Form 9:90-T 3	E	Exempt Organization Bus	sine	ss Income Ta	ax Returr	ւ _	OMB No 1545-0687
•,		(and proxy tax und	der se	ction 6033(e))			2018
	For ca	lendar year 2018 or other tax year beginning		, and ending		_	ZU 10
Department of the Treasury Internal Revenue Service	▶	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it ma	y be ma	de public if your organiza		50	oen to Public Inspection for 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	changed	l and see instructions.)		(Employ (Employ instruct	er identification number yees' trust, see ions)
8 Exempt under section	Print	ROBERT L WALLS SENIOR					-1628950
X 501(c)(3 U)	or Type	Number, street, and room or suite no. If a P.O. bo	ox, see ii	nstructions			ed business activity code tructions)
408(e) 220(e)	',,,,	4339 BOWEN ROAD SE	····			1	
408A530(a)		City or town, state or province, country, and ZIP (WASHINGTON, DC 20019				9000	10.2
C Book value of all assets	l	F Group exemption number (See instructions)	<u> </u>	0		0000	
at end of year 397,7	61.		poratio	501(c) trust	401(a)	trust	Other trust
		ation's unrelated trades or businesses.	1		he only (or first) un	related	
trade or business here	► PRO	OPERTY RENTAL		If only one, o	complete Parts I-V	If more t	han one,
describe the first in the b	lank spa	ace at the end of the previous sentence, complete P	arts I ar	id II, complete a Schedule	M for each addition	nal trade (or
business, then complete			•			₁	
		poration a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	▶ L	Yes	X No
		tifying number of the parent corporation.		Talanha	·	2021	583-5555
		DE RAYE WALKER de or Business Income		(A) Income	ne number 🕨 ((B) Expenses	202)	(C) Net
1a Gross receipts or sale		de or Business moonie	T	(A) moonic	(b) Expense.		(0)
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S			2				, ,
3 Gross profit. Subtract		•	3		٠,		
4a Capital gain net incon	ne (attac	ch Schedule D)	4a				
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b		-		
c Capital loss deduction	for trus	sts	4c_		· · · · · · · · · · · · · · · · · · ·	`	
• •		ship or an S corporation (attach statement)	5	-	3	25 27	
6 Rent income (Schedu	•		6	70.000	101 5	0.2	40 675
7 Unrelated debt-financ		•	7	72,828.	121,5	03.	-48,675.
		and rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G				-+	
10 Exploited exempt acti			10				
11 Advertising income (S	-	•	11				105
12 Other income (See ins			12				
13 Total, Combine lines	3 throu	igh 12	13	72,828.	121,5	03.	-48,675.
		ot Taken Elsewhere (See instructions f					
		utions, deductions must be directly connecte	ed with	the unrelated business	income)	, , ,	
•	ıcers, dı	rectors, and trustees (Schedule K)				14	20 422
15 Salaries and wages			RF	CEIVED		15	20,432.
16 Repairs and mainten17 Bad debts	ance	1		01		16 17	
17 Bad debts18 Interest (attach sche	dule) (s	ee instructions)	NOV	1 9 2019		18	
19 Taxes and licenses	uuit) (S	is instructions)	1144	7 9 5019		19	2,171.
()	ons (Se	e instructions for limitation rules)	200			20	
21 Depreciation Alach		562)	UGL	DEN, UT21			
22 Less depreciátion cla	aimed o	n Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defe		mpensation plans				_24	4 544
25 Employee beaefit pro	-					25	4,744.
26 Excess exempt expe						26	
27 Excess readership co				SEE STATE	емемт 1	27	6,401.
28 Other deductions (at 29 Total deductions A				OPE SIAII	PRINT T	29	33,748.
, 🔾		ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	-82,423.
		loss arising in tax years beginning on or after Janu.				31	
·	_	ncome Subtract line 31 from line 30				32	-82,423.
		work Reduction Act Notice, see instructions					Form 990-T (2018)

