		-	TO MAY 15, 2		. .	OMB No. 1545-0047
-	Q	ON Return of Organizat				
Forr	Form YYU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations Do not enter social security numbers on this form as it may be made public.					
		of the freasury -		-		Open to Public Inspection
-					UN 30, 2018	Inspection
	heck if			chang 0	D Employer identific	ation number
D a	pplicab	ENCORE WEST RESIDENCE HOUS	TNG			
	Addre					
	Name				16-16	565310
	Initial	N I I I I I I A DO have if we it is not delivered to	o street address)	Room/suite	E Telephone number	
	 	239 W 49TH STREET	,			581-2910
	termi ated		oreign postal code		G Gross receipts \$	832,005.
	Amer		-		H(a) Is this a group ret	turn
	Appli tion	F Name and address of principal officer: U EREFIT	KAPLAN		for subordinates?	? Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinates inc	cluded? Yes No
		xempt status: X 501(c)(3) 501(c) () () (ins			If "No," attach a I	ist. (see instructions)
_		ite: ENCORECOMMUNITYSERVICES.OR			H(c) Group exemption	
		f organization: X Corporation Trust Associatio	n 🔄 Other 🕨	L Year	of formation: 2003 M	State of legal domicile: NY
Pa	nrt I	Summary				
e	1	Briefly describe the organization's mission or most signific LOW-INCOME SENIORS.	ant activities: SUPP	ORTIVE	HOUSING FOR	VERI
Governance	_		ita anarationa ar diana	and of more	than 05% of its not ass	
/err	2 3	Check this box Number of voting members of the governing body (Part VI				9 g
g	3 4	Number of independent voting members of the governing body (Part Vi	8			
8	4 5	Total number of individuals employed in calendar year 201				2
ties	6					11
Activities &		Total unrelated business revenue from Part VIII, column (C) line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, I				0.
					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			0.	0.
Revenue	9				846,529.	825,088.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 70	d)		758.	842.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)		5,218.	6,075.
	12	Total revenue - add lines 8 through 11 (must equal Part VI	II, column (A), line 12)		852,505.	832,005.
	13	Grants and similar amounts paid (Part IX, column (A), lines	; 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX,			106,492.	113,787.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e))		0.	0.
đx		Total fundraising expenses (Part IX, column (D), line 25)	▶	0.	0.6.6 0.00	0.05 80.0
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			966,279.	985,702.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colur			1,072,771.	1,099,489.
	19	Revenue less expenses. Subtract line 18 from line 12			-220,266.	-267,484.
ts or inces	~	Tatal accests (Davit V, line 10)			ginning of Current Year 10,909,457.	End of Year 10,652,267.
et Assets	20	Total assets (Part X, line 16)			143,126.	153,420.
√let / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			10,766,331.	10,498,847.
Pa	rt II				<u></u>	10,10,010
		alties of perjury, I declare that I have examined this return, includin	g accompanving schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
	-	ct, and complete. Declaration of preparer (other than officer) is bas				
Sigr	า	Signature of officer			Date	
Her		▶ JEREMY KAPLAN, EXECUTIVE D	IRECTOR			
		Type or print name and title				

Paid	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date Check PTIN o1/10/19 self-employed P00543209			
Preparer	Firm's name FKF O'CONNOR DAV	IES, LLP	Firm's EIN ► 27-1728945			
Use Only	Firm's address 565 FIFTH AVENUE					
	NEW YORK, NY 100	22	Phone no. $212 - 286 - 2600$			
May the IRS discuss this return with the preparer shown above? (see instructions)						

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	ENCORE WEST RESIDENCE HOUSING	
	1 990 (2017) DEVELOPMENT FUND CORPORATION 16-10 rt III Statement of Program Service Accomplishments	665310 Page 2
I UI	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u></u>
•	TO DEVELOP, CONSTRUCT, AND OPERATE HOUSING AND RELATED FACILI	FIES FOR
	VERY LOW INCOME SENIOR CITIZENS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	
	revenue, if any, for each program service reported.	r expensed, and
4a		825,088.)
	THE HOUSING AND RELATED FACILITIES CONSIST OF 84 UNITS OF HOUS	SING,
	WHICH ARE ELIGIBLE FOR HUD SECTION 8 RENTAL ASSISTANCE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,011,315.	
		Form 990 (2017)
732002	2 11-28-17 2	

09210110 756359 1361101.001

2017.05020 ENCORE WEST RESIDENCE HOU 13611011

16-1665310 Page 3	1	L6-	16	65	31	0	Page 3
-------------------	---	-----	----	----	----	---	--------

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
U		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-		4		х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
e		TTe	Δ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		х
	Complete Concerned No. 1 Mit III			

Form 990 (2017)

732003 11-28-17

Form 990 (2017)

16-	-16	65310	Page 4

Pa	rt IV Checklist of Required Schedules (continued)		-	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? 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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				
	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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			
	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

732004 11-28-17

Form 990 (2017)

Form	990 (2017) DEVELOPMENT FUND CORPORATION t V Statements Regarding Other IRS Filings and Tax Compliance	16-1665	5310	Р	age 5	
Fai	Check if Schedule O contains a response or note to any line in this Part V					
			<u></u>			
			·	Yes	No	
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6	-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and m					
	(gambling) winnings to prize winners?		1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned		2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
			3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X	
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X	
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h			
8						
	sponsoring organization have excess business holdings at any time during the year?		8			
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b	Did the second size in the second second second second second size and second second second second second second		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · ·				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a			
-	Note. See the instructions for additional information the organization must report on Schedule O.					
h	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	13b				
с	Enter the amount of reserves on hand	13c				
			14a		x	
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu		14b		<u> </u>	
			1.10			

Form **990** (2017)

732005 11-28-17

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

Section A. Governing Body and Management

persons other than the governing body?

