Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

AI	or th	ne 201	6 calendar year, or tax year beginning , 2016, a	and ending		, 20
ъ.			C Name of organization		D Employer ident	ification number
D 0	heck if a	pplicable:	ACTORS FUND HOUSING DEVELOPMENT CORPORATION			
	Addr		Doing Business As		80-05220	71
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone num	ber
	Initia	ıl return	729 SEVENTH AVENUE, 10TH FLOOR		(212) 221-	-7300
	Term	ninated	City or town, state or province, country, and ZIP or foreign postal code			
	Amer		NEW YORK, NY 10019		G Gross receipts	\$ 2,214,070.
		ication	F Name and address of principal officer: JOSEPH BENINCASA - PR	ESIDENT	H(a) Is this a group r	eturn for Yes X No
	po	y	729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10	0019	subordinates? H(b) Are all subordinate	es included? Yes No
i	Tax-ex	cempt st		527	 ' ' '	list. (see instructions)
J	Webs	ite:	WWW.ACTORSFUND.ORG/HOUSING		H(c) Group exemption	n number
K	Form	of organ	ization: X Corporation Trust Association Other	L Year of form	ation: 2009 M Sta	ate of legal domicile: NY
	art I		mmary			
	1	Briefly	describe the organization's mission or most significant activities: TO DEVE.	LOP AFFOR	DABLE, SUPPC	RTIVE AND
ģ			IOR HOUSING FOR THE PERFORMING ARTS COMMUNITY T			
auc		CREZ	ATES JOBS, FOSTERS ECONOMIC DEVELOPMENT & REVIT	ALIZES CO	MMUNITIES.	
ern-	2	Check	if the organization discontinued its operations or disposed of	of more than 25	% of its net assets.	
Governance	1		er of voting members of the governing body (Part VI, line 1a)		1	9.
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	
ties			number of individuals employed in calendar year 2016 (Part V, line 2a)			
Activities &			number of volunteers (estimate if necessary)			0.
Ac	7a	Total ı	unrelated business revenue from Part VIII, column (C), line 12		78	
			nrelated business taxable income from Form 990-T, line 34			
					Prior Year	Current Year
۵.	8	Contri	butions and grants (Part VIII, line 1h)		815,438.	765,650
nue	9	Progra	copy F mm service revenue (Part VIII, line 2g). PUBLIC INSF	OR	1,415,981.	
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	0	
Ř			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	ı		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,231,419.	2,214,070
			s and similar amounts paid (Part IX, column (A), lines 1-3)		0	
			ts paid to or for members (Part IX, column (A), line 4)		0.	0
w			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	. 0
Expenses			sional fundraising fees (Part IX, column (A), line 11e)		0.	. 0
ber	h	Total f	undraising expenses (Part IX, column (D), line 25) ▶0			
ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,751,574.	2,881,070
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,751,574.	
			ue less expenses. Subtract line 18 from line 12		-520,155.	
ts or nces		1101011	ad 1000 dipolitico. Cabitacenno 10 fichi into 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		nning of Current Year	
ets lanc	20	Total a	assets (Part X, line 16)		19,723,373.	19,713,892
Net Assets Fund Balan	21		abilities (Part X, line 26)		21,439,592.	
Net	22		sets or fund balances. Subtract line 21 from line 20.		-1,716,219.	
	rt II		nature Block			
		<u>~</u>	f perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the best of my	knowledge and belief, it is
true	, corre	ct, and o	complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has any l	knowledge.	
			11111100		/\$	12017
Sig		7 3	Signature of officer	-	Date	1
Her	·e		Coahio Koo CEO			
		▶ ₹	Type or print name and title			
		Print/T	ype preparer's name Preparer's signature	Date	Check if	PTIN
Paid		BRIT	OGET T ROCHE Guiget Rock	11/06/20:		P00666837
Prep		Firm's	CDTAIN THORNWAY TED	, 00, 20.		-6055558
Use	Only			50601		2-856-0200
May	the IF	L	cuss this return with the preparer shown above? (see instructions)		1.110110110.	X Yes No
			Reduction Act Notice, see the separate instructions.			Form 990 (2016)
			· · · · · · · · · · · · · · · · · · ·			(2010)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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 subm	it original	(no copies needed).						
All corporation	ons required to file an income tax return othe	er than Fori	m 990-T (including 112	0-C filers), partnerships, F	REM	IICs, an	d trusts		
nust use Fo	orm 7004 to request an extension of time to f	file income	tax returns.						
				Enter filer's identifying					
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Employer identification num	ımber (EIN) or				
orint									
	ACTORS FUND HOUSING DEVELOPME		80-0522071						
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	-	ctions.	Social security number (SSI	۷)				
ling your eturn. See	729 SEVENTH AVENUE, 10TH FLOO		1						
nstructions.	City, town or post office, state, and ZIP code. For								
	NEW YORK, NY 10019								
Inter the Re	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0 1		
Application		Return	Application				Return		
s For		Code	Is For				Code		
orm 990 or	r Form 990-EZ	01	Form 990-T (corporate	tion)			07		
orm 990-Bl	L	02	Form 1041-A	,			08		
orm 4720	(individual)	03	Form 4720 (other tha	an individual)		09			
orm 990-PF	=	04	Form 5227	·					
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990-T (trust other than above) 06 Form 8870							12		
o If the orga o If this is for the whole a list with the for the co	e No. 212 221-7300 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and EINs of all members the extensions an automatic 6-month extension of time urorganization named above. The extension is calendar year 20 16 or tax year beginning	business in our digit Ground digit Ground fit is for passion is for. Intil for the org	the United States, che pup Exemption Number art of the group, check art of the group.	this box ▶ L	a	. If this nd atta	ch		
2 If the to	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial r	eturn Final return					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the				_		
	undable credits. See instructions.	4700 -	* COCO		3a \$	j	0.		
	application is for Forms 990-PF, 990-T,				, ,		0		
	ted tax payments made. Include any prior yea te due. Subtract line 3b from line 3a. Include				3b \$	•	0.		
	onic Federal Tax Payment System). See instru		on with the form, if to		3c		0.		
-	u are going to make an electronic funds withdrawa		it) with this Form 8868, se						
nstructions.	gg toao a c.oot onlo rando withdrawe	(4 501 400	,	51. 3 5.55 L5 and 10mm			- ~,		
	Act and Paperwork Reduction Act Notice, see inst	ructions.		F	orm	8868 (Rev. 1-2017)		
•	•					,	,		