Form 990-1	TOBBINI B WINDED DENION CITTEDN CENTER		<u>52-16</u>	<u> 28950 </u>	Page 2
Part I	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructio	ns)	33	-82,423.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions)	STMT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of			
	lines 33 and 34			36	-82,423.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	36,			
_	enter the smaller of zero or line 36			38	-82,423.
Part I	/ Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)			39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 fr	om		
	Tax rate schedule or Schedule D (Form 1041)		>	40	
41	Proxy tax See instructions		•	41	
	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income See instructions			43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part V					
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
	General business credit. Attach Form 3800	45c		7	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		7	
	Total credits Add lines 45a through 45d		-	45e	
	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 Oti	her (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments. A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b		7	
C	Tax deposited with Form 8868	50c		1	
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		7	
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f	······································		
	Other credits, adjustments, and payments: Form 2439		· · · <u>·</u> ·········		
ا	Form 4136 Other Total	50g			
51	Total payments Add lines 50a through 50g			51	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	_
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded	55	
Part V	Statements Regarding Certain Activities and Other Information	on (see ins			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other aut	hority		Yes No
ı	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to	o file		
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cour	ntry		
ļ	nere >				X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	a foreign trust?		X
	if "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		<u> </u>		
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	statements, and	d to the best of my kn	owledge and bel	ief, it is true,
Sign	CHIEF O	PERAT	I NIC÷		uss this return with
Here	OFFICER	·		he preparer show	
	Signature of officer Date Title			nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	е	Check	ıf PTIN	
Paid			self- employed		
Prepai		/04/1	9		083643
Use O	nly Firm's name ► HALT, BUZAS & POWELL, LTD.		Firm's EIN	26-0	0004395
	1199 N. FAIRFAX ST. 10TH FLOOR				
	Firm's address ► ALEXANDRIA, VA 22314		Phone no.		<u> 336-1350</u>
823711 01-0	99-19			For	rm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invento	ory valuation	N/A			
1 Inventory at beginning of year	1	· ·	6 Inventory at er	nd of year		6	
2 Purchases	2		7 Cost of goods	sold Subtra	act line 6		
3 Cost of labor	3		from line 5 En	ter here and	ın Part I,		
4 a Additional section 263A costs			line 2			7	<u> </u>
(attach schedule)	4a .		8 Do the rules of	section 263	BA (with respect to		Yes No
b Other costs (attach schedule)	4b		property produ	iced or acqu	ured for resale) apply to		·
5 Total Add lines 1 through 4b	5		the organization				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Prop	perty Lea	ased With Real Pr	oper	ty)
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent receive	ed or accrued			2/a) Deductions direc	the conn	ected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` for rent for per	d personal property (if the sonal property exceeds is based on profit or inco	50% or if) (attach schedule)
(1)							
(2)		- Indiana					
(3)							
(4)							
Total	0.	Total		0) <u>.</u>		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>		0	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	· •	0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	structions)				_
			2 Gross income fr		3 Deductions directly of to debt-final		
1 Description of debt-fir	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
					STATEMENT 5	S'	ratement 6
(1) 4339 BOWEN RD SE			72,8	328.	31,39	1.	90,112.
(2)							
(3)		_				_	
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis locable to iced property schedule)	6 Column 4 divide by column 5	ed	7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 484,281.		227,436.	100.0	0%	72,82	8.	121,503.
(2)				%			
(3)				%			
(4)				%			
STATEMENT 3	STATE	CMENT 4			Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals					72,82	8.	121,503.
Total dividends-received deductions in	cluded in column	8				∑	0.
			·	-			Form 990-T (2018)

