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 6 Open to Public

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.lrs.gov/form990.

Inspection

A	For th	e 2016 calendar year, or tax year beginning and endin	9	_	
В	Check if	C Name of organization		D Employer identi	fication number
,	applicat	HOUSING EPISCOPAL METHODIST PRESBYTERIAN		,	
	Addri	D/B/A WESBURY PLAZA			
	Name			58-2	2006448
Ē	Initial		suite	E Telephone numb	
F	Final	220 BICHOD LANE	00.10	'	-724-1000
_	—Jreturr term⊪ aled			G Gross receipts \$	194,920.
Г	Amer	ded CONCORD NG 28025	Ì	H(a) is this a group	
F	—ireturr ∏Appli			for subordinate	
_		SAME AS C ABOVE		H(b) Are all subordinates	· — —
	Tayay	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		te: N/A	321		
			I	H(c) Group exempts	M State of legal domicile: NC
	art i	Summary	Tear (	DITIONNALION 1992	M State Of legal domicie. INC
_	T	Briefly describe the organization's mission or most significant activities. PROVIDE	HO	HISTNIC TO LO	W-INCOME
õ	1	AND ELDERLY INDIVIDUALS SUBJECT TO HUD REGUI			
Governance					
Ze.	2	Check this box   if the organization discontinued its operations or disposed of	more	1	1
ő	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
٩ŏ	4	Number of independent voting members of the governing body (Part VI, line-15)		4	12
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V line:2a)		5	0
ΞΞ	6	Total number of volunteers (estimate if necessary)		6	12
Ac		Total unrelated business revenue from Part VIII, column (G) Tipe 12		<u>7a</u>	
	b	Net unrelated business taxable income from Form 9901, line 34 4 5 2011		7b	
	1	SS WAY		Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	57,858	
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	130,884.	
5¢€	1		<u> </u>	21.	43.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)	<u></u>	0.	0.
<del>-</del>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>_</b>	188,763.	194,920.
<del>)</del>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u>	0.	0.
C Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	<u></u>	0.	0.
ŠĘ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
₩.	ь	Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>	<u> </u>
<b>Z</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	<u></u>	227,873.	234,937.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L	227,873.	234,937.
Š	19	Revenue less expenses. Subtract line 18 from line 12	<u>L</u> _	-39,110.	-40,017.
Ses	}		Beg	jinning of Current Year	End of Year
Net Assets or SC Fund Balances	20	Total assets (Part X, line 16)		968,321.	927,942.
쭗	21	Total liabilities (Part X, line 26)		1,963,580.	1,963,218.
훒	22	Net assets or fund balances Subtract line 21 from line 20		-995,259.	-1,035,276.
Pa	irt II	Signature Block			
Unde	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and st	ateme	ents, and to the best of n	ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other Man officer) is based on all information of which pre	parer	has any knowledge.	<i></i>
		Interes W. Willand		5/10/2	20/7
Sign	า	Signature of officer		Date	
Her	е	THOMAS DILLARD, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check [	PTIN
Paid		RHONDA F. SKILES RHONDA F. SKILES	0	5/08/17 self emplo	yed P00174702
Prep	arer	Firm's name BERNARD ROBINSON & COMPANY, LLP		Firm's EIN	56-0571159
Use	Only	Furm's address PO BOX 19608			
		GREENSBORO, NC 27419-9608		Phone no. 3 3	6-294-449
Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes
		LHA For Panarwork Paduction Act Natice see the congrete instructions			Form 990 ()

# HOUSING EPISCOPAL METHODIST PRESBYTERIAN Form 990 (2016) D/B/A WESBURY PLAZA 58-2006448 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission PROVIDE HOUSING TO LOW-INCOME AND ELDERLY INDIVIDUALS SUBJECT TO HUD REGULATIONS GOVERNING RENTAL CHARGES AND OPERATING METHODS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 227,290. including grants of \$ 127,412.) ) (Expenses \$ ) (Revenue \$ PROVIDE SUBSIDIZED HOUSING FOR LOW-INCOME AND ELDERLY RESIDENTS THROUGH AN APARTMENT COMPLEX OF 40 UNITS. 4b ) (Expenses \$ \_\_ ) (Revenue \$ (Code including grants of \$

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ ) (Revenue \$

227,290.