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Pa	art III	Statement of Program Service Accomplishments Chapter if School vide Occupations or response or mate to equiling in this Port. III
1	Briefly	Check if Schedule O contains a response or note to any line in this Part III
•	,	ACHMENT 1
2		organization undertake any significant program services during the year which were not listed on the
	prior Fo	orm 990 or 990-EZ? Yes X No describe these new services on Schedule O.
3		e organization cease conducting, or make significant changes in how it conducts, any program
_	If "Yes,"	describe these changes on Schedule O.
4		e the organization's program service accomplishments for each of its three largest program services, as measured by es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
		I expenses, and revenue, if any, for each program service reported.
_	'0 1	\(\frac{1}{2}\)
4a) (Expenses \$ _{2,860,720.} including grants of \$ _{0.}) (Revenue \$ _{1,432,974.}) DROTHY ROSS FRIEDMAN RESIDENCE, 178 SHARED RESIDENTIAL UNITS
		PPORTIVE HOUSING TO SPECIAL LOW-INCOME GROUPS INCLUDING
		RS, WORKING PROFESSIONALS AND PEOPLE LIVING WITH AIDS,
		ED AT 475 WEST 57TH STREET AND TENTH AVENUE IN NEW YORK CITY,
		TED IN CAPACITY OF 99% FOR 2016 AND ALSO PROVIDES ON-SITE
	SOCIA	L SERVICES AND MEDICAL SERVICES.
4b) (Expenses \$
		CTORS FUND HOUSING DEVELOPMENT CORPORATION WAS CREATED IN
		AS A SUBSIDIARY OF THE ACTORS FUND TO DEVELOP NEW AFFORDABLE NG FOR THE PERFORMING ARTS AND ENTERTAINMENT COMMUNITY.
		NT PARTNERS INCLUDE THE CITY OF LOS ANGELES DEPARTMENT OF
		RAL AFFAIRS, ARTSPACE, ARTPLACE, MUSICARES, THE RELATED
		NIES, AND THE GOTHAM ORGANIZATION.
		16, ALL EXPENDITURES RELATED TO THIS PROGRAM WERE CATEGORIZED
	AS AD	MINISTRATIVE EXPENDITURES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 _d	Other n	rogram services (Describe in Schedule O.)
, u	(Expens	· · · · · · · · · · · · · · · · · · ·
4e	<u> </u>	rogram service expenses > 2,860,720.

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Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part IV **Checklist of Required Schedules** (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H......... Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II......... Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ If "Yes," complete Schedule L, Part I 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 Χ 26 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV....... Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?............ 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 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, Χ 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. X

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Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a 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 contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which

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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Χ

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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 1b	5		
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.7
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- 1	X
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>7.)</i> Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		125
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
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	Х	
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		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, NJ, 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)
	available for public inspection. Indicate how you made these available. Check all that apply. Other (cyclein in Schodule O)			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial 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 record CONNIE YOO 729 SEVENTH AVENUE, 10TH FLOOR NEW YORK, NY 10019 212-221-7300	IS:►		

JSA 6E1042 1.000 Form **990** (2016)

0541CH 649R 0168426-00027 PAGE 8 Part VII

ACTORS FUND HOUSING DEVELOPMENT CORPORATION Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 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."

