(S B) 2d()				
(1) JBS MENTAL HEALTH	വ	0.	0.ACTUAL AMOUNT PAID		
(2)					
(3)					
(4)					
(5)					
197					
	20		- Cimporto	Schodule D (Earm 000) 2040	00,00
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Schedule R (Form 990) 2018 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

age	1]]	318
(k) ercent owners								990) 2 ₁
(j) Deral or P Deral or P Deral or P Deral or P Deral or P Deral or P Deral or P Deral or P Deral or P								orm
General or partner?								e R (F
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No.								Schedule R (Form 990) 2018
Disproportional dispragators								
(g) Share of end-of-year assets								
Share of total		}			•			
Are all partners sec 501(c)(3) orgs 7								
d de la ser la s				<u>-</u>			 	
(d) Predominant income particulated, unrelated, excluded from tax undersections 512-514)		;						
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

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