Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public Inspection

Department of the Treasury ► Go to www irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if Address change ROBERT L WALLS SENIOR CITIZEN CENTER Name change 52-1628950 Doing business as Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (202)583-55554339 BOWEN ROAD SE 552,023. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended WASHINGTON, DC 20019-5600 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer DE RAYE WALKER for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3)) ◀ (insert no) 4947(a)(1) If "No," attach a list (see instructions) 501(c) (H(c) Group exemption number ▶ J Website: ► N/A Form of organization: X Corporation Association Other > Year of formation: 1988 M State of legal domicile DC Trust Part I | Summary Briefly describe the organization's mission or most significant activities LOW INCOME HOUSING FOR SENIORS if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ 10 Number of voting members of the governing body (Part W. line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Pa此V, line 2a) 3 5 Total number of volunteers (estimate if necessary) 6 -47,755. 7a 7 a Total unrelated business revenue from Part VIII, column -80,463. b Net unrelated business taxable income from Form 990-T **Current Year Prior Year** 422,392 419,531. Contributions and grants (Part VIII, line 1h) 58,473 60,305. Program service revenue (Part VIII, line 2g) 20. 3. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -47,481**.** -52 752 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c 428,116 432.375. Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 94.121 98,683. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 325,844 312,287. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 419,965 410,970. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,405. 8,151. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 491,795. 451,082. 20 Total assets (Part X, line 16) 604,710 542,592. 21 Total liabilities (Part X, line 26) -112.915. -91,510. Net assets or fund balances Subtract line 21 from line 20 | Signature Block 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, Doctoration of prepared (other the officer) is based on all information of which preparer has any knowledge Sian WALKER, CHIEF OPERATING OFFICER RAYE Here Type or print name and title Check Print/Type preparer's name 11/09/18 self-employed P01083643 Paid STEVEN HALT Firm's name HALT, BUZAS & POWELL Firm's EIN 26-0004395 Preparer Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR Use Only Phone no (703) 836-1350 ALEXANDRIA, VA 22314

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2017) ROBERT L WAL			CITI	ZEN CENTE	R	52-162	8950	Page 2
Pa	rt III Statement of Program Service Ac	ccom	plishments						
	Check if Schedule O contains a response or	note t	o any line in thi	s Part	III <u> </u>				X
1	Briefly describe the organization's mission								
	RLWSCC IS AN INDEPENDENT	LIV	ING FACI	LIT	Y LOCATED	IN THE	SOUTHE	AST	
	OUADRANT OF THE NATION'S	CAP	ITAL ANI	OF	FERS AFFO	RDABLE,	COMFOR	TABLE	
	LIVING QUARTERS IN A QUIE	Т,	CARING E	IVN	RONMENT.	THE FO	RTY-EIG	HT UN	IT
	BUILDING HAS EFFICIENCY,						TH LAUN	DRY	
2	Did the organization undertake any significant prog								
_	prior Form 990 or 990-EZ?		J	,				Yes	X No
	If "Yes," describe these new services on Schedule	0							
3	Did the organization cease conducting, or make significant		nt changes in h	now it c	onducts, any proq	ram services?		Yes	X No
•	If "Yes," describe these changes on Schedule O	J	g		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4	Describe the organization's program service accord	molishi	ments for each	of its t	ree largest progra	, m services, as	measured by	expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are re								
	revenue, if any, for each program service reported		, to topoit are t		. or granto and and		,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a			unaludina aranta a) (Revenu	¢	60	305.)
74	PROGRAM THAT AIDS SENIORS	TΩ	TIVE AT	 מי	FACTLITY				
	HOUSING AND SERVICES.	10	DI VD 211		THOTBIT	111111 11111	20110 111	<u> </u>	
	HOODING AND BERVICED.	****							
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41									
4b	(Code) (Expenses \$		including grants o	f \$) (Revenu	e \$,
									
							 		
	and the same of th								
4c	(Code) (Expenses \$		including grants o	f \$) (Revenu	e \$)
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4.d	Other program services (Describe in Schedule O)								
TU		ante of ¢) (Rayanus e)	
4e	(Expenses \$ including gra Total program service expenses ▶		9,872.		/ /nevenue 2				
+C	Total program service expenses		- 1 - 1 - 1 - 1					Form 90	90 (2017)
								. 5//// 5	(~011)