1.00 0.

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Χ

- 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.

(C)

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

(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is both an						compensation	compensation from	amount of
	week (list any	office	r and	d a d	director/trustee)			from	related	other
	hours for	악声	5	Q	₩	의 프	Fo	the	organizations	compensation
	related	divid dire	stit	Officer	y e	ghe 1pla	Former	organization	(W-2/1099-MISC)	from the
	organizations	dua ecto	Institutional	٦	Key employee	Highest α employee	4	(W-2/1099-MISC)		organization and related
	below dotted line)	or tr	<u>a</u>		oye	° ä				organizations
	iiile)	Individual trustee or director	trustee		Ф	Pen				organizations
		Ф	tee			compensate e				
						be				
(1)JOSEPH BENINCASA	10.00									
PRESIDENT	50.00	X		Х				0.	455,450.	72,725.
(2)BARBARA DAVIS	10.00									
SECRETARY	50.00	Х		Х				0.	257,207.	85,039.
(3)CONNIE YOO	10.00									
TREASURER	50.00	Х		Х				0.	222,298.	82,806.
(4)ROBERT WANKEL	1.00									
CHAIRMAN	0.	Х		Χ				0.	0.	0.
	1								1	

0

0

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0.

0.

0.

DIRECTOR	0.	Х			0.	0.	0.
(9)DAVID WHITE	1.00						
DIRECTOR	1.00	Х			0.	0.	0.
(10)							
<u>(11)</u>							
(12)							
(13)							
<u>(14)</u>							

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0.

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(5) ABBY HAMLIN

(6)ROCCO LANDESMAN

DIRECTOR

DIRECTOR

DIRECTOR

(8)DAVID WALSH

(7)DAVID STEINER

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Form	990 (2016)											F	Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinu	ed)	
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	Е	stimated	
		hours per					e than o		compensation	compensation from	ar	mount of	f
		week (list any					is both or/trust		from	related		other	
		hours for related	0 =	=					the	organizations		npensation rom the	On
		organizations	r di	stit	Officer	Key employee	igh:	Former	organization	(W-2/1099-MISC)		ganizatio	n
		below dotted	idua	l tio	er e	ᇕ	est o	Φ,	(W-2/1099-MISC)		_	d related	
		line)	or E	nal		loye	om				org	anization	ns
			Individual trustee or director	Institutional trust		ď	pen						
			Ф	tee			Highest compensated employee						
							ğ						
			-										
		L											
		T											
											-		
		T											
		T											
													
													
													
		<u> </u>	-										
		ļ											
		L											
1b	Sub-total							\blacktriangleright	0.	934,955.	2	240,5	70.
С	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	0.	0.			0.
d	Total (add lines 1b and 1c)							\blacktriangleright	0.	934,955.	2	240,5	70.
	Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
	reportable compensation from the organization		0				,						
												Yes	No
3	Did the organization list any former office	er directo	or or	tri	ısta	۵	kev e	mn	Novee or highes	t compensated			
3	employee on line 1a? If "Yes," complete Sched										3		Х
_													
4	For any individual listed on line 1a, is the												
	organization and related organizations gre										4	Х	
_	individual										4	_^	
5	Did any person listed on line 1a receive or										_		37
	for services rendered to the organization? If "Ye	es," comple	te Sci	nedu	ile J	tor	such	per	son		5		X
	ction B. Independent Contractors												
1	Complete this table for your five highest com												
	compensation from the organization. Report of year.	ompensati	011 101	ırıe	: ca	ienc	uai ye	aı E	anding with or With	iiii tile organizatioi	ıs lax		
	your.												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

Form **990** (2016)

