Form	990-T	E	Exempt Org	anization E	Busines	s Inco	me Tax	x Retur	n	OMB No 1545-0687
	°	Fa. a.		(and proxy tax	under sec					2017
$\mathcal{C}_{\mathcal{C}}}}}}}}}}$	` ,	Forca	lendar year 2017 or other tax	vw irs gov/Form990T	for instruction	and en			-	LUII
Departi	ment of the Treasury I Revenue Service		Do not enter SSN num	-					3)	Open to Public Inspection for 50 t(c)(3) Organizations Only
A [Check box if address changed		Name of organization	Check box if n	ame changed a	nd see instru	ctions)		(Emp	loyer identification number ployees' trust, see uctions)
B Ex	empt under section	Print	ROBERT L W	ALLS SENI	OR CITI	ZEN CI	ENTER		5	2-1628950
X	501(c)3_)	· _or	Number, street, and ro	om or suite no If a P	O. box, see inst	tructions				lated business activity codes instructions)
	408(e) 220(e)	Type	4339 BOWEN	ROAD SE					┙`	,
	408A530(a)		City or town, state or p		ZIP or foreign (postal code				
	529(a)	<u></u>	WASHINGTON		<u>19-5600</u>				900	0002
C Bool	k value of all assets nd of year		F Group exemption nu							
	451,0		G Check organization				(c) trust	401	a) trust	Other trust
			ary unrelated business a							[12],,
		-	poration a subsidiary in a		ı parent-subsıdı	ary controlle	d group?	•	Y	es X No
~~	•		tifying number of the pa				Talanhana	numbar N	/200	3) 583-5555
Par			DE RAYE WAL de or Business I			(A) Inco		number > (B) Expens	(202	(C) Net
<u> </u>			ue or business i	Ticome		(//) !!!!		(D) Expens		(0)1101
	Gross receipts or sale Less returns and allo			c Balance	10					
~	Cost of goods sold (S		Δ line 7\	C Dalatice	1c 2					
	Gross profit. Subtract		•		3					
•	Capital gain net incon				4a					†
		•	Part II, line 17) (attach Fo	nrm 4797)	4b					
	Capital loss deduction			,,,,	4c					
5	•		ips and S corporations	(attach statement)	5					
7	Rent income (Schedu		po and o corporation	(2)	6					
•	Unrelated debt-finance		me (Schedule E)		7	71	893.	119,	648.	-47,755.
			and rents from controlle	d organizations (Sch	F) 8			•		
		•	on 501(c)(7), (9), or (17							
10	Exploited exempt acti	vity inco	ome (Schedule I)		10					
11	Advertising income (S	Schedule	e J)		11					
12	Other income (See in:	struction	ns, attach schedule)		12				_	
	Total. Combine lines				13		893.	119,	<u>648.</u>	-47,7 <u>55</u> .
Par	t II Deductio		ot Taken Elsewh utions, deductions m					come)		
14			rectors, and trustees (S						14	
15	Salaries and wages	,	, , , , , , , , , , , , , , , , , , , ,		SENTER				15	20,490.
16	Repairs and mainter	nance		RF	CLIVLY	701			16	
17	Bad debts	•			- 0 + 0	, ।ଞ୍ଚା			17	
18	Interest (attach sche	dule)		18] NU	V 2 0 2018	RS-OSC			18	
19	Taxes and licenses		-	180 110		اعلييس			19	1,948.
20	Charitable contributi	ons (Se	e instructions for limitat	on rules) 🕮 🔭	GEAT	لي			20	
21	Depreciation (attach	Form 4	562)	l Du	سلالعالياة		21			
22	Less depreciation cla	aimed oi	n Schedule A and elsew	here on relian		Ĺ	22a		22b	
23	Depletion								23	
24	Contributions to defe		mpensation plans		•				24	4 405
25	Employee benefit pro	-							25	4,425.
26	Excess exempt expe								26	
27	Excess readership co			,		000	CHACT	מוצאות 1	27	E 045
28	Other deductions (at					SEE	STATEM	ITMT. I	28	5,845. 32,708.
29	Total deductions A			hoo loog dadu-tra- O	uhtraat line 00 f	from line 10			29	-80,463.
30			ncome before net opera		ubtract line 29 f		STATEM	ר יידואים)	30	-00,403.
31			(limited to the amount		a 21 from line 9		SIMIEN	ک ۱۱۸۱ت	32	-80,463.
32			ncome before specific d			U			33	1,000.
33 34			y \$1,000, but see line 33 income Subtract line 3			an line 22 o	iter the emalla	er of zero or	33	1,000.
J#	line 32	Idadule	mounte outitati me d	O HOIT MIC OZ II MIC	oo is greater til	an inio 92, 5	noi the sindle	01 2010 01	34	-80,463.
									· " "	Form 990-T (2017)