Form 990 (2016)

Total program service expenses

4e

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Form 990 (2016) D/B/A WESBURY PLAZA
Part IV Checklist of Required Schedules

	and the second s	<del></del>	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_	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا م ا		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X_
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	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			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	<u> </u>		
• •	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		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 16º If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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			- v
	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,			<b>.</b>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	]	v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b></b> -	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	1	x
_	complete conedule C, r art III		990	(2016)
		. 5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part IV Checklist of Required Schedules (continued)

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,			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>2</b> 0a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	:		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	'	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,	
	Note. All Form 990 filers are required to complete Schedule O	38	NOC.	(00±0)
		rorm	JJU	(2016)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
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 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			}
	filed for the calendar year ending with or within the year covered by this return 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	,	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<b> </b>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_A_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
9	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
а	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	00		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<b></b>
10	Section 501(c)(7) organizations. Enter	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			j
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ъ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		C	. aan	/004C

Form 990 (2016)

D/B/A WESBURY PLAZA

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u>Sec</u>	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12								
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		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6									
7a	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	<b>b</b> Each committee with authority to act on behalf of the governing body?								
9	, , , , , , , , , , , , , , , , , , , ,								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Γ.					
40			Yes	No					
		10a		X					
b	, , , , , , , , , , , , , , , , , , , ,	401							
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		 					
120	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-		х					
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b							
·	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
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) and 990-T (Section 501(c)(3)s only) are	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	RESIDENTIAL PROPERTY MGMT - 336-724-1000								
	1105 ΒΡΟΟΚΟΨΟΜΝ ΔΥΕΝΙΙΕ ΜΙΝΟΨΟΝ-ΟΔΙΕΜ ΝΟ 27101								

D/B/A WESBURY PLAZA

58-2006448 Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Oh and a Coulomb of the Country of t		
Check if Schedule O contains a response or note to any line in this Part VII	- 1	
<del>,</del>	_	-

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• 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

(A)	(B)	(C)					isat	(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	nore	than		Reportable	Reportable	Estimated
	hours per week	box.	unle er an	ss pe id a d	rson irecto	ıs bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	cto						the	organizations	compensation
	hours for	Individual trustee or director	يوا		1	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste	1	8	Suedu		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	Institutional trustee		Key employee	st con	<b>=</b>	1		organizations
	line)	ind iv	Institu	Officer	Keyer	Highest compensated employee	Former	1		_
(1) J. MAXTON ELLIOTT	0.00									_
BOARD MEMBER		X	_	<u> </u>	_	<u> </u>		0.	0.	0.
(2) RUTH BRATTON	0.00				}	}				
SECRETARY	0 00	X	_	X	_	-	_	0.	0.	0.
(3) BARBARA HUNT	0.00		}	Į	)	}			0	0
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	<del> </del>		0.	0.	0.
(4) GEORGE PATTERSON	0.00	,,			ł					
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	├-	-		0.	0.	0.
(5) DEAN PHILLIPS	0.00	x		İ				0.	0.	0.
BOARD MEMBER	0.00	^	-	-		+		<u> </u>		<u> </u>
(6) MARGARET COX	0.00	x		ł	l			0.	0.	0.
BOARD MEMBER (7) THOMAS DILLARD	0.00	^	-	-	<del> </del>	-		0.		<u>_</u>
PRESIDENT	0.00	X						0.	0.	0.
(8) DORIS REDDING	0.00	-	-		$\vdash$	1-			<u>`</u>	
BOARD MEMBER		x		}	ļ	ļ.,		0.	0.	0.
(9) DON OUTEN	0.00									
BOARD MEMBER		X				L		0.	0.	0.
(10) MIKE ELAM	0.00									
BOARD MEMBER		X	L_		L.	<u> </u>		0.	0.	0.
(11) PAULETTE BURRIS	0.00		İ		ſ				1	1
BOARD MEMBER		X		L_	<u> </u>	Ļ_		0.	0.	0.
(12) AL BENSHOFF	0.00				ł			_		_
BOARD MEMBER					ļ	<b>↓</b> _		0.	0.	0.
		{	}		ŀ					
					<b>-</b>	┼-	<u> </u>			
	ļ				}	}				
					_	<del>                                     </del>				
		L_				<u> </u>		ļ		
·		1						!		
		_		_	$f^-$	1-		<del>                                     </del>		
	L				l		l			L