Page 9

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	<u>′III</u>	<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	765,650.				
	<u>h</u>	Total. Add lines 1a-1f		765,650.			
ű			Business Code				
eve	2a	RENTAL REVENUE	900099	1,432,974.	1,432,974.		
es es	b	FEE FOR SERVICE INCOME	900099	15,000.	15,000.		
ķ	С						
Ser	d						
Ē	e						
gra	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f	•	1,447,974.			
	3	Investment income (including divider	nds, interest,	1,447,974.			
		and other similar amounts)		446.			446.
	4	Income from investment of tax-exempt bond	•	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	١.						
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	0.			
<u>e</u>	8a	Gross income from fundraising					
enr		events (not including \$					
è		of contributions reported on line 1c).					
F		See Part IV, line 18 a	0.				
Other Revenue	b	Less: direct expenses b					
J	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
	Ja	See Part IV, line 19	0.				
	,						
	b	Less: direct expenses					
	С			0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	44.5						
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
16.0	12	Total revenue. See instructions.		2,214,070.	1,447,974.		446.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	868,272.	868,272.		
b	Legal	114,321.	114,321.		
C	Accounting	20,000.		20,000.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	215,479.	215,479.		
12	Advertising and promotion	0.			
13	Office expenses	53,100.	52,750.	350.	
14	Information technology	9,904.	9,904.		
15	Royalties	0.			
16	Occupancy	701,484.	701,484.		
17	Travel	26.	26.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	2,495.	2,495.		
	Interest	48,236.	48,236.		
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	715,915.	715,915.		
23	Insurance	124,950.	124,950.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT EXPENSE	6,888.	6,888.		
b					
C	·				
d					
	All other expenses	0.001.075	0.060.705	22.27	
	Total functional expenses. Add lines 1 through 24e	2,881,070.	2,860,720.	20,350.	
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 if				
	following SOP 98-2 (ASC 958-720)	0.			

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Form 990 (2016) Page **11**

Part X **Balance Sheet**

	. C.A.	Charle if Cahadula O cantaina a reamana		a ta anulina in thia Da	- wt V		
		Check if Schedule O contains a response of	or not	e to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			570,803.	1	644,142.
	2	Savings and temporary cash investments			97,505.	2	97,950.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net	28,141.	4	20,065.		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and (contributing employers			
"		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
•	9	Prepaid expenses and deferred charges			26,516.	9	17,748.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	3,224,815.	19,000,408.	10c	18,933,987.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11	١			13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11				15	0.
_	16	Total assets. Add lines 1 through 15 (must equal			19,723,373.		19,713,892.
	17	Accounts payable and accrued expenses	173,237.	_	656,254.		
	18	Grants payable		18	0.		
	19	Deferred revenue			8,263.		7,018.
	20	Tax-exempt bond liabilities			0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
ij		trustees, key employees, highest compen			0		0
ja		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	2,349,949.		2,293,565.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D		· ·	18,908,143.	25	19,140,274.
	26	Total liabilities. Add lines 17 through 25			21,439,592.	26	22,097,111.
_		Organizations that follow SFAS 117 (ASC 958),			21,100,002.		22,05.,1221
ces		complete lines 27 through 29, and lines 33 and	34.				
lan	27	Unrestricted net assets			-1,716,219.		-2,383,219.
Ва	28	Temporarily restricted net assets			0.		0.
nd	29	Permanently restricted net assets			0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶ and			
st s	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Se	33	Total net assets or fund balances			-1,716,219.	33	-2,383,219.
_	34	Total liabilities and net assets/fund balances			19,723,373.	34	19,713,892.

Form **990** (2016)

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	10 (2010)					<u> </u>	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI						
1	, , , , , , , , , , , , , , , , , , , ,						
2	(),						
3	Revenue less expenses. Subtract line 2 from line 1	3		-6	67,0	00.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1,7	16,2	19.	
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
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		-2,3	83,2	19.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	. in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght		х		
	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, ϵ	explair	າ in 📗				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in 📗				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Public Charity Status and Public Support

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

AC1	CORS	FUND HOUSING DEVE	LOPMENT CORPO	RATION			80-05220	71
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	art.) See instructions	
The	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2	\square	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	\square	A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	\square	A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
	— ;	section 170(b)(1)(A)(iv). (C	Complete Part II.)	_		-		
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org				operated	d in conjunction with a	land-grant college
		or university or a non-land-	=			-	•	
		university:		,	ŕ		•	· ·
10	;	An organization that norma receipts from activities rela support from gross investments of the organization to the organization.	ted to its exempt f rent income and ur	unctions - subject to on nrelated business tax	certain e able incc	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3 %of its
11		acquired by the organizatio An organization organized a						
12	\equiv	An organization organized a	•	•	•			earry out the nurnoses
		of one or more publicly su	•					
		Check the box in lines 12a t						
а		Type I. A supporting orga	_	7.7		-	•	_
u		the supported organization	•	•	•		• , ,	
		supporting organization.				ajonty of	and directors of tracto	
b		Type II. A supporting org	•	•		with its	supported organization	on(s), by having
		control or management of	-					
		organization(s). You must		=		·		
С		Type III functionally integ			ited in co	onnectio	n with, and functional	ly integrated with,
		_ its supported organization	n(s) (see instruction	s). You must comple	te Part l'	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from tl	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or				organizat	tion.	
f		er the number of supported						
g		vide the following information		` <i>`</i>	1			
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
-/								
Tota	al							
	-						1	İ

