

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 10/01/17, and ending 09/30/18

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only.

**A**  Check box if address changed

**B** Exempt under section

501(c) (28)

408(e)  220(e)

408A  530(a)

529(a)

Name of organization (  Check box if name changed and see instructions )

**SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY**

Number, street, and room or suite no. If a P.O. box, see instructions

**1580 SAWGRASS CORPORATE PKWY #100**

City or town, state or province, country, and ZIP or foreign postal code

**SUNRISE FL 33323**

**D** Employer identification number (Employees' trust, see instructions)

**52-1150867**

**E** Unrelated business activity codes (See instructions)

**531110**

**C** Book value of all assets at end of year

**4,154,080**

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity

▶ **ANTENNA RENT**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No

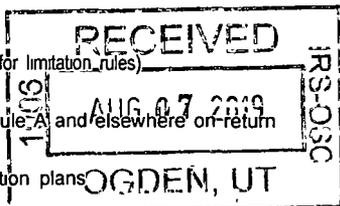
If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of ▶ **IRENE PHILLIPS** Telephone number ▶ **954-835-9200**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule) <b>See Stmt 1</b>	12	24,189	24,189
13	<b>Total.</b> Combine lines 3 through 12	13	24,189	24,189

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	24,189
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	24,189
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	23,189



SCANNED SEP 16 2019

613

Form 990-T (2017) **SENIOR CITIZENS HOUSING DEVELOPMENT** 52-1150867

**Part III Tax Computation**

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1)	\$	(2)	\$
(3)	\$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
	(2) Additional 3% tax (not more than \$100,000)	\$	
c	Income tax on the amount on line 34	▶	35c 4,519
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	▶	36
37	Proxy tax. See instructions	▶	37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income. See instructions		39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	44	40 4,519

**Part IV Tax and Payments**

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800 (see instructions)	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	46 4,519
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (att. sch)	43	
44	Total tax. Add lines 42 and 43	44	48 4,519
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	3,664
c	Tax deposited with Form 8868	45c	865
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	45g	
46	Total payments. Add lines 45a through 45g	46	51 4,529
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	54 10
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶ Refunded ▶	50	10

**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *Jennifer R. Koffman* 08/02/2019 ▶ **Director**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: Jennifer R. Koffman  
 Preparer's signature: *Jennifer R. Koffman*  
 Date: 08/02/19 Check  if self-employed PTIN: P01625987  
 Firm's name: Bellows Associates, P.A. Firm's EIN: 65-0804414  
 Firm's address: Plantation, FL 33324-4028 Phone no: 954-838-7000

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <b>No</b>

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1</b> Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) ▶	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8 ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) ▶

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			

<b>Form 990-T</b>	<b>Tax Computation Worksheet - Corporate Fiscal Year Blended Rate</b>	<b>2017</b>
For tax year beginning <b>10/01/17</b> , and ending <b>09/30/18</b>		

Name <b>SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY</b>	Employer Identification Number <b>52-1150867</b>
---	---

- 1) Taxable income from Form 990-T, Line 34  
 1a) Taxable fringe benefits

1	23,189
1a	

**Pre-TCJA Tax Computation**

- 2) Tentative tax (1) As a Controlled Group or (2) Based on Income of Form 990-T, Line 34 displayed on Line 1  
 3) Applicable ratio 92 days included in this period divided by 365 total days in the year  
 4) Tax for the pre-TCJA period (multiply Line 2 by Line 3)

2	3,478
3	0.252055
4	877

**Post-TCJA Tax Computation**

- 5) Tentative tax Multiply line 1 by 21%  
 6) Applicable ratio 273 days included in this period divided by 365 total days in the year  
 7) Tax on fringe benefits Multiply line 1a by 21%  
 8) Tax for the post-TCJA period (multiply Line 5 by Line 6, add Line 7 to this amount)

5	4,870
6	0.747945
7	
8	3,642

**Total Tax Computation**

- 9) Total tax liability before credits Sum of line 4 plus line 8  
 Enter here and on Form 990-T, Line 35c

9	4,519
---	-------

**Federal Statements**

**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
ANTENNA RENT	\$ 24,189
Total	\$ 24,189

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No **179**

Name(s) shown on return **SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY**

Identifying number  
**52-1150867**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	<b>510,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,030,000</b>
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>483,261</b>

**Part III MACRS Depreciation (Don't include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	<b>483,261</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

There are no amounts for Page 2

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2016 &amp; 2017</b>
For calendar year 2017, or tax year beginning <b>10/01/17</b> , ending <b>09/30/18</b>		

Name <b>SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY</b>	Taxpayer Identification Number <b>52-1150867</b>
---	---