Form 990 (2017)

6

8

b

9

732006 11-28-17					
09210110	756359	1361101.001			

Own website

19

X Another's website

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.

16-1665310

Page 6

X

Х

Х

Х

Yes No

6 X

7a

7b

8a

8b

Х

Х

1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?					
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?				Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		

Did the organization have members or stockholders?

more members of the governing body?

Each committee with authority to act on behalf of the governing body?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body?

	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		Х
	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	
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	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b		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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	available)	
	for public inspection. Indicate how you made these available. Check all that apply.			

 X
 Upon request
 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia
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:								
	P & L MANAGEMENT - 845-277-4430								
	P.O. BOX 9, ROUTE 22, BREWSTER, NY 10509-0009								

Form **990** (2017)

6

Form 990 (2		16-1665310	Page 7							
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated								
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."

ENCORE WEST RESIDENCE HOUSING DEVELOPMENT FUND CORPORATION

• 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.

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

hours per week hours per week to not more more than one bicer and a detector transee organizations organizations per per per per per per per per per per	(A)	(B)				C)			(D)	(E)	(F)
hours per week (list any hours for genization below box, unless person is both an incert and affectivitation from genization below compensation from genization genization (W-2/1099-MISC) amou other organization (W-2/1099-MISC) amou other organization (W-2/109-MISC) amou other organization (W-2/109-MISC) amou other organization (W-2/109-MISC) amou	Name and Title		do not check more than one					one	-		Estimated
Image: Note of the second s		· ·					s both	n an	· ·		amount of
(1) EDWARD REIGADAS 1.00 X X 0. 0. PRESIDENT 2.00 X X 0. 0. (2) CAROL O'ROURKE 1.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X 0. 0. 0. DIRECTOR/EXE. DIRECTOR THEU 6/30/18 36.00 X 0. 0. 0. (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. 0. (9) JOSEPH STROLA 1.00 X 0. 0. 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 0. 0. 0. 0. 0. 0. <											other compensation
(1) EDWARD REIGADAS 1.00 X X 0. 0. PRESIDENT 2.00 X X 0. 0. (2) CAROL O'ROURKE 1.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X X 0. 0. DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. 0. (9) JOSEPH SIROLA 1.00 X 0. 0. 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 0. 0. 0. 0. 0. 0. <			direc				B				from the
(1) EDWARD REIGADAS 1.00 X X 0. 0. PRESIDENT 2.00 X X 0. 0. (2) CAROL O'ROURKE 1.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X X 0. 0. DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. 0. (9) JOSEPH SIROLA 1.00 X 0. 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 0. 0. 0. (11) LILLIAN MCNAMARA SR 1.00		related	tee or	ustee			bensati		(W-2/1099-MISC)		organization
(1) EDWARD REIGADAS 1.00 X X 0. 0. PRESIDENT 2.00 X X 0. 0. (2) CAROL O'ROURKE 1.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X X 0. 0. DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. 0. (9) JOSEPH SIROLA 1.00 X 0. 0. 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 0. 0. 0. 0. 0. 0. <			al trus	nal tr		loyee	e				and related
(1) EDWARD REIGADAS 1.00 X X 0. 0. PRESIDENT 2.00 X X 0. 0. (2) CAROL O'ROURKE 1.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X X 0. 0. DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. 0. (9) JOSEPH SIROLA 1.00 X 0. 0. 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 0. 0. 0. 0. 0. 0. <			ndividu	n stit utic	Officer	key emp	Highest	ormer			organizations
(2) CAROL O'ROURKE 1.00 X X 0. 0. VICE PRESIDENT 2.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 X X 0. 0. DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. (9) JOSEPH SIROLA 1.00 X 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. <td>(1) EDWARD REIGADAS</td> <td>1.00</td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td>	(1) EDWARD REIGADAS	1.00		_				_			
VICE PRESIDENT 2.00 X X 0. 0. (3) WILLIAM K. FLYNN 1.00 1.00 . <td>PRESIDENT</td> <td>2.00</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	PRESIDENT	2.00	Х		Х				0.	0.	0.