ROBERT L WALLS SENIOR CITIZEN CENTER Part JV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		. 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,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l .		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			**
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.5	
	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			37
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	_11b_		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			•
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ļ	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	990 (X
		Lorm	JJU (ZUI/)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
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		Х
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	Х	
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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 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		ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199		-	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2017)

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Part W Statements Regarding Other IRS Fillings and Tax Compliance	Page 5
1a Enter the number reported in Box 3 of Form 1096 Enter-O- if not applicable be Sites the number of Forms W 2G included in line 1a Enter-O- if not applicable could the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life in the calendary sera rending with or within the year covered by this refurn. biff at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) biff at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) biff at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) biff at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) biff at least one is a spiral to a greater than 250, you may be required to e-file (see instructions) biff at least one is a spiral to a greater than 250, you may be required in expension on the sample of the companization on the organization of the organization on expenses statement that such contributions or gifts with the organization than the organization on the	
to Enter the number reported in Box 3 of form 1996 Enter 0- if not applicable Enter the number of Forms W 2G included in line 1a Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization fall are required federal employment tax returns? Note. If the sum of lines 1 a and 2 is greater than 250, you may be required to e-life (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," that if the 3 cm 950-T for this year? if "No," to line 3b, provide an explanation in Schedule 0 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (w-1 has a bank account, securities account, or other financial accountry?) 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 have annual gross receipts that are normally greater than \$100,000, and did the organization solutions? 5b If "Yes," did the organization in Form 88867. 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutions of the value of the popular solutions or gifts were not tax deductible as charitable contributions. 6b If "Yes," in the mean of the organization in fee form 88867. 6c Does the organization shall with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. 6c If Yes, "indicate the number of Forms 8282 filed during the year. 7c If Yes, "i	
b Enter the number of Forms W 2G included in line 1a Enter 0 of not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year and ming with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990.1 for this year? If "No," to line 3b, provide an explanation in Schedule 0 1 If "Yes," that it is deal a Form 990.1 for this year? If "No," to line 3b, provide an explanation in Schedule 0 1 If "Yes," that it is not a foreign country (such as a bank account, securities account, or other financial account)? 1 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 porty to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8885.7" 6a Does the organization she annual gross receipts that are normally greater than \$100,000, and did the organization solucit any contributions that were not tax deductible? 6b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 6c Did the organizations that may receive deductible contributions under section 170(c). 6c Did the organization shell party the donor of the value of the goods or services provided? 7c Did the organization shell party the donor of the v	s No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners? 2 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 3 h If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Note: If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3 D obt the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If "Yes," enter the name of the foreign country [No. To line 3b, provide an explanation in Schedule 0 6 If "Yes," enter the name of the foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or a signature or other authority over, a financial account in a foreign country [No. To line 3b, provide an explanation or a financial accountry [No. To line 3b, provide and accountry [No. To line 3b, pr	-
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2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the caloridary aer anding with or within the year covered by this return 1 If at least one is reported on line 2a, did the organization field if equired federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Det the organization have unreliated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, southers account, or other financial account)? 5 If "Yes," enter the name of the foreign country to provide a bank account, southers account, or other financial accounts? 5 Was the organization of the form 8068 To more 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization be organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," on the organization the form 8868 To? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization state may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organization state may receive deductible contributions under section 170(c). 1 If "Yes," did the organization state in the state of the value of the goods or services provided? 1 If "Yes," did the organization in excess of \$5 made party as a contribution of qual	[
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12a Gross income from members or shareholders 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? 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	
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Note. See the instructions for additional information the organization must report on Schedule O	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	