Form 990-T	(2017) ROBERT L WALLS SENIOR CITIZEN CENTER		52-16	28950	Page 2
Part I					
35、	Organizations Taxable as Corporations See instructions for tax computation				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and	d			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order				
	(1) \$ (2) \$ (3) \$,			
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
U	(2) Additional 3% tax (not more than \$100,000)		 		
	Income tax on the amount on line 34			► 35c	0.
		an line 2	A from	330	<u></u>
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of Tax rate schedule or Schedule D (Form 1041)	JII MITE S	54 II OIII	··	
				36	
	Proxy tax See instructions		•	> 37	
38	Alternative minimum tax			38	
	Tax on Non-Compliant Facility Income See instructions			39	
	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part I				~	
	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	41c		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		_	
е	Total credits Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40		-	42	0.
43	Other taxes. Check if from 🔙 Form 4255 🔙 Form 8611 🔙 Form 8697 🔙 Form 886	66 L	Other (attach schedule	e) 43	
44	Total tax Add lines 42 and 43			44	0.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b_			
C	Tax deposited with Form 8868	45c	·· ·		
	Foreign organizations. Tax paid or withheld at source (see instructions)	45d			
	Backup withholding (see instructions)	45e	. =		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		- , l	
	Other credits and payments Form 2439				
9	Form 4136 Other Total	45g			
46	Total payments Add lines 45a through 45g			46	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			47	· · · · · · · · · · · · · · · · · · ·
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			▶ 48	0.
	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			→ 49	0.
	Enter the amount of line 49 you want. Credited to 2018 estimated tax		Refunded	► 50	
	Statements Regarding Certain Activities and Other Information	n (see		7 30 1	
	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		-		163 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, the organization				
	, , , , , , , , , , , , , , , , , , ,	oreigir c	Journa y		v
	here >		the a feweren two and		$- \frac{X}{X}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insieror	to, a foreign trust?		1 1
	If YES, see instructions for other forms the organization may have to file.				,
53	Enter the amount of tex-exempt interest received or accrued during the tax year \$ Under penalties of pergry, I declare that I have examined this return, including accompanying schedules and si	Internanti	and to the best of my k	nowledge and belief	ut is true
Sign	correct, and complete. Declaration of preparer (others than taxpayer) is based on all information of which prepare	er has an	y knowledge	inowiedge and bene	, it is tide,
Here	CHIEF O		ATING	May the IRS discus	s this return with
ICIC	OFFICER Date OFFICER			the preparer shown	· · · ·
	Signature di officer Date Title			instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	е	Check	ıf PTIN	
Paid	$ \mathcal{Q} $		self- employe		
Prepa	rer STEVEN HALT	/09,			83643
Use O	nly Firm's name ► HALT, BUZAS & POWELL, LTD.		Firm's EIN	<u>▶ 26-0</u>	004395
	1199 N. FAIRFAX ST. 10TH FLOOR				
	Firm's address ► ALEXANDRIA, VA 22314		Phone no		<u> 36-1350</u>
				Forn	n 990-T (2017)

Schedule	A - Cost of Good	s Sold. Enter m	nethod of invento	ory valuation N/A	Ā				
1 Inventor	ry at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchas	ses	2		7 Cost of goods sold S	ubtract li	ne 6	,		
3 Cost of	labor	3		from line 5. Enter here	and in P	art I,			
4 a Addition	nal section 263A costs			line 2			7		, .
(attach s	schedule)	4a		8 Do the rules of section	n 263A (w	nth respect to		Yes	No
b Other co	osts (attach schedule)	4b		property produced or	acquired	for resale) apply to			-
	Add lines 1 through 4b	5		the organization?					<u> </u>
(see instru		(From Real P	roperty and	Personal Property	Lease	ed With Real Prop	erty)		
1 Description	of property		1						
(1)									
(2)	•								
(3)									
(4)	<u>-</u>								
		2 Rent received				3(a) Deductions directly of	connected with t	he income i	ın
(a) F	From personal property (if the per ent for personal property is more 10% but not more than 50%	e than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or it is based on profit or income)	tage f	columns 2(a) and			
(1)									
(2)									
(3)									
(4)									
Total		0.	Total		0.				
	me Add totals of columns to page 1, Part I, line 6, column		r ▶		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule	E - Unrelated Deb	ot-Financed I	ncome (see in	nstructions)					<u> </u>
				2 Gross income from		3 Deductions directly conne to debt-finance		ocable	
	1 Description of debt-fir	nanced property		or allocable to debt- financed property		Straight line depreciation (attach schedule)	(attach	r deduction schedule)	
1222				H1 002		PATEMENT 3	STATEM		4
(1) 4 339	BOWEN RD SE			71,893.	-	31,756.		<u>87,8</u>	92.
(2)					1				
(3)					-				
(4)					-		0		
debt on or prop	ant of average acquisition allocable to debt-financed erty (attach schedule)	of or allo debt-financ	ed property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6	ble deduct total of co and 3(b))	
	TEMENT 5 532,230.	STATEM	310,932.	100.00%	-	71,893.	1	19,6	18
(1)	332,230.		310,332.	100.00% %	-	71,093.		17,0	40.
(3)				// //////////////////////////////////					
(4)									
\''			<u>l</u>			iter here and on page 1, art I, line 7, column (A)	Enter here Part I, line	and on pag 7, column (
Totals						71,893.	1	19,6	
Totals Total divider	nds-received deductions in	cluded in column 8			<u></u>		1	٠,٠	0.
. Otal alaidel	145 16561469 46486110113 1111	Sibboo iii Coldiiiii C							"