Page 7

Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(i)	from to organization organizati	he ation ated
						-						
		<u> </u>				_						
												·
1b Sub-total c Total from continuation sheets to Part VI	Il Section A						<b>&gt;</b>	0.		0.		0.
d Total (add lines 1b and 1c)	···				•		<u> </u>	0.		0.		0.
2 Total number of individuals (including but necessarily compensation from the organization	ot limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	),000 of reportable			
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on	ſ	Yes	No
line 1a? If "Yes," complete Schedule J for s										-	3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		-						tne organization		4	X
5 Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	dual for services		_	<b>.</b>
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J i	or s	ucn	per	son					5	<u> </u>
1 Complete this table for your five highest co										ensa	ation from	
the organization Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	nunir	the organization's tax (B)	year.		(C)	
Name and business	address	N	INC	Ξ				Description of s	services	C	ompensat	ion
		<del></del>										
							_					
												<del></del>
Total number of independent contractors (i \$100,000 of compensation from the organi	=	ot l	mite	d to		se li 0	sted	above) who received n	nore than			10010

Form 990 (2016) D/B/A W Part VIII Statement of Revenue

D/B/A WESBURY PLAZA

58-2006448

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue fts, Grants Federated campaigns 1a **b** Membership dues 1b 1<u>c</u> c Fundraising events d Related organizations 1d 67,465 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 67,465 h Total. Add lines 1a-1f Business Code 531110 121,755. 121,755 2 a TENANT RENTS Program Service Revenue 531110 2,885 2,885. **b** TENANT CHARGES  $2,\overline{147}$ . 531110 2,147. c LAUNDRY AND VENDING 531110 d SALES TAX REFUNDS 625. 625. f All other program service revenue 127,412. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 43. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 194,920. 127,412 0. Total revenue. See instructions.

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Form 990 (2016) D/B/A WESBURY PLAZA
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com, Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· · · · · · · · · · · · · · · · · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<del></del>
9	Other employee benefits				
10	Payroll taxes Fees for services (non-employees)				<del></del>
11	` ' ' '	23,466.	23,466.		
	Management	23,400.	23,400.		
b	Legal [ Accounting	7,160.	<del></del>	7,160.	
C	Lobbying	7,100.		7,100.	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	23.	23.		<del></del>
13	Office expenses	10,145.	10,145.	<del></del>	
14	Information technology				
15	Royalties				
16	Occupancy	20,504.	20,504.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	46,518.	46,518.		
23	Insurance	17,570.	17,570.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL REIMBURSEMENT	26,992.	26,992.		
b	OTHER SERVICES EXPENSE	24,431.	24,431.		
c	MANAGER SALARY REIMBURS	20,076.	20,076.		
d		16,500.	16,500.		
e	All other expenses	21,552.	21,065.	487.	
25_	Total functional expenses. Add lines 1 through 24e	234,937.	227,290.	7,647.	<u> </u>
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 5,235 2,368. 1 Cash - non-interest-bearing 1 118,302. 126,112. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 1,789. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 7,715. 8,308. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,886,243. basis Complete Part VI of Schedule D 10a 1,096,285 789,958. 10b 836,476. 10c b Less, accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 968,321 927,942. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,665 6,884. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 608. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 1,941,300. 1,941,300. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 14,615. 14,426. 25 Schedule D 1,963,580. 1,963,218. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -995,259. -1,035,276.Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds -995,259. -1,035,276. 33 33 Total net assets or fund balances 927,942. 968,321 Total liabilities and net assets/fund balances

Form **990** (2016)

HOUSING EPISCOPAL METHODIST PRESBYTERIAN 58-2006448 Form 990 (2016) D/B/A WESBURY PLAZA Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 194,920. Total revenue (must equal Part VIII, column (A), line 12) 1 234,937. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -40,017. 3 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -995,259. 4 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 7 R Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, -1,035,276. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis \_\_\_ Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

3a | X

Form 990 (2016)

2c

632012 11-11-16

Act and OMB Circular A-133?