(3) WILLIAM K. FLYNN 1.00 X X 0. 0. TREASURER THRU 6/30/18 2.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 0. 0. 131,046. 17, (6) PETER D. FITZPATRICK 1.00 0. 0. 0. 0. (7) JULIUS LANG 1.00 0. 0. 0. 0. (7) JULIUS LANG 1.00 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 0. 0. 0. 0. 0. 0. (9) JOSEPH SIROLA 1.00 2.00 X 0. 0. 0. 0. (10) SONAL SHAH 1.00 2.00 X 0. 0. 0. 0. (11) LILLIAN MCNAMARA SR 1.00 0. 0. 0. 0	(2) CAROL O'ROURKE	1.00									
TREASURER THRU 6/30/18 2.00 X X 0. 0. (4) LORI RAIMONDO 1.00 X X 0. 0. SECRETARY 2.00 X X 0. 0. 0. (5) ELIZABETH HASSELT, OP 1.00 0. 0. 131,046. 17, DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 0. 0. 0. (6) PETER D. FITZPATRICK 1.00 0. 0. 0. 0. 0. 0. (7) JULIUS LANG 1.00 0.	VICE PRESIDENT		Х		Х				0.	0.	0.
(4) LORI RAIMONDO 1.00 X X 0.0.0. SECRETARY 2.00 X X 0.0.0. (5) ELIZABETH HASSELT, OP 1.00 0.131,046.17, DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0.131,046.17, (6) PETER D. FITZPATRICK 1.00 0.0.0. 0.0.0. DIRECTOR THRU 6/30/19 2.00 X 0.0.0. (7) JULIUS LANG 1.00 0.0.0. 0.0.0. (8) KENDALL MESSICK 1.00 0.0.0. 0.0.0. DIRECTOR THRU 6/30/19 2.00 X 0.0.0.0. (9) JOSEPH SIROLA 1.00 0.0.0. 0.0.0. DIRECTOR THRU 6/30/19 2.00 X 0.0.0.0. (10) SONAL SHAH 1.00 0.0.0. 0.0.0. (10) LILLIAN MCNAMARA SR 1.00 X 0.106,522.38,	(3) WILLIAM K. FLYNN	1.00									
SECRETARY 2.00 X X 0. 0. (5) ELIZABETH HASSELT, OP 1.00 0. 0. 131,046. 17, DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 131,046. 17, (6) PETER D. FITZPATRICK 1.00 0. 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 0. 0. 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 0.	TREASURER THRU 6/30/18		Х		Х				0.	0.	0.
(5) ELIZABETH HASSELT, OP 1.00 DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 131,046. 17, (6) PETER D. FITZPATRICK 1.00 X 0. 0. 131,046. 17, DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. 17, DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. 0. (7) JULIUS LANG 1.00 X 0. 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. (8) KENDALL MESSICK 1.00 X 0.	(4) LORI RAIMONDO										
DIRECTOR/EXE. DIRECTOR THRU 6/30/18 36.00 X 0. 131,046. 17, (6) PETER D. FITZPATRICK 1.00 0. 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. (7) JULIUS LANG 1.00 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. (8) KENDALL MESSICK 1.00 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. (9) JOSEPH SIROLA 1.00 0. 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. 0. (10) SONAL SHAH 1.00 X 0. 106,522. 38, (11) LILLIAN MCNAMARA SR 1.00 X 0. 106,522. 38,	SECRETARY		Х		Х				0.	0.	0.
(6) PETER D. FITZPATRICK 1.00 0.00 DIRECTOR THRU 6/30/19 2.00 X 0.00 (7) JULIUS LANG 1.00 0.00 0.00 DIRECTOR 2.00 X 0.00 0.00 (8) KENDALL MESSICK 1.00 0.00 0.00 0.00 DIRECTOR 2.00 X 0.00 0.00 0.00 (9) JOSEPH SIROLA 1.00 0.00 0.00 0.00 0.00 DIRECTOR THRU 6/30/19 2.000 X 0.00 0.00 0.00 (10) SONAL SHAH 1.00 X 0.00 0.00 0.00 0.00 (11) LILLIAN MCNAMARA SR 1.00 X 0.00 106,522.38 38	(5) ELIZABETH HASSELT, OP										
DIRECTOR THRU 6/30/19 2.00 X 0. 0. (7) JULIUS LANG 1.00 0. 0. DIRECTOR 2.00 X 0. 0. (8) KENDALL MESSICK 1.00 0. 0. DIRECTOR 2.00 X 0. 0. (9) JOSEPH SIROLA 1.00 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. (10) SONAL SHAH 1.00 0. 0. CONTROLLER 36.00 X 0. 106,522.	DIRECTOR/EXE. DIRECTOR THRU 6/30/18		Х						0.	131,046.	17,445.
(7) JULIUS LANG 1.00 0. 0. DIRECTOR 2.00 X 0. 0. (8) KENDALL MESSICK 1.00 X 0. 0. DIRECTOR 2.00 X 0. 0. (9) JOSEPH SIROLA 1.00 0. 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. (10) SONAL SHAH 1.00 X 0. 106,522. 38, (11) LILLIAN MCNAMARA SR 1.00 X 0. 106,522. 38,											
DIRECTOR 2.00 X 0. 0. (8) KENDALL MESSICK 1.00 0. 0. DIRECTOR 2.00 X 0. 0. (9) JOSEPH SIROLA 1.00 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. (10) SONAL SHAH 1.00 0. 0. (10) SONAL SHAH 1.00 X 0. 106,522. (11) LILLIAN MCNAMARA SR 1.00 0. 0. 0.			Х						0.	0.	0.
(8) KENDALL MESSICK 1.00 0.0.0 DIRECTOR 2.00 X 0.0.0.0 (9) JOSEPH SIROLA 1.00 0.0.0 DIRECTOR THRU 6/30/19 2.00 X 0.0.0.0 (10) SONAL SHAH 1.00 0.0.0.0 CONTROLLER 36.00 X 0.106,522.38,											
DIRECTOR 2.00 X 0. 0. (9) JOSEPH SIROLA 1.00 0. 0. DIRECTOR THRU 6/30/19 2.00 X 0. 0. (10) SONAL SHAH 1.00 0. 0. CONTROLLER 36.00 X 0. 106,522. 38,			Х						0.	0.	0.
(9) JOSEPH SIROLA 1.00 DIRECTOR THRU 6/30/19 2.00 X (10) SONAL SHAH 1.00 CONTROLLER 36.00 (11) LILLIAN MCNAMARA SR 1.00											
DIRECTOR THRU 6/30/19 2.00 X 0. 0. (10) SONAL SHAH 1.00 . . . CONTROLLER 36.00 X 0. 106,522. 38, (11) LILLIAN MCNAMARA SR 1.00 			Х						0.	0.	0.
(10) SONAL SHAH 1.00 X 0. 106,522. 38, (11) LILLIAN MCNAMARA SR 1.00 38,											
CONTROLLER 36.00 X 0. 106,522. 38, (11) LILLIAN MCNAMARA SR 1.00 38, 38, 38, 38,			Х						0.	0.	0.
(11) LILLIAN MCNAMARA SR 1.00										100 500	
					X				0.	106,522.	38,696.
DIRECTOR OF OPERATIONS 36.00 X 0. 101,689. 15,										101 000	
	DIRECTOR OF OPERATIONS	36.00			X				0.	101,689.	15,977.
			-	-			-				
			-								
			1								Form 990 (2017