Form 990 (2017) ROBERT L WALLS SENIOR CITIZEN CENTER 52-1628950 Page
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						LX
Sec	tion A. Governing Body and Management						
			T.	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	L 0	1		
	If there are material differences in voting rights among members of the governing body, or if the governing		<u> </u>				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other	\neg			
_	officer, director, trustee, or key employee?	•	•		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	99N w	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		20 11100		5		X
6 Did the organization have members or stockholders?					6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or a	nnoini	one or				
7a	•	ppoiit	One of		7a		Х
	more members of the governing body?	at a a lub	oldoro or	-	1a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	SLOCKI	olders, or		- .		Х
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	ic following.		_	í	or real
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			\vdash	8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u> _
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Ľ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exompt purposes?			-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	Ŀ	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			Ŀ	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o to coi	iflicts?	Ŀ	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escrib e				
	ın Schedule O how this was done			Ŀ	12c		_X_
13	Did the organization have a written whistleblower policy?				13	X	
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 approv	al by I	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1			İ	- 1	
а	The organization's CEO, Executive Director, or top management official			Ŀ	15a		Х
b	Other officers or key employees of the organization			Ŀ	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?			Į.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıc	n's				
	exempt status with respect to such arrangements?			-	16b		
Sec	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ▶DC						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	Γ (Sec	ion 501(c)(3)s only	/) ava	aılabl	e	
-	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		-	and f	ınanc	al	
	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 bo	nks a	nd records				
20	DE RAYE WALKER - (202) 583-555	ons a					
	4115 ALABAMA AVENUE SE, WASHINGTON, DC 20019						
	TILD ADADAMA AVENUE SE, WASHINGTUN, DC 20013				r	000	0047

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle cer an	Pos heck ss pe	itior more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) PATRICK WALKER CHAIRMAN	$\frac{1.00}{40.00}$	x		х				0.	232,458.	37,193.
(2) LEILA FRANKLIN	1.00	122						-	232/1301	37,1331
VICE CHAIRPERSON	2.00	X	l	x				0.	0.	0.
(3) WENDI SMITH	1.00								•	
SECRETARY		X		х				0.	0.	0.
(4) VERA MOORE	1.00									
FINANCIAL SECRETARY	1.00	X		Х				0.	0.	0.
(5) MARY DRAYTON	1.00									
MEMBER		Х						0.	0.	0.
(6) BRAD LEE	1.00									
MEMBER		X						0.	0.	0.
(7) CECELIA MASON	1.00	ļ								
MEMBER		X						0.	0.	0.
(8) JEAN TALIAFERRO	1.00									
MEMBER		X				_		0.	0.	0.
(9) MARCUS WADE	1.00	1							_	_
MEMBER		X						0.	0.	0.
(10) CARROLL WOOD	1.00									_
MEMBER		X						0.	0.	0.
(11) DE RAYE WALKER CHIEF OPERATING OFFICER	2.00			Х				0.	110,895.	28,239.
(12) CHARLES SANDERS	40.00									
CENTER MANAGER				X				43,451.	0.	<u>12,650.</u>
										-
		_			<u> </u>					
										Carry 000 (2017)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			_ (((D)	(E)		(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estima	
	hours per week					ıs bot or/trus		1	compensation	6	amoun othe	
	(list any	ē			Γ.	П	Ė	from the	from related organizations	CO	mpens	
	hours for	direc				- E		organization	(W-2/1099-MISC	- 1	from t	
	related	lee or	ustee			ensati		(W-2/1099-MISC)	·	0	rganiza	ation
	organizations	of trus	nal tr		oyee	E S				a	and rela	ated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ä			or	ganıza	tions
	line)	르	<u>s</u>	#o	Š.	울통	Ē					
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1b Sub-total							ightharpoons	43,451.	343,35		78,0	
c Total from continuation sheets to Part V	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								43,451.	343,35	3.	<u>78,0</u>	082.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	ove	e) wh	o r	eceived more than \$100	,000 of reportable			^
compensation from the organization									 			0
											Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3	+-	X
4 For any individual listed on line 1a, is the su									the organization		х	-
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a			•						dual for convoce	4	^	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	,				-		eiai	ed organization or indivi	dual for services	5		X
Section B. Independent Contractors	picte ochedar	<u> </u>	01 30	icii j	DCIS	,011		·				1 **
Complete this table for your five highest co	mpensated inc	dene	ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of comp	ensation	n from	
the organization Report compensation for	•											
(A)	1					-		(B)			(C)	
Name and business	address	NO	ONE	2				Description of s	ervices		ensati	on
							\dashv					
							_					
							_1	1 -1				
2 Total number of independent contractors (i		ot li	nited	d to		se lis)	sted	above) who received m	ore than			
\$100,000 of compensation from the organi	zauon 📂					j			ſ			

732008 11-28-17

52-1628950 ROBERT L WALLS SENIOR CITIZEN CENTER Page 9 Form 990 (2017) Part.VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d 419,531 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 \$ 419,531 h Total. Add lines 1a-1f Business Code 60,305. 2 a TENANTS 532000 60,305. Program Service Revenue f All other program service revenue 60,305. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 20. 20. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 71,893. 6 a Gross rents 119,648 b Less rental expenses -47,755. c Rental income or (loss) -47,755. -47,755. 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 \$ ____ of 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 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 274. 274. 900099 11 a OTHER INCOME d All other revenue

Form 990 (2017)

294.