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

HOUSING EPISCOPAL METHODIST PRESBYTERIAN

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

OMB No 1545-0047

Open to Public Inspection

		D/B/	A WESBURY	PLAZA				_ 5	<u>8-2006448</u>			
Pa	rt I	Reason for Public (			mplete the	s part.) Se	e instructions					
The	organ	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch		_			)(A)(i).					
2	$\overline{\Box}$	A school described in secti					7C-7C7-					
3	戸	A hospital or a cooperative		•			'n					
4	Ħ	A medical research organiz	• -				•	iii) Enter	the hospital's name	<b>.</b>		
7		city, and state	and it operated in out	njanoson wan a noopha	400011000	50000		ingi enter	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	',		
5	$\overline{\Box}$	An organization operated for	or the benefit of a co	llege or university owner	t or operat	ed by a or	overnmentalur	ut describ	ned in			
3				nege of differently owner	o operat	ed by a go	overninental ui	iii describ	in a second			
_	$\overline{}$	section 170(b)(1)(A)(iv). (C										
6	片	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	لـــا	•	•	ntial part of its support f	rom a gov	ernmental	unit or from th	e general	public described in	I		
		section 170(b)(1)(A)(vi). (C										
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II )							
9	ш	An agricultural research org	janization described	In section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a la	and-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	the colleg	e or			
		university:										
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	np fees, a	nd gross receipts fi	rom		
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	t from gross investn	nent		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	red by the org	anization	after June 30, 1975	5		
		See section 509(a)(2). (Cor	mplete Part III.)	,		•	, -					
11		An organization organized		vely to test for public sa	fetv See	section 50	)9(a)(4).					
12	$\Box$	An organization organized a						rv out the	ourposes of one o	r		
		more publicly supported or	•		•			-	•			
		lines 12a through 12d that	_									
а		Type I. A supporting orga							, alvina			
a	<u> </u>	the supported organization										
					тнајонту с	or trie direc	JOIS OF HUSIE	is of the s	apporting			
		organization. You must o	•				- 4	/a\				
b	<u> </u>	Type II. A supporting org										
		control or management o			ame perso	ons that co	ontrol or manag	je tne sup	pported			
	_	organization(s). You mus	•									
С	L	Type III functionally inte	•				· ·	y integrate	ed with,			
	_	its supported organizatio										
d	L											
		that is not functionally int	•	= -	•		· <del>-</del> ·	an attent	iveness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation						
f	Ente	er the number of supported o	organizations						L			
g		ride the following information						· · · _ · · · ·				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga	nization listed ng document?	(v) Amount of r		(vi) Amount of oth			
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instruct	iions)		
							1					
				<del></del>	<b> </b>							
					<del>                                     </del>							
					<del> </del>							
					L	L	<u> </u>		<b></b>			

Schedule A (Form 990 or 990-EZ) 2016 D/B/A WESBURY PLAZA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete	anly if you abanka	d the hey on line 5	7 or 9 of Dort L	or if the areanization	n foiled to avalify	under Part III If the	organization
• •	alify under the tests		•	_	on railed to quality	under Part III II the	Organization
Section A. Public	<u> </u>	, listed below, pied		· · · · · · · · · · · · · · · · · · ·		<del></del>	
·		(10040	# \ 0040	1 1 1 1 1 1 1	1 11 2045	1 1 1 1 1 1 1	
Calendar year (or fiscal y		(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, conf							
membership fees	•						
include any "unus	-			-		<del>   </del>	
2 Tax revenues levi	•						
ization's benefit a	•						
or expended on it			<u> </u>	-		<del> </del>	
3 The value of servi						l l	
furnished by a go the organization v							
=	<del>-</del>		<del></del>			<del>   </del>	
4 Total. Add lines 1	_				<u> </u>		
5 The portion of total							
by each person (c		ļ					
governmental unit	, ,					,	
supported organized on line 1 that exception	*						
amount shown or				1			
column (f)	i iii le 71,						
**					<del>                                     </del>		
6 Public support. s Section B. Total S		<u> </u>	<u></u>	<u> </u>	·L	<u> </u>	<u> </u>
Calendar year (or fiscal )		(a) 2012	(b) 2013	(a) 2014	(4) 2015	(e) 2016	(f) Total
7 Amounts from line		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	(I) IOIAI
8 Gross income from							
dividends, payme	•		•				
securities loans, r		İ					
and income from	•			1		}	
9 Net income from							
activities, whether				İ			
business is regula							
10 Other income. Do	-						
or loss from the s	-			Ì		Ì	
assets (Explain ın	•						
11 Total support. Ad	•						
12 Gross receipts fro		etc (see instruction	ons)			12	
13 First five years.	f the Form 990 is fo	r the organization's	s first, second, th	erd, fourth, or fifth t	ax year as a section		
	ck this box and sto	=					<b>_</b>
Section C. Comp	utation of Publ	ic Support Pe	rcentage				
14 Public support pe	rcentage for 2016 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15 Public support pe	rcentage from 2015	Schedule A, Part	II, line 14			15	%
16a 33 1/3% support	test - 2016. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
stop here. The or	ganization qualifies	as a publicly supp	orted organizatio	n			ightharpoons
b 33 1/3% support	test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
and stop here. The	ne organization qua	lifies as a publicly :	supported organi	zation			
17a 10% -facts-and-	circumstances tes	t - <b>2016.</b> If the org	anızatıon dıd not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organiz	ation meets the "fac	cts-and-circumstan	ces" test, check	this box and stop	here. Explain in Pa	art VI how the orgar	nization
meets the "facts-a	and-circumstances"	test. The organiza	ition qualifies as a	a publicly supporte	ed organization		▶□
b 10% -facts-and-							
more, and if the o	rganization meets t	he "facts-and-circu	ımstances" test, ı	check this box and	i <b>stop here.</b> Expla	in in Part VI how the	•
organization meet	s the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	licly supported org	janization	▶∟」