732007 11-28-17

Form 990 (2017)

09210110 756359 1361101.001

2017.05020 ENCORE WEST RESIDENCE HOU 13611011

7

ENCORE WI									1 - 1	C C F '	10	_	0
Form 990 (2017) DEVELOPMI Part VII Section A Officers Directors Trus									16-1	0053	510	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(B) (C) Average hours per do not check more box, unless person is						(D) Reportable compensation from	(E) (E) Reportable compensation from related				
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	organization (W-2/1099-MI	is	com fro orga and	oensa om the anizat I relate nizatie	e ion ed
1b Sub-total c Total from continuation sheets to Part VI	I, Section A							0.	339,2	0.			18.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th) wh	> re	-	339,2 000 of reportable			2,1	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			-	•			•		ſ	3	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors											5		Х
Complete this table for your five highest co the organization. Report compensation for										pensati	ion fro	m	
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
ALLIED BARTON 229 WEST, NEW YORK, NY 10	019							GUARD SERVIC	ES		151	L,0:	15.
2 Total number of independent contractors (in \$100,000 of compensation from the organi	-	ot lin	niteo	d to f	thos 1	se list	ted	above) who received mo	ore than				

732008 11-28-17

ENCORE	WEST	RESIDENC	ΞE	HC	USIN	G

Form 990 (2017) DEVELOPMENT FUND CORPORATION

1 u	1	Check if Schedule O conta		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
nts Its	1 a	Federated campaigns	<u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, (Am	С	Fundraising events						
Gifi İlar	d	Related organizations						
ns, Simi	е	Government grants (contributi						
utio er S	f	All other contributions, gifts, gran						
Oth		similar amounts not included abov						
ont nd (g	Noncash contributions included in lines						
<u>0</u> a	<u> </u>	Total. Add lines 1a-1f						
	0.0	RENTAL INCOME		Business Code 531110	825,088.	825,088.		
vice	z a b			331110	025,000.	023,000.		
Program Service Revenue	c							
m S	d							
Be	e							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			825,088.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	842.			842.
	4	Income from investment of tax		-				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	(i) Securities					
	7 a	Gross amount from sales of assets other than inventory	(I) Securities	(ii) Other				
	h	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		>				
		Gross income from fundraising						
Other Revenue		including \$	of					
eve		contributions reported on line	1c). See					
sr R		Part IV, line 18	а					
Jth€	b	Less: direct expenses	b					
U		Net income or (loss) from fund	-	····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less						
	h	and allowances a b Less: cost of goods sold b						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	LAUNDRY	-	812300	5,591.			5,591.
	b	VE 6651 1 3 3 5 6 7 7		900099	484.			484.
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			6,075.			
	12	Total revenue. See instructions.		►	832,005.	825,088.	0.	
73200	9 11-28	-17						Form 990 (2017)

9

ENCORE WEST RESIDENCE HOUSING Form 990 (2017) DEVELOPMENT FUND CORPORATION Part IX Statement of Functional Expenses

Sect					
0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	X
	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				
_	persons described in section 4958(c)(3)(B)	98,705.	98,705.		
7	Other salaries and wages	90,705.	90,705.		
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	8,711.	8,711.		
9	Other employee benefits	6,371.	6,371.		
10	Payroll taxes	0,371.	0,371.		
11	Fees for services (non-employees):	62 501		63,591.	
a	Management	<u>63,591.</u> 791.		791.	
b		19,550.		19,550.	
с	Accounting	19,550.		19,550.	
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,	171,706.	171,706.		
10	column (A) amount, list line 11g expenses on Sch 0.)	1/1,/00•	1/1,/00.		
12	Advertising and promotion	20,972.	16,730.	4,242.	
13 14	Office expenses Information technology	20,572.	10,750.		
14 15	F F				
15 16	Royalties Occupancy	285,120.	285,120.		
	Toront	205,120.	205,120.		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	345,287.	345,287.		
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 0.)				
а	REPAIRS AND MAINTENANCE	54,264.	54,264.		
b	BUILDING SUPPLIES	18,404.	18,404.		
c	ADMINISTRATIVE EXPENSE	4,164.	4,164.		
d	BAD DEBT	1,853.	1,853.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,099,489.	1,011,315.	88,174.	0
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

10

732010 11-28-17

09210110 756359 1361101.001

2017.05020 ENCORE WEST RESIDENCE HOU 13611011

Form 990 (2017)