		2016	2017	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities			
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income	24,073	24,189	116
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>24,073</b>	<b>24,189</b>	<b>116</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages			
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses			
	18. Charitable contributions			
	19. Depreciation and Depletion			
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs			
	22. Other deductions			
	<b>23. Total deductions.</b> Add lines 12 through 22			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24,073</b>	<b>24,189</b>	<b>116</b>
	25. Net operating loss deduction			
	26. Specific deduction	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>23,073</b>	<b>23,189</b>	<b>116</b>
<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	3,461	4,519	1,058
	29. Proxy tax			
	30. Other taxes			
	<b>31. Total taxes</b>	<b>3,461</b>	<b>4,519</b>	<b>1,058</b>
	32. Other credits			
	33. General business credit			
	34. Credit for prior year minimum tax			
	<b>35. Total credits</b>			
	<b>36. Net tax after credits</b>	<b>3,461</b>	<b>4,519</b>	<b>1,058</b>
	37. Recapture taxes			
<b>38. Total Taxes</b>	<b>3,461</b>	<b>4,519</b>	<b>1,058</b>	
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	3,384	3,664	280
	40. Payment made with extension		865	865
	41. Backup withholding and foreign withholding			
	42. Other payments			
	<b>43. Total payments</b>	<b>3,384</b>	<b>4,529</b>	<b>1,145</b>
	<b>44. Balance due/(Overpayment)</b>	<b>77</b>	<b>-10</b>	<b>-87</b>
	45. Overpayment applied to next year		10	10
	46. Penalties	44		-44
	<b>47. Total due/(Refund)</b>	<b>121</b>		<b>-121</b>

Form **990T**

**Tax Return History**

**2017**

Name **SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY** Employer Identification Number **52-1150867**

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	23,484	23,484	23,484	24,073	24,189	
<b>Total trade or business income.</b>	<b>23,484</b>	<b>23,484</b>	<b>23,484</b>	<b>24,073</b>	<b>24,189</b>	
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form **990T**

**Tax Return History**

**2017**

Name **SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION OF MONTGOMERY COUNTY**

Employer Identification Number **52-1150867**

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000	1,000	1,000	1,000	1,000
Income after expense and deductions	-1,000	22,484	22,484	23,073	23,189	23,189
Income tax (corporate or trust)	3,373	3,373	3,373	3,461	4,519	4,519
Other taxes						
<b>Total taxes</b>	<b>3,373</b>	<b>3,373</b>	<b>3,373</b>	<b>3,461</b>	<b>4,519</b>	<b>4,519</b>
General business credit						
Other credits						
<b>Net tax after credits</b>	<b>3,373</b>	<b>3,373</b>	<b>3,373</b>	<b>3,461</b>	<b>4,519</b>	<b>4,519</b>
Estimated tax payments	4,287	4,220	3,401	3,384	3,664	3,664
Other payments					1,730	1,730
<b>Balance due/Overpayment</b>	<b>-914</b>	<b>-847</b>	<b>-28</b>	<b>77</b>	<b>-875</b>	<b>-875</b>

\* Income shown net of expenses

### Form 990-T Return Summary

For calendar year 2017, or tax year beginning 10/01/17 , and ending 09/30/18

**SENIOR CITIZENS HOUSING DEVELOPMENT 52-1150867  
CORPORATION OF MONTGOMERY COUNTY**

**Income**

Gross profit			
Capital gain / loss			
Unrelated debt-financed income			
All other income	24,189		
<b>Total income</b>		24,189	

**Deductions**

Officer compensation			
Salaries			
All other deductions			
Net operating loss			
Specific deduction	1,000		
<b>Total deductions</b>		1,000	

**Unrelated business taxable income**

23,189

**Taxes / Credits / Payments**

Regular tax	4,519		
Proxy tax			
Alternative minimum tax			
<b>Tax</b>		4,519	
Foreign tax credit			
Other credits			
General business credits			
Prior year minimum tax credit			
<b>Total nonrefundable credits</b>			
Other taxes			
<b>Total tax</b>		4,519	
Estimated tax payments	3,664		
Paid with extension	865		
Tax withheld			
Other credits / payments			
Estimated tax penalty			
Overpayment applied to next year's tax	10		
<b>Payments / penalty / application</b>		4,519	
<b>Net tax due</b>			0

**Additions to Tax**

Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
<b>Total additions</b>			

**Balance due**  
**Refund**

**Next Year's Estimates**

1st quarter			
2nd quarter			
3rd quarter			
4th quarter	4,509		
<b>Total</b>	4,509		

**Miscellaneous Information**

Amended return  
Return / extended due date 08/15/19