Schedule A (I	Form 990 or 990-EZ) 2016	Р
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify ur	nder
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,121,109.	924,337.	778,996.	808,550.	765,650.	4,398,642.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,121,109.	924,337.	778,996.	808,550.	765,650.	4,398,642.	
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)						0.	
6	Public support. Subtract line 5 from line 4.						4,398,642.	
Sec	tion B. Total Support						,	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	1,121,109.	924,337.	778,996.	808,550.	765,650.	4,398,642.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		57.	233.		446.	736.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						4,399,378.	
12	Gross receipts from related activities, etc. (s	ee instructions)				12	7,463,621.	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2016 (lin					14	99.98%	
15	Public support percentage from 2015					15	%	
16a	331/3% support test - 2016. If the o	-					.	
	this box and stop here. The organization	•		•				
b	331/3% support test - 2015. If the o	_						
47-	check this box and stop here. The orga							
17a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization Part VI how the organization meets t					-	•	
	<u> </u>			•	•	• •	ipported	
h	organization 10%-facts-and-circumstances test - 2						and line	
D	15 is 10% or more, and if the organic	•						
	Explain in Part VI how the organization						-	
	· · ·				=	•	► □	
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	·	
	instructions					obodulo A (Form 0)		

Schedule A (Form 990 or 990-EZ) 2016 Page **3**

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	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(0) = 0 = 1	(, = 0 + 0	(5) = 5 · ·	(, = 0 . 0	(2) = 2 : 2	(7)
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · · ·						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 . Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
6	organization without charge						
6 7a	Total. Add lines 1 through 5						
ıa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 8	Add lines 7a and 7b						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(-,	(-, -	(3)	(1)	(*)	(,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ntion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8,	•		mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen					1 1	
<u> </u>	Investment income percentage for 2016 (lir			3. column (f))		17	%
18	Investment income percentage for 2015 (in					18	<u>%</u>
	331/3% support tests - 2016. If the org						
. . . a	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2015. If the orga		_				
J	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			H-1
	3			. ,			

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Schedule A (Form 990 or 990-EZ) 2016 Page **4**

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

- 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.
 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

				- 3
Part l	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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	110		
ocom	51 D. Type Foupporting Organizations		Yes	No
	Did the Providence to other consequences of the consequences of th			
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 supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
C = =4!		2		
Section	on C. Type II Supporting Organizations		Vaa	N _a
_			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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
Section	on 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 ins		ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
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	instru	ctions).	
	And the Test Annual (A) and (A) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
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 organization(s) to which the organization was responsive: If res, therein a vincertary 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	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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 Part VI.</i>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Costing D. Minimum Aport Amount		(A) D: ((B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2016

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instructions).

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exem	pt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos							
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	he organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	10 Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Page 8

Part VI 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, 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 B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number**

ACTORS FUND HOUSING DEVELOPMENT CORPORATION 80-0522071 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

990-EZ. or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ACTORS FUND HOUSING DEVELOPMENT CORPORATION

Employer identification number 80-0522071

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ACTORS FUND HOUSING DEVELOPMENT CORPORATION

Employer identification number 80-0522071

Part II	Noncash Property	(See instructions)	. Use duplicate co	pies of Part II if addition	al space is needed.
---------	------------------	--------------------	--------------------	-----------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of o	rganization ACTORS FUND HOUSING DEVI	ELOPMENT CORPORATION	Employer identification number
Dani III	Francisco de la la la contra de la contra de la contra de la contra del la contra de la contra de la contra de la contra de la contra del la contra del la contra de la contra del la co		80-0522071
Part III		e year from any one controls completing Part III, enter the year. (Enter this information	ibutor. Complete columns (a) through (e) and he total of <i>exclusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee
	Transferee 3 name, address, and		Relationship of transferor to transferor
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

JSA 6E1255 1.000

0541CH 649R

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

0168426-00027

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number ACTORS FUND HOUSING DEVELOPMENT CORPORATION 80-0522071 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Revenue included in Form 990, Part VIII, line 1