	990 (2 t X	2017) DEVELOPMENT FUND CORPORATION Balance Sheet		<u>τρ-</u>	1665310 Page 1 1
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	31,262.	1	24,196.
	2	Savings and temporary cash investments	561,193.	2	600,491.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,777.	4	777.
	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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
×ّ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,506.	9	8,204
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a13,936,745.Less: accumulated depreciation10b3,950,340.			
	b	Less: accumulated depreciation 10b 3,950,340.	10,276,922.	10c	9,986,405
	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	30,797.	15	32,194
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,909,457.	16	10,652,267
	17	Accounts payable and accrued expenses	76,639.	17	113,116
	18	Grants payable	672	18	2 076
	19	Deferred revenue	673.	19	2,976
	20	Tax-exempt bond liabilities	30,797.	20	32,194
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	50,191.	21	52,194
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
bilit				22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	35,017.	25	5,134
	26	Total liabilities. Add lines 17 through 25	143,126.	26	5,134 153,420
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and 34.			
2Ce	27	Unrestricted net assets	10,766,331.	27	10,498,847
alar	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
n		Organizations that do not follow SFAS 117 (ASC 958), check here			
P.		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	10,766,331.	33	10,498,847
	34	Total liabilities and net assets/fund balances	10,909,457.	34	10,652,267

732011 11-28-17

	ENCORE WEST RESIDENCE HOUSING					
Form	990 (2017) DEVELOPMENT FUND CORPORATION	16-	16653	10	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				05.
2	Total expenses (must equal Part IX, column (A), line 25)	2				89.
3	Revenue less expenses. Subtract line 2 from line 1	3				84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,	766	5,3	31.
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	10,	498	3,8	47.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2017)

732012 11-28-17

SCHEDULE A	Public Cha	rity Status an	d Dublic 9	Support		OMB No. 1545-0047				
(Form 990 or 990-EZ)		blic Charity Status and Public Support ete if the organization is a section 501(c)(3) organization or a section								
		47(a)(1) nonexempt cha	2017							
Department of the Treasury Internal Revenue Service		Attach to Form 990 or F				Open to Public Inspection				
	► Go to www.irs.gov/Form990 for instructions and the latest information.				identification number					
Name of the organization ENCORE WEST RESIDENCE HOUSING DEVELOPMENT FUND CORPORATION						6-1665310				
	0-1003310									
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 										
 A school described in section 170(b) (1(A)(ii). (Attach schedule E (Form 990 of 990-E2).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 										
)(iii). Enter	the hospital's name.				
4 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:										
5 An organization operated	for the benefit of a co	llege or university owned	or operated by a	governmental u	nit describe	ed in				
section 170(b)(1)(A)(iv).	(Complete Part II.)									
6 A federal, state, or local g	government or governn	nental unit described in	section 170(b)(1)	(A)(v).						
7 An organization that norr	mally receives a substa	ntial part of its support fr	om a government	al unit or from t	he general p	oublic described in				
section 170(b)(1)(A)(vi).	(Complete Part II.)									
8 A community trust descr			-							
9 An agricultural research o	-			-	-	-				
or university or a non-lan	d-grant college of agric	ulture (see instructions).	Enter the name, c	ity, and state of	the college	or				
university: 10 X An organization that norr	mally reactives. (1) mare	then 22 1/20/ of its our	art from contribu	tiono momboro	hin face on	d areas ressints from				
10 X An organization that norr activities related to its ex										
income and unrelated bu						-				
See section 509(a)(2). (0					gamzation a					
11 An organization organize		vely to test for public sat	ety. See section	509(a)(4).						
12 An organization organize	-	•	-		arry out the	purposes of one or				
more publicly supported	organizations describe	d in section 509(a)(1) o	r section 509(a)(2	2). See section	509(a)(3). C	Check the box in				
lines 12a through 12d the	at describes the type o	f supporting organizatior	and complete lin	es 12e, 12f, and	d 12g.					
a Type I. A supporting o	rganization operated, s	upervised, or controlled	by its supported of	organization(s), t	ypically by o	giving				
		gularly appoint or elect a	majority of the di	rectors or truste	es of the su	pporting				
organization. You mus	•									
	•	l or controlled in connect		-		-				
organization(s). You m		anization vested in the sa	ime persons that	control or mana	ge the supp	οσπεα				
	•	g organization operated	in connection with	and functiona	llv integrate	d with				
). You must complete F			ny intograto	a mai,				
		porting organization oper			rted organiz	ation(s)				
that is not functionally	integrated. The organiz	ation generally must sati	sfy a distribution	requirement and	d an attentiv	reness				
requirement (see instru	ictions). You must cor	nplete Part IV, Sections	A and D, and Pa	rt V.						
e Check this box if the o	rganization received a	written determination from	m the IRS that it is	s a Type I, Type	II, Type III					
		nally integrated supportir	ng organization.			[]				
f Enter the number of supporter	•									
g Provide the following informat (i) Name of supported	ion about the supporte (ii) EIN	d organization(s).	(iv) Is the organization list	d (v) Amount o	f monetary	(vi) Amount of other				
organization	(,	(described on lines 1-10	in your governing documer Yes No	support (see i	,	support (see instructions)				
		above (see instructions))								
Total										
Total LHA For Paperwork Reduction Ac	t Notice, see the Instr	uctions for Form 990 or	990-EZ. 732021	10-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017				

ENCORE WEST RESIDENCE HOUSING MENT FIIND CORDORATION

	A (Form 990 or 990-EZ) 2017					16-1665
Part II	Support Schedule for	or Organizations D	escribed	in Sections	170(b)(1)(A)(iv) ar	nd 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.)