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

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 D/B/A WESBURY PLAZA 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 b	elow, please comp	olete Part II)				
Sec	ction A. Public Support			, <u>.                                    </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	50,576.	48,858.	48,141.	57,858.	67,465.	272,898.
	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	133,345.	133,211.	131,687.	130,884.	127,412.	656,539.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	183,921.	182,069.	179,828.	188,742.	194,877.	929,437.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b			1			0.
	Public support. (Subtract line 7c from line 6)						929,437.
	ction B. Total Support				<u></u>	, <u>, , , , , , , , , , , , , , , , , , ,</u>	3237-2011
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	183,921.	182,069.	179,828.	188,742.		929,437.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48.	60.	43.	21.	43.	215.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975	48.	60.	43.	21.	43.	215.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	40.	00.	43.	21.	43.	215.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12)	183,969.	182.129.	179.871.	188,763.	194.920-	929.652.
	First five years. If the Form 990 is for						
	check this box and stop here	_	•	,	-	3	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			column (fl)		15	99.98 %
	Public support percentage from 2015					16	99.91 %
	ction D. Computation of Inve			<del></del>	·		
	Investment income percentage for 20			ne 13. column (fi)		17	.02 %
	Investment income percentage from:			,		18	.09 %
	33 1/3% support tests - 2016. If the	organization did n	ot check the box	· ·		33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•	•		•		►LXJ
t	33 1/3% support tests - 2015. If the	_					
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anızatıon qualifies	as a publicly supp	orted organization	. ▶∟_

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 D/B/A WESBURY PLAZA

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### 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. A	AΠ	Supporting Organizations
--------------	----	--------------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
_		
2		
3a		
		-
3b	ļ	
_		
3c		<del></del>
4a		
4b		
4-		
4c		
5a		
_		
5b		
5c		
6		
7		
7		
8		
9a		
O.L		
9b		
9c		
10a		
10b	L	

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_ ra	rt IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	†	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<b>†</b>	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ļ
	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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2	<u> </u>	
<u>Sec</u>	tion C. Type II Supporting Organizations		T.	1
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		ļ
Sec	etion D. All Type III Supporting Organizations			J
	Non		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	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			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		]
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	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	<u> </u>	<u></u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see insti	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instruction	1	T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		+	<del> </del>
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	1	t
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	1	<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зь	$\perp$	L
			_	