274.

432,375.

60,305. -47,755.

e Total Add lines 11a 11d

Total revenue See instructions

Part JX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and 7b. 8b. 9b. and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 50,491. 5,610. 56,101. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $30,9\overline{01}$ 27,811 3,090. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,524. 4,071. 453. Other employee benefits 9 7,157. 6,441. 716. 10 Payroll taxes Fees for services (non-employees) Management **b** Legal 5,905 656 6.561 c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,655 184 column (A) amount, list line 11g expenses on Sch O) 1,839 100. 90. 10. Advertising and promotion 12 11,691. 10,521. ,170. 13 Office expenses 2,723 2.451 272. 14 Information technology Royalties 15 197,562 177,806. 19,756 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 18,992. 2,110 21,102. Interest 20 21 Payments to affiliates 63,512 57,161. 6,351 Depreciation, depletion, and amortization 22 720 7,197 6,477 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) а d All other expenses 410,970. 369,872. 41,098 0. Total functional expenses Add lines 1 through 24e 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)

	rt.X	2017) ROBERT L WALLS SENIOR CITIZEN (Balance Sheet			1628950 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non interest bearing	84,320.	1	141,168.
	2	Savings and temporary cash investments	11,784.	2	9,157.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			,
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		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		8	2 200
	9	Prepaid expenses and deferred charges	3,475.	9	3,809.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 2,932,603.	200 016	-	206-040
		Less accumulated depreciation 10b 2,635,655.	392,216.		296,948.
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11	-	12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	491,795.	15	451,082.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	471,1770	17	431,002
	17	Accounts payable and accrued expenses	Adel/1	18	
	18 19	Grants payable Deferred revenue	-	19	15.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
m	22	Loans and other payables to current and former officers, directors, trustees,			
ţ	~~	key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties	556,759.		507,701.
	24	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			
		Schedule D	47,951.	25	34,891.
	26	Total liabilities. Add lines 17 through 25	604,710.	26	542,592.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ς		complete lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets	-112,915.	27	-91,510.
alar	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets		29	
sets or Fund Balances		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		30	
	ا ما	D. I.		24	i

-91,510. 451,082. Form **990** (2017)

31

32

31

32

33

-112,915. 491,795.

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2017) ROBERT L WALLS SENIOR CITIZEN CENTER	52-	<u> 1628950</u>	Page 1	2
Pa	T.XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				╧
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,375	
2	Total expenses (must equal Part IX, column (A), line 25)	2		970	
3	Revenue less expenses Subtract line 2 from line 1	3		.,405	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-112	<u>,915</u>	<u>•</u>
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	<u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-91	<u>,510</u>	•
Pa	t XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			,	<u>_</u>
				Yes No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		´,*`	-, ₄ ;	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			널
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	5 "	, e ,r	4
	separate basis, consolidated basis, or both		•	· ,	
	Separate basis Consolidated basis Both consolidated and separate basis		<u>-</u>		_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	5.	- +	1
	consolidated basis, or both		1.	. ,	, j
	Separate basis Consolidated basis Both consolidated and separate basis		, '	′ -	-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			┙
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		I I		ļ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	dit	- '	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_
			Form 9	990 (201	7)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization 52-1628950 ROBERT L WALLS SENIOR CITIZEN CENTER Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER 52-16289