See	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2017 (li		•			14	%
	Public support percentage from 2016					15	%
16 a	33 1/3% support test - 2017. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			▶∟
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s >
					0.1	edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

09210110 756359 1361101.001

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT FUND CORPORATION 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	698,177.	701,400.	699,760.	846,529.	825,088.	3770954.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	698,177.	701,400.	699,760.	846,529.	825,088.	3770954.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
b	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						3770954.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	698,177.	701,400.	699,760.	846,529.	825,088.	3770954.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	899.	659.	707.	758.	842.	3,865.
b	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	899.	659.	707.	758.	842.	3,865.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	3,989.	4,475.	4,700.	5,218.	6,075.	24,457.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	703,065.	706,534.	705,167.	852,505.	832,005.	3799276.
	First five years. If the Form 990 is for		· · · · · · · · · · · · · · · · · · ·				
		0	, ,	, ,	5		, >
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (I			olumn (f))		15	99.25 %
	Public support percentage from 2016					16	99.27 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.10 %
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	.11 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	upported organiza	ation	X
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
73202	23 10-06-17				Sche	edule A (Form 990	or 990-EZ) 2017
			15				

09210110 756359 1361101.001

^{2017.05020} ENCORE WEST RESIDENCE HOU 13611011

ENCORE WEST RESIDENCE HOUSING Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT FUND CORPORATION

16-1665310 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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.)

16

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 DEVELOPMENT FUND CORPORATION	<u>16-1665310</u>) _{Pa}	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	i		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
~	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
000			Vee	No
	Mana a maintik, af tha a manipaki mia diwatana an twatana diwina tha tay, yang alar a maintik, af tha diwatana		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Read	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	uon D. An Type in Supporting Organizations	ſ		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	, (see instructions),		
2	Activities Test. Answer (a) and (b) below.	. ,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025		A (Form 990 or 99	0-F7)	2017
, 52020	Schedule P)	

17

09210110 756359 1361101.001

2017.05020 ENCORE WEST RESIDENCE HOU 13611011

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT FUND CORPORATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

	dule A (Form 990 or 990-EZ) 2017 DEVELOPMENT F			.6-1665310 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	1
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	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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 the	ne organization is responsive	1	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	,, _,			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
	·			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

ENCORE WEST RESIDENCE HOUSING Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT FUND CORPORATION

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

LAUNDRY			
2013 AMOUNT: \$	3,947.		
2014 AMOUNT: \$	4,309.		
2015 AMOUNT: \$	4,650.		
2016 AMOUNT: \$	4,677.		
2017 AMOUNT: \$	5,591.		
MISCELLANEOUS IN	NCOME		
2013 AMOUNT: \$	42.		
2014 AMOUNT: \$	166.		
2015 AMOUNT: \$	50.		
2016 AMOUNT: \$	541.		
2017 AMOUNT: \$	4.9.4		
732028 10-06-17		20	Schedule A (Form 990 or 990-EZ) 2017

00		Supplement	ol Einonoio	Statamonta			OMB No. 1545-0047
	HEDULE D	Supplementa Complete if the org					2017
•		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					CUII Open to Public
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form9			ation.		Inspection
Nam	e of the organizati						identification number
_		DEVELOPMENT FUND CO					6-1665310
Par		ations Maintaining Donor Advise		er Similar Funds	or Acc	ounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		advised funds	(b)		d other accounts
	Total number at a	ad of year			(u)	runus an	
1 2		nd of year f contributions to (during year)					
2		f grants from (during year)					
4	Aggregate value a						
5		on inform all donors and donor advisors in		ets held in donor advise	ed funds		
	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or	for any other purpose c	onferring	g	
	impermissible priv						Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answere	d "Yes" on Form 990, P	Part IV, lii	ne 7.	
1		servation easements held by the organization	·	· • • •			
		of land for public use (e.g., recreation or e	education)	Preservation of a histo		•	
		f natural habitat		Preservation of a certi	ified hist	oric structu	ure
•		of open space	field concernation of	antribution in the form o	faaaaa	on ation of	account on the last
2	-	through 2d if the organization held a qualit	ned conservation co	ontribution in the form o	or a cons		at the End of the Tax Year
а	day of the tax year				- E	2a	
b					····· ⊢	2b	
c	•	vation easements on a certified historic structure			····· ⊢	2c	
d		vation easements included in (c) acquired a					
		nal Register				2d	
3		vation easements modified, transferred, rel				ation during	the tax
	year 🕨						
4	Number of states	where property subject to conservation eas	sement is located	►			
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, in	spection, handling of			
	,	orcement of the conservation easements it					Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing conse	ervation	easements	s during the year
_	▶						
7		es incurred in monitoring, inspecting, hanc	lling of violations, a	nd enforcing conservati	ion ease	ments duri	ng the year
0		vation easement reported on line 2(d) abov	a action the require	monto of postion 170/h			
8	and section 170(h)						Yes No
9)(4)(B)(ii)? be how the organization reports conservation					
Ŭ	-	ble, the text of the footnote to the organization		•			
	conservation ease	· · · · · · · · · · · · · · · · · · ·			ine engai		eeed
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical	Treasures, or Oth	ner Sin	nilar Ass	sets.
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to repo	rt in its revenue statem	ent and	balance sh	eet works of art,
	historical treasures	s, or other similar assets held for public ext	nibition, education,	or research in furtheran	ice of pu	blic service	e, provide, in Part XIII,
	the text of the foot	tnote to its financial statements that descri	bes these items.				
b	-	elected, as permitted under SFAS 116 (AS					
		similar assets held for public exhibition, ed	ducation, or researc	ch in furtherance of pub	lic servio	ce, provide	the following amounts
	relating to these it						
		ded on Form 990, Part VIII, line 1				► \$	
2	.,	ed in Form 990, Part X received or held works of art, historical tre		nilar assets for financial			
2		unts required to be reported under SFAS 1			yan, pro	UNICE	
я		on Form 990, Part VIII, line 1				► \$	
		Form 990, Part X				► \$	
		eduction Act Notice, see the Instructions				· ·	dule D (Form 990) 2017
	10-09-17	,					. ,
			21				