▶ \$ Schedule D (Form 990) 2016

▶ \$

Schedule D (Form 990) 2016 Page 2

	rt Organizations Maintaini	ing Collections of	Art His	torical T	reasures	or Other Si	milar Asse	ts (conti	nued)
3	Using the organization's acquisiti							•	
•	collection items (check all that app			140, 01100	it uny or un	o ronowing an	at are a erg.	miodin do	0 01 110
а	Public exhibition	,,.	d	Loan	or exchange	programs			
b	Scholarly research		e	Other	_				
С	Preservation for future gene	erations	_						
4	Provide a description of the orga		and explain	ain how	they further	the organizat	ion's exemp	t purpose	in Part
	XIII.		•		•	J	·		
5	During the year, did the organizati	on solicit or receive of	donations o	of art, hist	orical treasu	ures, or other s	imilar		
	assets to be sold to raise funds rat	ther than to be maint	ained as pa	art of the	organizatior	n's collection?	[Yes	No
Par	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Ye	s" on Forr	n 990, P	art IV, line	9, or reported	l an amoun	t on Form	า
	990, Part X, line 21.								
1a	Is the organization an agent, trust								
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement	in Part XIII and comp	olete the fo	llowing tal	ble:	1			
							Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance					- to Palacas	-		
	Did the organization include an ar						_	Yes	No No
	If "Yes," explain the arrangement	in Part XIII. Check h	ere if the e	xpianation	nas been p	rovided on Pari	XIII	<u></u>	
Par	Endowment Funds. Complete if the organiza	ition answered "Ve	s" on Forn	n 990 P:	art IV line	10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two year		ree years back	(e) Four ye	are hack
	Best steer (complete ex		(2) 1 110	or you.	(6) 1 110 300	are back (a) iii	- So youro buok	(6) 1 041)	
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
4									
	Grants or scholarships Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
g g	End of year balance								
2	Provide the estimated percentage		end balanc	e (line 1a.	column (a))	held as:		•	
а	Board designated or quasi-endown		_%	- ((,)				
b	Permanent endowment	%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b,								
3a	Are there endowment funds not in	the possession of the	ne organiza	ation that	are held an	d administered	for the	TV.	
	organization by:							Y(es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii) 3b	
_	If "Yes" on line 3a(ii), are the relation Describe in Part XIII the intended	•	•					30	
4 Par	t VI Land, Buildings, and Equ		illon's endo	willelit lui	ius.				
ı aı	Complete if the organization	ation answered "Ye		m 990, F	Part IV, line	11a. See Fo	rm 990, Par	rt X, line 1	10.
	Description of property		other basis tment)		or other basis other)	(c) Accumulate depreciation	d (0	d) Book value	•
1a	Land	,	,	· ·	500,000.			3,500	0,000.
b	Buildings				532,501.	3,109,04	13.	14,423	
	Leasehold improvements					-			
d	Equipment				585,037.	89,77	77.	495	5,260.
е	Other				541,264.	25,99			5,269.
Tota	il. Add lines 1a through 1e. <i>(Colum</i>	n (d) must equal Fori	n 990, Part	X, colum	n (B), line 10	Oc.)	•	18,933	3,987.
									

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Page 3

(a) Description of security or category (findularing name of security) (g) Financial derivatives (g) Closely-held equity interests (h) Cost or end-of-year market value (g) Closely-held equity interests (h) Cost (h)		- Other Securities. the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
(2) Closely-held equity interests	(a) Description of (including na	security or category ame of security)	(b) Book value		
(2) Closely-held equity interests	(1) Financial derivatives				
(A) (B) (C) (C) (D) (E) (F) (G) (H) (Total, (Column (b)) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.					
(E) (C) (C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (D) (E) (E) (F) (G) (H) (C) (H) (E) (F) (G) (H) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)				
(b) (c) (c) (d) (d) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B)				
(E) (F) (G) (H) (Column (D) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	(C)				
(F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)				
(G) (H) Total. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Description (b) Book value (c) (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Description (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Book value (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)				
Total. (Columno (b) must equal Form 990, Part X, col. (B) line 12.) Total. (Columno (b) must equal Form 990, Part X, col. (B) line 13.)	(F)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part XIII Investments - Program Related.					
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
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 valuations: Cost or end-of-year market value					
(1) (2) (3) (4) (5) (6) (7) (8) (9) 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. (a) Bescription of liability (b) Book value (1) Federal income taxes (2) INTERCOMPANY INTEREST PAYABLE 19,014,779. (3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)			"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ Part X Other Assets. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 13.) ▶ (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)	(a) Description	on of investment	(b) Book value		
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(8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX					
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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) INTERCOMPANY/INTEREST PAYABLE 19,014,779. (3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)	(9)				
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) INTERCOMPANY/INTEREST PAYABLE 19,014,779. (3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)	Total. (Column (b) must eq	ual Form 990, Part X, col. (B) l	ine 15.)	<u> </u>	
(1) Federal income taxes (2) INTERCOMPANY/INTEREST PAYABLE 19,014,779. (3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)	Complete if t		l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
(2) INTERCOMPANY/INTEREST PAYABLE 19,014,779. (3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)	1. (a) Desc	cription of liability	(b) Book value	е	
(3) SECURITY DEPOSITS PAYABLE 125,495. (4) (5) (6) (7) (8) (9)	(1) Federal income taxes				
(4) (5) (6) (7) (8) (9)	(2) INTERCOMPANY/IN	TEREST PAYABLE	19,014,7	779.	
(5) (6) (7) (8) (9)	(3) SECURITY DEPOSI	TS PAYABLE	125,4	195.	
(6) (7) (8) (9)	(4)				
(7) (8) (9)	(5)				
(8) (9)	(6)				
(9)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 19,140,274.	(9)				
	Total. (Column (b) must equal F	Form 990, Part X, col. (B) line 25.)	▶ 19,140,2	274.	