$\overline{}$	dule A (Form 990 or 990-EZ) 2016 D/B/A WESBURY PLAZA	_		58-2006448 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	· <u></u> -
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on f	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		-	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_ 6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V Type III Non-Euroctionally Integrated 500			8-2006448 Page 7
		(a)(3) Supporting Orga	amzations (continued)	Our A Value
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	mpt purposes		Current Year
2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt use assets	es or supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
_ <del>5</del> _	Other distributions (describe in Part VI). See instructions	<del></del>		
7	Total annual distributions. Add lines 1 through 6	··	······································	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
ŭ	(provide details in Part VI) See instructions	ic organization is responsive	<i>3</i>	
9	Distributable amount for 2016 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount			-
	Ellio o amount alvidos by Ellio o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
_3	Excess distributions carryover, if any, to 2016			
а				
b				
c	From 2013			
d	From 2014			
е	From 2015	<del>-</del>		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		,	
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	*****		
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	1		
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 D/B/A	WESBURY	PLAZA		58-200	)6448 Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part N	rovide the explar b, 4c, 5a, 6, 9a, 9 i; Part IV, Sectior	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	16, and 11c, Part IV, Se 2a, 2b, 3a, and 3b, Part	rt II, line 17a or 17b; Part III, ction B, lines 1 and 2, Part V, line 1; Part V, Section B,	line 12, V, Section C, line 1e, Part V,
	(See instructions.)					
		<u> </u>	-			
						<del></del> .
	<del></del>					

# **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 16 Open to Public Inspection

Name of the organization

HOUSING EPISCOPAL METHODIST PRESBYTERIAN D/B/A WESBURY PLAZA

Employer identification number 58-2006448

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
_	conservation easements.	( )	NI 0' 1 A
Pa	rt III Organizations Maintaining Collections o		otner Similar Assets.
-	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex	·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1	•	<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	<b>.</b> .
a			<b>S</b>
ь	Assets included in Form 990, Part X		<b>▶</b> \$

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Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (continue	∌d)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t are a si	gnificant	use of its	collection it	ems
	(check all that apply)									
а	Public exhibition		ı 🖳	Loan or exc	hange progra	ams				
b	b Scholarly research e Other									
C	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organizatio	on's exer	npt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ıf the	organizatio	n answered '	'Yes" on	Form 990	), Part IV,	line 9, or	
та	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	is or other as	sets not	inciuaea		٦	
	on Form 990, Part X?									
р	b If "Yes," explain the arrangement in Part XIII and complete the following table									
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d	<del></del>		
e	Distributions during the year						1e			
f	Ending balance							<u> </u>	٦	<del></del>
	Did the organization include an amount on F						ty		<b>」Yes</b>	├ <del></del> No
Par	If "Yes," explain the arrangement in Part XIII									
rai	T V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	S Dack	(d) Inree y	years back	(e) Four ye	ars back
1a	Beginning of year balance		<b>}</b>			—				
þ	Contributions		<u> </u>		<u> </u>				<del></del>	
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships				ļ					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								-	
g	End of year balance		<u> </u>		l				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	ne organi:	zation	_	<del></del>
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	•			)				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI _ Land, Buildings, and Equipn					_				
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990					
	Description of property	(a) Cost or o		, , ,	t or other (other)		ccumulate preciation	- 1	(d) Book v	/alue
	Load	Dasis (ii ivest	mem)			uet	or eciation	<del>'</del>	0.0	E00
	Land				39,500.	1 /	156 1	1 =		<u>,500.</u>
	Buildings .			1,14	28,396.	<u> , (</u>	)56 <u>,1</u>	12.	0/4	,281.
	Leasehold improvements			<del> </del>	7,755.		7,7	55		0.
	Equipment				0,733.		$\frac{7}{32,4}$		20	<u>. 177.</u>
	Other  I. Add lines 1a through 1e (Column (d) must e	aud Form 000, Da-	t V colu				J4,4	+2.		<u>, 177.</u> , 958.
rota	<u>. Aug intes la uniough le (Columni (a) must é</u>	quai ruiii 990, Par	. A, COIGI	m (D), line	100/				103	<u>• 0 C C ,</u>

Schedule D (Form 990) 2016 D/B/A WESBUR				2006448 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation. Cost or end-o	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				<del></del>
(D)				
(E)				
(F)				
(G)				
(H)			<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of value	ation Cost or end-c	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		ine 11d See Form 990, Pai	rt X, line 15.	# > Do aloualisa
	escription			(b) Book value
(1)				
(2)				
(3)	<del></del>			
(4)				
(5)		<del></del>		
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	· <del>-</del> ····
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<u> </u>	<u> </u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	on Form 990, Part IV, I		90, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		14 105		
(2) TENANT SECURITY DEPOSITS		14,426.		
(3)		-		
(4)				
(5)				
(6)				
(7)				

 $\triangleright$ 

14,426.

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

<sup>2.</sup> 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.