Schedule F - Interest,	Annuities, Roy	alties, aı	_				ation	S (see inst	ruction	s)
			Exempt C	Controlled O	rganızatı	ons				
1 Name of controlled organizal	ident	mployer ification mber		elated income instructions)		al of specified nents made	included	of column 4 th d in the contro ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)				·						
(2)										
(3)										
(4)				·						
Nonexempt Controlled Organi	zations									· · · · · · · · · · · · · · · · · · ·
7 Taxable Income	8 Net unrelated inco	ome (loss)	9 Total	of specified pay	ments	10 Part of colur	nn 9 that i	s included	11 Dec	ductions directly connected
, reaction meeting	(see instructio			made		in the controlli				income in column 10
(1)										
(2)										
(3)										
(4)		•			ĺ					
		_	-1			Add colum Enter here and line 8, c		I, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		Section	1 501(c)(7), (9), or	(17) Or	ganization)			
1 Desc	ription of income			2 Amount of	income	3 Deductio directly conne (attach sched	cted	4 Set-a (attach sc		5 Total deductions and set-asides (col 3 plus col 4)
(1)	··-									
(2)										
(3)		_								
(4)								_		
			-	Enter here and Part I, line 9, co		-				Enter here and on page 1, Part I, line 9, column (8)
Totals					0.					0.
Schedule I - Exploited		y Incom	ne, Other	r Than Ac		ng Income	,			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of un	penses connected oduction related ss income	4 Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, > but not more than column 4)
(1)	,					-				-
(2)										-
	<u> </u>									
(3)		-			-					
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)			ι	1_	., ···, <i>p</i> ·· <u>s</u> ··		Enter here and on page 1, Part II, line 26
Totals Advantisi	0.		0.				-			0.
Schedule J - Advertisi Part I Income From				solidated	Basis					 -
							ı.		- -	
1 Name of periodical	2 Gross advertising income	adv	3 Direct pertising costs			5 Circulat income		6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_						
(2)			_	_						
(3)										
(4)										
Totals (carry to Part II, line (5))	<u> </u>	0.	0	•						0 . Form 990-T (2018)

Form 990-T (2018) ROBERT L WALLS SENIOR CITIZEN CENTER 52-16289

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

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	-				 		
(3)							
(4)					<u>-</u>		
Totals from Part I		0.	0.		 	-	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1 Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

1 Name	2 Title _	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	,	%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-7	r 	OTHER DEDUCT	'IONS	STATEMENT	1
DESCRIPTIO	ON			AMOUNT	
OTHER IND	 IRECT EXPENSES			6,40	1.
TOTAL TO H	FORM 990-T, PAGE 1,	LINE 28		6,40	1.
FORM 990-7	net net	OPERATING LOSS	DEDUCTION	STATEMENT	2
TAX YEAR	, LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/12 12/31/13 12/31/14 12/31/15 12/31/16 12/31/17	92,683. 86,144. 77,951. 77,047. 85,302. 80,463.	0. 0. 0. 0. 0.	92,683. 86,144. 77,951. 77,047. 85,302. 80,463.	92,683 86,144 77,951 77,047 85,302 80,463	•
NOL CARRYO	OVER AVAILABLE THIS	YEAR	499,590.	499,590	_

.490,669.

486,411. 482,153.

477,895.

473,623.

469,378.

465,120. 460,862.

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FII AVERAGE ACQUISITION DE		STATEMENT 3
DESCRIPTION	OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
4339 BOWEN F	RD SE	1	OUTSTANDING DEBT
BEGINNING FI BEGINNING SE BEGINNING TH BEGINNING FO	ECOND MONTH HIRD MONTH		507,701. 503,443. 499,185.

BEGINNING SEVENTH MONTH
BEGINNING EIGHTH MONTH
BEGINNING NINTH MONTH
BEGINNING TENTH MONTH
BEGINNING ELEVENTH MONTH
BEGINNING TWELFTH MONTH

TOTAL OF ALL MONTHS

TOTAL OF ALL MONTHS

NUMBER OF MONTHS IN YEAR

AVERAGE AQUISITION DEBT

5,811,367.

12

484,281.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

BEGINNING FIFTH MONTH

BEGINNING SIXTH MONTH

FORM 990-T SCHEDULE E - UNRELATED D AVERAGE ADJUSTED		INCOME	STATEMENT	
DESCRIPTION OF DEBT-FINANCED PROPERTY	,	ACTIVITY NUMBER	7	
4339 BOWEN RD SE		1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST AVERAGE ADJUSTED BASIS OF PROPERTY LAST			268,7 186,0	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR T	HE YEAR		227,4	36.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			
FORM 990-T SCHEDULE E - DEPRECIA	TION DEDUCTION	ON	STATEMENT	 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION EXPENSE - SUBTOTAL -	1	31,391.	31,3	91.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)	•	31,3	91.
FORM 990-T SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
RELATED EXPENSES - SUBTOTAL -	. 1	90,112.	90,1	12.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		90,1	12.