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

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Late Ann.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Schedule D (Form 990) 2016

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FIN 48

SCHEDULE D, PART X, LINE 2

UNDER THE ACCOUNTING STANDARDS CODIFICATION TOPIC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, " ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE WAS ISSUED WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ACTORS FUND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ACTORS FUND HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED 2014, 2015 AND 2016 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Schedule D (Form 990) 2016

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

ACTORS FUND HOUSING DEVELOPMENT CORPORATION

Employer identification number 80-0522071

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			77
C.	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	1. Cogniculation 5 0 0 0 0 1 0 0 0 - 0 (0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ש		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOSEPH BENINCASA	(i)	0.	0.	0.	0.	0.	0.	0.
1PRESIDENT	(ii)	357,018.	22,032.	76,400.	38,608.	34,117.	528,175.	0.
BARBARA DAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
2 SECRETARY	(ii)	225,891.	4,916.	26,400.	38,221.	46,818.	342,246.	0.
CONNIE YOO	(i)	0.	0.	0.	0.	0.	0.	0.
3TREASURER	(ii)	189,783.	8,515.	24,000.	35,764.	47,042.	305,104.	0.
	(i) _							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i) _							
9	(ii)							
	(i) _							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
4.4	(i) (ii)							
_14								
45	(i) (ii)							
_15	(i)							
16	(ii) -							
16	(")							1 1 1/5 200 2010

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Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

METHOD OF DETERMINING COMPENSATION

SCHEDULE J, PART I, LINE 3

ACTORS FUND HOUSING DEVELOPMENT CORPORATION ("AFHDC") OPERATES UNDER THE

COMPENSATION POLICY OF ITS PARENT ORGANIZATION, THE ACTORS' FUND OF

AMERICA ("AFA"). EACH YEAR AN INDEPENDENT COMPENSATION CONSULTANT

VALIDATES THE ORGANIZATION'S COMPETITIVE POSITION IN THE MARKETPLACE BY

REGION, ORGANIZATIONS WITH A SIMILAR MISSION, SIZE OF ORGANIZATION, AND

OPERATIONAL BUDGET. THE EXECUTIVE DIRECTOR, SENIOR DIRECTORS AND

EMPLOYEES' INCREASES ARE BASED ON POSITION GRADES AND INDIVIDUAL

PERFORMANCE. ALL COMPENSATION IS REVIEWED BY AFA'S COMPENSATION COMMITTEE

AND APPROVED BY THE EXECUTIVE COMMITTEE.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

FOR THE YEAR ENDING DECEMBER 31, 2016, PRESIDENT & CEO, JOSEPH BENINCASA,

CHIEF EXECUTIVE OFFICER, BARBARA DAVIS, AND CFO, CONNIE YOO PARTICIPATED

IN THE ORGANIZATION'S SUPPLEMENTAL 457(F) NONQUALIFIED RETIREMENT PLAN.

THE AMOUNTS INCLUDED FOR 2016 WERE \$33,910, \$7,449, AND \$1,835,

RESPECTIVELY.

Schedule J (Form 990) 2016

JSA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

ACTORS FUND HOUSING DEVELOPMENT CORPORATION

80-0522071

DELEGATION OF MANAGEMENT DUTIES

FORM 990, PART VI, LINE 3

THE ACTORS FUND HOUSING DEVELOPMENT CORPORATION IS THE SOLE CORPORATE

MEMBER OF FRIEDMAN RESIDENCE LLC (SEE SCHEDULE R). THE BUILDING OWNED BY

THIS DISREGARDED ENTITY IS MANAGED BY COMMON GROUND MANAGEMENT COMPANY,

AN UNRELATED THIRD PARTY.

PROCESS USED TO REVIEW FORM 990

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

A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT. EACH DIRECTOR WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT FORM 990, PART VI, SECTION B, LINE 12C

ACTORS FUND HOUSING DEVELOPMENT CORPORATION ("AFHDC") HAS A CONFLICT OF INTEREST POLICY WRITTEN INTO ITS BY-LAWS AND ALL OFFICERS AND DIRECTORS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST POLICY DISCLOSURE FORM ON AN ANNUAL BASIS AT A MINIMUM. ALL INDIVIDUALS ARE REQUIRED TO INFORM THE ORGANIZATION WHEN A CONFLICT OF INTEREST CIRCUMSTANCE ARISES SO THAT IT CAN BE RESOLVED IMMEDIATELY AND CORRECTIVE ACTION TAKEN IF NECESSARY.