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Schedule F - Interest,	Annuitie	s, Royal	ties, an		s From Controlled O			ation	15 (see ins	truction	s)
Name of controlled organiza	tion	2 Emp Identific numl	cation	3 Net unr	related income e instructions)	4 Tota	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)					· · ·						
(2)											
(3)									-		
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income		nrelated incom ee instructions		9 Total	of specified payi made	nents	10 Part of column the controllingross		nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see inst		ne of a	Section	501(c)(7), (9), or	(17) Or	ganization)			
1 Desc	eription of inco	me			2 Amount of	income	3 Deduction directly connect (attach scheduler)	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)							<u></u>				
(4)							a =-				
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totáls				>		0.					0.
Schedule I - Exploited (see instru	_	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
1 Description of exploited activity	2 G unrelated incomi trade or t	business e from	3 Exp directly or with pro of unre business	onnected duction elated	4 Net incom from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat led	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-							
(2)											
(3)											
(4)	Enter her page 1, line 10,	Part I, col (A)	Enter her page 1, line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	na Incar	0.		0.	<u> </u>		· -			_	0.
Part I Income From					solidated	Basis	<u> </u>			_	
1 Name of periodical		2 Gross advertising income		Direct	or (loss) (c	ain, computi	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)			\perp								
(4)							_				
Totals (carry to Part II, line (5))	•	(<u>) </u>	0							0.
											Form 990-T (2017

Form 990-T (2017) ROBERT L WALLS SENIOR CITIZEN CENTER 52-16289

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)						
(2)						
(3)						
(4)					· ·	
Totals from Part I	0.	0.	. ,	٦	- k-	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)			e	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		•	:	0

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)		%	j
(2)		%	•
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

FORM 9.90-T.	· · · · · · · · · · · · · · · · · · ·	OTHER DE	DUCTIONS		STATEMENT	1
DESCRIPTION	ſ				AMOUNT	
OTHER INDIR	- ECT EXPENSES			•	5,8	15.
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 28			5,8	15.
FORM 990-T	NET	OPERATING LO	OSS DEDUCTION	ON	STATEMENT	2
		LOSS PREVIOUSL		oss	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIED	REM.	AINING	THIS YEAR	
12/31/12 12/31/13 12/31/14	92,683. 86,144. 77,951.		0. 0. 0.	92,683. 86,144. 77,951.	92,683 86,144 77,953	1. L.
12/31/15 12/31/16	77,047. 85,302.		0.	77,047. 85,302.	77,04° 85,30°	
				410 105	419,12	_
NOL CARRYOV	ER AVAILABLE THIS	YEAR		419,127.	419,12	/ .
	·					_
	·	YEAR - DEPRECIA	rion deduct		STATEMENT	/· — 3
FORM 990-T	SCHEDULE E		FION DEDUCT ACTIVITY NUMBER			_
FORM 990-T DESCRIPTION	SCHEDULE E		ACTIVITY	ION	STATEMENT .	3
FORM 990-T DESCRIPTION DEPRECIATIO	SCHEDULE E	C - DEPRECIA!	ACTIVITY NUMBER	ION AMOUNT	STATEMENT . TOTAL	3
FORM 990-T DESCRIPTION DEPRECIATIO TOTAL OF FO	SCHEDULE E N EXPENSE RM 990-T, SCHEDULE	C - DEPRECIA!	ACTIVITY NUMBER 1 3(A)	ION AMOUNT	STATEMENT TOTAL 31,7	3
FORM 990-T DESCRIPTION DEPRECIATIO TOTAL OF FO FORM 990-T	SCHEDULE E N EXPENSE RM 990-T, SCHEDULE SCHEDULE	S - DEPRECIA: SUBTOTAL - SE, COLUMN	ACTIVITY NUMBER 1 3(A)	ION AMOUNT	TOTAL 31,75	3
FORM 990-T DESCRIPTION DEPRECIATIO	SCHEDULE E N EXPENSE RM 990-T, SCHEDULE SCHEDUL	S - DEPRECIA: SUBTOTAL - SE, COLUMN	ACTIVITY NUMBER 1 3(A) DEDUCTIONS ACTIVITY	ON	STATEMENT TOTAL 31,75 31,75	3 56.

FORM 9.90-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN	STATEMENT	5 		
DESCRIPTION	,	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEBT	- SUBTOTAL -	1	532,230.	532,23	30.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	4		532,23	30.

FORM 9.90-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	STATEMENT	6		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
BASIS	- SUBTOTAL -	1	310,932.	310,93	32.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		310,93	32.