58-2006448 Page 4 Schedule D (Form 990) 2016 D/B/A WESBURY PLAZA Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 194,920. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII ) 2d Add lines 2a through 2d 2e 194.920. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 40 194 920. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 234,937. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25 Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 24 d Other (Describe in Part XIII.) e Add lines 2a through 2d 234,937. 3 Subtract line 2e from line 1 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 Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. PART X, LINE 2: IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A 'MORE-LIKELY-THAN-NOT' THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2016.

632054 08-29-16

Schedule D (Form 990) 2016

# 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.

2016

OMB No 1545-0047

Open to Public Inspection

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.

HOUSING EPISCOPAL METHODIST PRESBYTERIAN

D/B/A WESBURY PLAZA

Employer identification number 58-2006448

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARGES AND OPERATING METHODS. FORM 990, PART VI, SECTION A, LINE 3: THE BOARD OF DIRECTORS HAS DELEGATED THE MANAGEMENT OF THE RENTAL THE AFFORDABLE HOUSING APARTMENT COMPLEX IS APARTMENTS TO RPM, INC. REGULATED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AS TO RENT CHARGES AND OPERATING METHODS. THE MANAGEMENT COMPANY WAS CHOSEN DUE TO ITS EXPERIENCE IN MANAGEMENT UNDER THESE GUIDELINES. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AT A BOARD THE BOARD IS GIVEN TIME TO REVIEW FORM 990 AND MEETING PRIOR TO FILING. A REPRESENTATIVE FROM THE MANAGEMENT COMPANY IS AVAILABLE AT THE MEETING TO RESPOND TO ANY QUESTIONS OR CONCERNS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC AT BOTH THE APARTMENT COMPLEX OFFICE AND THE OFFICE OF THE MANAGEMENT COMPANY.

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Employer identification number 58-2006448 OMB No 1545-0047 Open to Public Inspection controlled 2016 Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) **e** LINE 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Exempt Code section Related Organizations and Unrelated Partnerships ਉ 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) NORTH CAROLINA HOUSING EPISCOPAL METHODIST PRESBYTERIAN ► Attach to Form 990. COW-INCOME AND ELDERLY Primary activity Primary activity PROVIDE HOUSING TO For Paperwork Reduction Act Notice, see the Instructions for Form 990. INDIVIDUALS D/B/A WESBURY PLAZA 58-1481727, 200 BISHOP LANE, CONCORD, NC METHODIST EPISCOPAL SENIOR HOUSING INC Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

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Schedule R (Form 990) 2016 D/B/A WESBURY PLAZA

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

Page 2

58-2006448

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

Schedule R (Form 990) 2016

632162 09-06-16

# HOUSING EPISCOPAL METHODIST PRESBYTERIAN D/B/A WESBURY PLAZA

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Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ê
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more i	elated organizations listed	ın Parts II:1V?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıntıty			<u>1</u>		×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				1e		×
6 Dundonde from related presentation(e)						>
L DIVIDENDS HOTH TENERED OLDER HIZARIOTI(S)				=	1	4
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				11		×
k Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ization(s)			1		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
Beimhi ireamant noid to related organization(e) for evicences				ţ		×
p remodration para to related organization(s) for expenses				2 5		<b>(</b>  ×
				2		4
r Other transfer of cash or property to related organization(s)				<u>,</u>		×
s Other transfer of cash or property from related organization(s)		,		18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on who must complete t	his line, including covered	relationships and transaction thresholds	ł	1	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(6)					ĺ	
(4)						
(5)						-
(9)						
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HOUSING EPISCOPAL METHODIST PRESBYTERIAN

Schedule R (Form 990) 2016 D/B/A WESBURY PLAZA

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership	i	ı		
(j) neral or naging arther?				]
Gene Part		 	 	 
(h) (i) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k				
opor- ate tions?				
Onsproper tionate allocation				 
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec 501(c)(3) orgs?				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2016

Schodulo D	(Form 990) 2016					ST PRI	ESBYTERIA	AN <u>58-2006448</u>	Dago F
Part VII	Supplemental Infor	D/B/A W	IAUGGE	FUAL	1 <u>64</u>		<del> </del>		raye 5
	Provide additional informa		ses to auceti	one on S	chedule R. See i	instruction	ns		
	1 TOVIGE Additional Infolhia	morrior respon	ises to questi	Ons on S	criedule 11. Occ 1	instruction	13.		
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Schedule R (Form 990) 2016

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