[Part.II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 52-1628950 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	345,540.	355,721.	378,622.	422,392.	419,531.	1921806.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	345,540.	355,721.	378,622.	422,392.	419,531.	1921806.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1 1				оронования миломан	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						1921806.
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	345,540.	355,721.	378,622.	422,392.	419,531.	1921806.
8	Gross income from interest,	,			<u>,</u>	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1.	1.	2.	3.	20.	27.
9	Net income from unrelated business		=-				-
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	220.	176.	417.	105.	274.	1,192.
11	Total support. Add lines 7 through 10	2201					1923025.
	Gross receipts from related activities,	etc (see instruction	nns)			12	294,747.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ıx vear as a sectioi		
10	organization, check this box and stop		mot, occorra, triii	o, 100101, 01 mar to			ightharpoonup
Sed	ction C. Computation of Publ	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2017 (I			olumn (f))		14	99.94 %
	Public support percentage from 2016	, ,,	,	<i>\''</i>		15	99.80 %
	33 1/3% support test - 2017. If the c			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
,,,,	stop here. The organization qualifies					,	$\triangleright x$
h	33 1/3% support test - 2016. If the c		•		line 15 is 33 1/3%	or more, check th	
~	and stop here. The organization qual						▶□
172	· -				: 13, 16a, or 16b	and line 14 is 10%	or more,
., a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and circumstances"						▶□
h	10% -facts-and-circumstances tes					7a, and line 15 is 1	10% or
Ü	more, and if the organization meets the						
	organization meets the "facts-and circ						▶□
10	Private foundation. If the organization						
18	rrivate foundation. If the organizatio	n did not check a	00x 011 11118 13, 10a	a, 100, 11a, 01 1/1	, crieca alio nox d	no see manuchors	

Schedule A (Form 990 or 990-EZ) 2017

52-1628950 Page 3 Schedule A (Form 990 or 990-EZ) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER Part.III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2015 (b) 2014 (d) 2016 (e) 201/1 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus iness under section 513 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b)** 2014 (a) 2013 (d) 2016 (e) 2017 (f) Total (c) 2015Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business. activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop her Section C. Computation of Public Support Percentage <u>%</u> 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33/1/3%, check this box and stop here. The organization qualifies as a publicly supported 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) 2017

Schedule A (Form 990 or 990-EZ) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	All Suppor	rting Org	ganizations
------------	------------	-----------	-------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status 2 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
- 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)
- 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		'
	3c _	•	
	4a		,
	4b		
	 4c		
	- 40		
	5a		_
	5b 5c		
	6		
	7		<u> </u>
	8		
		:	
	9a		
	9b		
	9c		
	10a	. —	
	10b		
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52-1628950 Page 6 Schedule A (Form 990 or 990 EZ) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 6 7 Recoveries of prior year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2017

7

52-1628950 Page 7 Schedule A (Form 990 or 990 EZ) 2017 ROBERT L WALLS SENIOR_CITIZEN CENTER Part₄V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt use assets Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 3 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990 E	EZ) 2017 R	<u>OBERT </u>	L WALLS	<u>S SENIOF</u>	<u>CITIZEN</u>	CENTER	52-1628950 Page 8
Part,VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Informa , lines 1, 2, 3 ction D, lines , 6, and 8, a	i tion. Prov 3b, 3c, 4b, 4 s 2 and 3. P	ide the explar 4c, 5a, 6, 9a, lart IV. Section	nations required 9b, 9c, 11a, 11 n E. lines 1c, 2a	d by Part II, line 1 b, and 11c, Part a. 2b. 3a. and 3b.	0, Part II, line 17a IV, Section B, lines	or 17b, Part III, line 12, a 1 and 2, Part IV, Section C, b V, Section B, line 1e, Part V, lional information
	(See instructions)	,						•
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name	of the organization ${f ROBERT\ L\ WALLS\ SEN}$	TOD CIMITEN CENTED	Employer identification number 52-1628950
Par		d Funds or Other Similar Fund	
Par			S of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e b (a) Donor advised funds	(b) Funds and other accounts
	}	(a) Donor advised fonds	(b) Fullus 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)	141=.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by th	
	year ►	, on inguidance of the instance of the	
	Number of states where property subject to conservation ea	sement is located	
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
•		The state of the s	······································
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	\$	ming of violations, and emotoring conserve	ation casements dailing the year
	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	3/h\/4\/B\(i)
	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of occition fre	Yes No
	in Part XIII, describe how the organization reports conservati	on escaments in its revenue and expens	
	include, if applicable, the text of the footnote to the organization		
	conservation easements	non a maneral statements that describes	The organization a accounting for
	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets.
-	Complete if the organization answered "Yes" on Form		
4-	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
	· ·		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in rait Alli,
	the text of the footnote to its financial statements that descri		t and balance about works of ort biotorical
	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(II) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical trea		al gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		▶ \$