2017.05020 ENCORE WEST RESIDENCE HOU 13611011

^{09210110 756359 1361101.001}

ENCORE WEST RESIDENCE HOUSING				•						
	Schedule D (Form 990) 2017 DEVELOPMENT FUND CORPORATION 16-1665310 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
Par										,
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition	c	1 🗌 I	_oan or excl	hange progra	ıms				
b										
с	Preservation for future generations									
4	Provide a description of the organization's co	plections and explain	n how the	ev further th	e organizatio	n's exemi	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
Ū	to be sold to raise funds rather than to be ma		-						Yes	🗌 No
Par	t IV Escrow and Custodial Arran								_	
	reported an amount on Form 990, Pa			organizatio	in anowered		0111 000	, i aitiv,	110 0, 01	
12	Is the organization an agent, trustee, custodi		liary for c	ontributions	s or other ass	ets not in	cluded			
14			•						Yes	X No
h	on Form 990, Part X?							∟	_ 165	
D		and complete the lo	nowing ta	able.					Amount	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 f			
	Did the organization include an amount on F						y?	X	Yes	No
	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds. Complete	f the organization ar	nswered '	'Yes" on Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year and balanc	u o (lino 1a	column (a)) held as:					
	Board designated or quasi-endowment	-	%	, column (a)	j neiu as.					
a 5	Permanent endowment	%	70							
U O		%								
С	Temporarily restricted endowment									
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held an	id administer	ed for the	organiza	tion		
	by:									<u>res No</u>
	(i) unrelated organizations 3a(i)									
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	, line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings			13,81	1,463.	3,8	79,82	28.	9,931	,635.
	Leasehold improvements						-			
	Equipment			7	0,512.		70,51	12.		0.
	Other				4,770.		.,		54	,770.
	Add lines 1a through 1e. (Column (d) must e		X colum						9,986	
1010		<u>yuar romi 990, Pan</u>	A, COIUM	<u>п (р), шие I (</u>			<u></u> .			<u>, 4031</u> 990) 2017
								ooneuule	ווווט ון ש	JJUJ 2017

732052 10-09-17

Schedule D (Form 990) 2017 DEVELOPME Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	5,134.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col (B) line 25)	▶ 5,134.

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) 2017

732053 10-09-17

<u>.</u>	ENCORE WEST RESIDENCE H		16	
	Adule D (Form 990) 2017 DEVELOPMENT FUND CORPOR T XI Reconciliation of Revenue per Audited Financial Sta			1665310 Page 4
ra			ue per neturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin		1	832,005.
1				052,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			832,005.
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			
b	Other (Describe in Part XIII.)			0
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 		832,005.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	ises per Returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1 000 400
1	Total expenses and losses per audited financial statements		1	1,099,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,099,489.
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.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			1,099,489.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION HOLDS SECURITY DEPOSITS FROM TENANTS IN AN ESCROW

ACCOUNT. THESE DEPOSITS ARE RETURNED TO THE TENANTS WHEN THEY MOVE OUT OF

THE APARTMENT.

PART X, LINE 2:

THE ENTITY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT THE ENTITY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ENTITY IS NO

LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR

24

PERIODS PRIOR TO JUNE 30, 2015.

732054 10-09-17

Schedule D	(Form 990) 2017

		• Tuge •
Part XIII Supplemental Information (continued)		
	Schedule D (Forr	n 990) 2017
732055 10-09-17		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ENCORE WEST RESIDENCE HOUSING

DEVELOPMENT FUND CORPORATION



<u>16-1665310</u>

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION'S BOOKS AND RECORDS ARE MAINTAINED BY P & L MANAGEMENT &

CONSULTING. P & L MANAGEMENT & CONSULTING SERVES AS AGENT TO IN RELATION TO

ALL PROJECT EXPENSES, DISCOUNTS, REBATES, CONTRACTS, COST ESTIMATES,

MANAGEMENT FEE AND MANAGEMENT COST ALLOCATION, CONFLICT OF INTEREST,

INSURANCE POLICIES AND MANAGEMENT REVIEW REPORT INQUIRES. NO CURRENT OR

FORMER OFFICER, DIRECTOR, KEY EMPLOYEE WERE COMPENSATED BY THE MANAGEMENT

COMPANY DURING THE 2017 CALENDAR YEAR. IN FY2018, MANAGEMENT FEES PAID WERE

<u>\$63,591.</u>

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS ENCORE COMMUNITY SERVICES

("ENCORE").

FORM 990, PART VI, SECTION A, LINE 7A:

THE NUMBER OF DIRECTORS MAY BE FIXED FROM TIME TO TIME BY THE SOLE MEMBER.