FORM 990, PART VI, SECTION B, LINES 13 & 14

Name of the organization

ACTORS FUND HOUSING DEVELOPMENT CORPORATION

80-0522071

ACTORS FUND HOUSING DEVELOPMENT CORPORATION ("AFHDC") OPERATES UNDER THE WHISTLEBLOWER AND DOCUMENT RETENTION POLICY OF ITS PARENT ORGANIZATION, THE ACTORS' FUND OF AMERICA.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

ACTORS FUND HOUSING DEVELOPMENT CORPORATION'S FORM 990 AND FINANCIAL

STATEMENTS ARE POSTED ON THE WEBSITE OF ITS PARENT ORGANIZATION, THE

ACTORS' FUND. THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS

OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO DEVELOP AFFORDABLE HOUSING FOR THE PERFORMING ARTS COMMUNITY
THAT IMPROVES LIVES, FOSTERS ECONOMIC DEVELOPMENT AND
REVITALIZES COMMUNITIES. EDUCATE THE PERFORMING ARTS AND
ENTERTAINMENT COMMUNITY ABOUT AFFORDABLE HOUSING AND THE
APPLICATION PROCESS AND WORK WITH DEVELOPERS AND GOVERNMENT
ENTITIES TO INCREASE AFFORDABLE HOUSING OPPORTUNITIES FOR ARTS
WORKERS.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BREAKING GROUND MANAGEMENT MANAGEMENT 999,332.

Name of the organization

ACTORS FUND HOUSING DEVELOPMENT CORPORATION

80-0522071

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

505 8TH AVENUE NEW YORK, NY 10018

ALLIED BARTON SECURITY 157,033.

161 WASHINGTON STREET CONSHOHOCKEN, PA 19428

J. A. JENNINGS, INC. CONSTRUCTION 136,929.

60 EAST 42ND STREET NEW YORK, NY 10018

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization	Employer identification numb		
ACTORS FUND HOUSING DEVELOPMENT CORPORATION	80-0522071		

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FRIEDMAN RESIDENCE, LLC 45-4730907					
729 SEVENTH AVENUE, FLOOR 10 NEW YORK, NY 10019	HOUSING	NY	2,199,070.	19,707,412.	AFHDC
(2) ACTORS FUND - CARNEGIE, LLC 80-0522071					
729 SEVENTH AVENUE, FLOOR 10 NEW YORK, NY 10019	REAL ESTATE	NY	15,000.	0.	AFHDC
(3) ACTORS FUND - ASHLAND, LLC 46-4280044					
729 SEVENTH AVENUE, FLOOR 10 NEW YORK, NY 10019	REAL ESTATE	NY	0.	0.	AFHDC
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
(1) THE ACTORS' FUND OF AMERICA 13-1635251							İ
729 SEVENTH AVENUE NEW YORK, NY 10019	HUMAN SERVICE	NY	501(C)(3)	07	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Identification of Relat						nswered "Yes"	on Form	990, Part IV, I	line 34
because it had one or	more related orga	anizatior	ns treated as a p	artnership during th	e tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ner?	(k) Percentage ownership
		ocunity)		,			Yes	No		Yes	No																											
_(1)	_																																					
(2)																																						
(3)																																						
(4)																																						
(5)																																						
(6)																																						
(7)																																						

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.

into 64 because it had one of more related organizations treated as a corporation of trust during the tax year.											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	(i) Section 512(b)(13) controlled entity?			
								Yes No			
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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ACTORS FUND HOUSING DEVELOPMENT CORPORATION 80-0522071

Schedule R (Form 990) 2016	Page 3

Par	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Pa	rt 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 r	elated organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	Gift, grant, or capital contribution to related organization(s)			[1b		Х		
С	Gift, grant, or capital contribution from related organization(s)			[1c	Х			
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e	Х			
_									
f	Dividends from related organization(s).				1f		X		
g	Sale of assets to related organization(s)				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		Х		
i	Performance of services or membership or fundraising solicitations for related organization(s)			11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
۰.	Sharing of paid employees with related organization(s)				10	X			
·	onating of paid employees with related organization(s)								
n	Reimbursement paid to related organization(s) for expenses.				1p		Х		
_	Reimbursement paid by related organization(s) for expenses				1q		X		
ч	Normbursement paid by related organization(s) for expenses				14				
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		Χ		
2		his line, including cove	ered relationships and transa	action thres	sholds	S.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1)									
(2)									
(3)									
(4)									
(5)									

JSA 6E1309 1.000

(6)

Schedule R (Form 990) 2016

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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) (c) Primary activity Legal domic (state or forei country)	(c) Legal domicile (state or foreign country)	e (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes				Yes	Yes No	Yes	No		
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)												_	
15)													
16)												_	

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Schedule R (Form 990) 2016

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Part VII Supplemental Information

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