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

Schedule D (Form 990) 2017

$\overline{}$		L WALLS SEI						52-16			<u>age 2</u>
Pa	rt III Organizations Maintaining C	Collections of Ar	t, His	torical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	t s (contin	าued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following that	at are a s	ignificant	use of its	collectio	n item	ıs
	(check all that apply)										
а	Public exhibition	d	\sqcup	Loan or exc	hange progr	ams					
b	Scholarly research	е	\Box	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	hey further t	he organızat	ion's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	istorical trea	sures, or oth	ner sımıla	r assets	_	_	_	_
	to be sold to raise funds rather than to be m								_ Yes		<u>No</u>
Pa	t IV Escrow and Custodial Arran		te if the	e organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for	contribution	is or other as	ssets not	included	_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table							
									Amoun	<u>t</u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						_1f				
	Did the organization include an amount on F						•		」 Yes	느	⊣ No
	If "Yes," explain the arrangement in Part XIII										<u></u>
Pa	t V Endowment Funds. Complete	f the organization ans			I						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses							·	 		
d	Grants or scholarships								<u> </u>		
е	Other expenditures for facilities										
	and programs			·····							
f	Administrative expenses							-			
g	End of year balance								L		
2	Provide the estimated percentage of the curr	rent year end balance		g, column (a	i)) held as						
а	Board designated or quasi endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	at are held a	nd administe	ered for t	he organiz	zation	Г		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(II)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
Box	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment 1	tunds							
Fai			D- 4 II	/ bas 44 s O) D-4 V	l 10				
	Complete if the organization answered	1	1	·				.			
	Description of property	(a) Cost or ot basis (investm		(b) Cost	or other (other)	٠,,	ccumulate		(d) Book	< value	е
	Land	pasis (irivestm	ient)		` 	ue;	preciation		1 = (9,1	1 E
	Land				9,145.		205 0	1.4			
	Buildings			∠,5U	5,444.	4,	395,8	T # •		9,6	<u> </u>
	Leasehold improvements		1	1 77	E 204		1 / 7 1	21		0 1	72
	Equipment				5,304. 2,710.		1 <u>47,1</u> 92,7			8,1	0.
	Other		V 00/110			<u>.</u>	34,1	- [. -	200	6 9.	

Schedule D (Form 990) 2017

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chedule D (Form 990) 2017	ROBERT	L	WALLS	SENIOR	CITIZEN	CENTER

(=) Dooor	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Desci	iption of security or category (including name of security)	(b) Book value			nd-of-year market value
(1) Financ	cial derivatives				
	y held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					<u> </u>
	(h) must squal Form 000. Part V and (P) line 12 \			4	", <u> </u>
	(b) must equal Form 990, Part X, col. (B) line 12) ► III Investments - Program Related.	<u> </u>	· · ·		
i ait vi	_	on Form 000 Port IV June	110 Soo Form 00/	O Dart Y line 13	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of	f valuation. Cost or e	nd-of-year market value
	(a) Description of investment	(b) Book value	(c) Wethod of	Valuation Cost of Ci	id or your market raids
(1)					
(2)					
(3)	<u></u>		<u> </u>		
(4)					
(5)				······································	
(6)					
(7)				· · · · · · · · · · · · · · · · · · ·	
(8)					
			1		
(9)					
Total (Col	(b) must equal Form 990, Part X, col (B) line 13)				
	Other Assets.				
Total (Col	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	
Total (Col	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 99	0, Part X, line 15	(b) Book value
Total (Col	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
Total (Col Part IX	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
Total (Col Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d See Form 99	0, Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col (B) line Other Liabilities.	Description e 15)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answered "Yes" (a)	Description e 15)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15)	11e or 11f See Fo		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ideral income taxes	Description e 15)	11e or 11f See Fo	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) lim Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes ECURITY DEPOSITS	Description e 15)	11e or 11f See Fo (b) Book value	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S (3) D	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	Description e 15)	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) Fe (2) S (3) D (4) P	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) lim Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes ECURITY DEPOSITS	Description e 15)	11e or 11f See Fo (b) Book value	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S (3) D (4) P (5)	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	Description e 15)	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S (3) D (4) P (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	Description e 15)	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S (3) D (4) P (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	Description e 15)	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fe (2) S (3) D (4) P (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	Description e 15)	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) Fe (2) S (3) D (4) P (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability ederal income taxes ECURITY DEPOSITS UE TO CHURCH	e 15) on Form 990, Part IV, line	11e or 11f See Fo (b) Book value 34,774 99	orm 990, Part X, line 2	