THE DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY DIRECTOR MAY BE REMOVED WITH OR WITHOUT CAUSE BY THE SOLE MEMBER. THE

SOLE MEMBER SHALL HAVE THE POWER TO MAKE, ALTER, AMEND AND REPEAL THE

BY-LAWS AND CERTIFICATE OF INCORPORATION OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 8A:

THE ORGANIZATION'S BOARD OF DIRECTORS DID NOT DOCUMENT ITS MEETING MINUTES

DURING THE FISCAL YEAR 2018.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

26

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION'S COMMITTEES DID NOT DOCUMENT THEIR MEETING MINUTES DURING THE FISCAL YEAR 2018.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY THE ORGANIZATION'S AUDITING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE DRAFT FORM 990 IS SENT FOR REVIEW TO EACH BOARD MEMBER FOR COMMENTS. EACH BOARD MEMBER IS INSTRUCTED TO ADVISE WHEN THE DRAFT IS RECEIVED. WHEN THE DRAFT HAS BEEN REVIEWED, ANY ISSUES ARE DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 239 W 49TH STREET, NEW YORK, NY 10019 OR BY CALLING THE ORGANIZATION DIRECTLY AT 212-581-2910.

 FORM 990, PART IX, LINE 11G, OTHER FEES:

 SECURITY SERVICE:

 PROGRAM SERVICE EXPENSES

 165,311.

 MANAGEMENT AND GENERAL EXPENSES

 FUNDRAISING EXPENSES

 0.

 TOTAL EXPENSES

 732212 09-07-17

 27

 09210110 756359 1361101.001

Schedule O (Form 990 or 9	990-EZ) (2017)	Page 2
Name of the organization	ENCORE WEST RESIDENCE HOUSING	Employer identification number
	DEVELOPMENT FUND CORPORATION	16-1665310

CONTRACT EXTERMINATOR:	
PROGRAM SERVICE EXPENSES	4,465.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,465.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,930.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,930.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	171,706.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT

OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

732212 09-07-17

SCHEDULE R Related Organizations and Unrelated Partnerships									5-0047			
(Form 990)	► Com	plete if the organization answered "		201	7							
5 · · · · · · -		► Atta	Attach to Form 990.									
Department of the Treasury Internal Revenue Service				Open to P Inspecti	ion							
Name of the organizat		ESIDENCE HOUSING UND CORPORATION					oyeridenti 6−1665	fication nu	umber			
							0 1003	510				
Part I Identificat	ion of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 3	3.								
	(a)	(b)	(c)	(d)	(e)			(f)				
	lress, and EIN (if applicable)	Primary activity	Legal domicile (state o	or Total inco	me End-of-year	assets		controlling	g			
of	disregarded entity		foreign country)				ent					
		_										
		-										
		-										
		_										
		_										
Identificat	ion of Polatod Tax, Exampt Organiz	ations. Complete if the organization	 answord "Vos" on Form 00() Part IV line 34 h		or moro rol	ated tax or	omot				
	ons during the tax year.	atons. Complete il the organization	answered tes on Form 990	J, Fait IV, line 34, t	ecause it had one			empt				
	(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)			
Nan	ne, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		controlling		512(b)(13) rolled			
of	related organization		foreign country)	section	status (if section	e	ntity	ent	tity?			
					501(c)(3))			Yes	No			
	SERVICES - 13-3104293	PROVIDE PROGRAMS AND										
239 WEST 49TH STR		ASSISTANCE TO NEEDY SENIOR		501 (2) (2)		- / -			37			
NEW YORK, NY 100	G DEVELOPMENT COMPANY, INC.	CITIZENS PROVIDE AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 7	N/A			X			
	9 WEST 49TH STREET, NEW	TO PREVIOUSLY HOMELESS				FNCOPE C	OMMUNITY					
YORK, NY 10019	WEST 49111 STREET, NEW	SENIORS	NEW YORK	501(C)(3)		SERVICES			х			
						221(11010			- 23			
		1										
		7										
		_										
		1	1	1	1			1	1			

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

Schedule R (Form 990) 2017

OMB No. 1545-0047

Schedule R (Form 990) 2017 DEVELOPMENT FUND CORPORATION

16-1665310 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total Share of income end-of-year assets		Disproportionate allocations?			Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	1										
	1	1		1		1		L	1		

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 organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		of tructy		400010		Yes	No

Schedule R (Form 990) 2017

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
_(2)			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2017

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are a partners 501(c) orgs Yes	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	(k) Percentage ownership

Schedule R (Form 990) 2017

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

732165 09-11-17

Form 8868	
------------------	--

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying pumber

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter mer sidentnying number	
Type or print	r Name of exempt organization or other filer, see instructions. Encore Encor				Employer identification number (EIN) or	
•	DEVELOPMENT FUND CORPORATION				16-1665310	
File by the due date for filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)	
instructions						
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
 If the If this box 1 I reform I 	hone No. \blacktriangleright 845-277-4430 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the office calendar year or . Tax year beginning JUL 1, 2017 he tax year entered in line 1 is for less than 12 months, ch . Change in accounting period	Group Exe and atta MAX organizatic , an	mption Number (GEN) I ch a list with the names and EINs of <u>7 15, 2019</u> , to file n's return for: d ending JUN 30, 2018	f this is fo all memb	r the whole gi ers the extens npt organizatio	sion is for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less any	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				–	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,				*	
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-E					d Form 8879.	
instructio					a i onn 6079	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 88	368 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17