732053 10-09-17

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 ROBERT L WALLS SENIOR CI	TIZEN CENTER	52-1628950 Page
Par		ments With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	`
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Par	t XII Reconciliation of Expenses per Audited Financial State		s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	1
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	^ *
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	[-]
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F		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	
		<u> </u>	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

Attach to Form 990.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ROBERT L WALLS SENIOR CITIZEN CENTER

Employer identification number 52-1628950

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	:		
		١,		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u></u>	. .	I
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				Ī .
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			;
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			١, ,
	Independent compensation consultant Compensation survey or study	,		
	Form 990 of other organizations Approval by the board or compensation committee			!
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			,
	organization or a related organization			
а	Receive a severance payment or change-of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9			'
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		<u> X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7_		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958 6(c)?	9		<u></u>

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

Schedule J (Form 990) 2017

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ROBERT L WALLS SENIOR CITIZEN CENTER

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099 MISG compensation	C. compensation	(C) Bettrement and	(D) Nontaxable	(F) Total of columns	(E) Compensation
					other deferred	henefits	(E) (B)(A)(D)	in column (B)
(A) Name and Trite		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICK WALKER	Ξ	0	0.	0.	0			0.
CHAIRMAN	3	232,458.	0	0.	.0	37,193.	269,651.	0
	(9)							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization

Employer identification number

ROBERT L WALLS SENIOR CITIZEN CENTER 52-1628950
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
APARTMENTS AND 24-HOUR SECURITY STAFF ON DUTY EVERY DAY OF THE YEAR.
THE ROBERT L. WALLS SENIOR CITIZENS CENTER PARTNERS WITH THE DISTRICT
OF COLUMBIA HOUSING AUTHORITY (DCHA) TO PROVIDE AFFORDABLE HOUSING TO
THE CITY'S SENIOR CITIZENS. THE RLWSCC PARTICIPATES IN THE HOUSING
CHOICE VOUCHER MODERATE REHABILITATION - PROJECT BASED VOUCHERS
(FORMERLY KNOWN AS THE SECTION 8 MODERATE REHABILITATION PROGRAM),
WHICH IS ADMINISTERED BY THE DCHA WITH FUNDING PROVIDED BY THE U.S.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). SENIORS, DEEMED
ELIGIBLE TO PARTICIPATE IN THE PROGRAM, RECEIVE ASSISTANCE BASED ON
THEIR MONTHLY INCOME.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED AND SIGNED BY THE CHIEF OPERATING OFFICER.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC.
·

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▲ Attach to Form 990.

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OMB No 1545-0047

Go to www irs gov/Form990 for instructions and the latest information

CITIZEN CENTER

ROBERT L WALLS SENIOR

Employer identification number

52-1628950

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2017 ۷ × entity? 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 status (if section **e** Public charity 501(c)(3)) LINE 1 Total income Exempt Code Œ section DISTRICT OF COLUMBIA 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. CHURCH Name, address, and EIN (if applicable) 23-7444862, 4115 ALABAMA AVENUE SE THE NEW MACEDONIA BAPTIST CHURCH Name, address, and EIN of related organization of disregarded entity 20016 WASHINGTON, DC Part II

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Schedule R (Form 990) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	Olspropo allocat Yes	(1) (1) (1) Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	J.UBI Ge in box min hedule B	(J) General or P managing c partner? Yes No	(J) (k) 'General or Percentage managing ownership
						,						
			,									
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corports tax	oration or Trust. Co	omplete if the	e organizatior	n or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	s" on Form 99(), Part IV, lin	e 34, because	it had one	e or mor	e related
(a) Name, address, and EIN of related organization	N. C.	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)		(f) Share of total income	(g) Share of end of year assets		(h) Percentage ownership	Section 512(b)(13) controlled entity?
				•								
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Schedule R (Form 990) 2017 ROBERT L WALLS SENIOR CITIZEN CENTER

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

(8)	(q)	3	(b)	(9)	(0)	3	3	3	(4)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parties sec (related, unclated, 501(c)(3)		Share of end-of-year	Dispropor tionate allocations?	Dispropor Code V-UBI General or Percentage bondle amount in box 20 managing ownership	General or managing partner?	Percentage ownership
	,	country)	sections 512-514) Yes No	No	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	ROBERT	L	WALLS	SENIOR	CITIZEN	CENTER	52-1628950 Page 5
Part VII	Supplemental Infor	mation.				·		
	Provide additional informa		nses	to question	s on Schedule	R See instruct	ions	
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