	*.	Exempt Organization B	Puci	noss Incomo T	av Poturn 19	11/1	?	
1	Form 990-T	(and proxy tax u	ousi nder	section 6033(e))	ax Return)	שע	OMB	No 1545 0687
		For calendar year 2017 or other tax year beginning			6/30 , 2	018	2	2017
_		► Go to www.irs.gov/Form990Tfo						
Depa Inter	artment of the Treasury nal Revenue Service	Do not enter SSN numbers on this form as i					Open to Pu 501(d)(3) 0	iblic inspection for Irganizations Only
Α	Check box if		f name	changed and see instructions		D E		ntification number
В	— address changed Exempt under section	Print MENTAL HEALTH HOUS	ING	DEVELOPMENT			structions)	
	X 501( c ·)((3_)	or CORPORATION, INC.					75-233	
į	408(e) 220(	'' I IFORT WORTH TX /611	14				Inrelated bu: odes (See in	siness activity nstructions )
	∐408A ∐530(	(a)				Ι.		
_	529(a) Book value of all assets at	F Group exemption number (See instru	·ot·on	- \ <b>-</b>		J	713200	<del></del>
C	end of year			··· <del>· ··· ··· ··· ··· ··· ··· ··· ··· </del>	1(a) trust	01(0)		Other trust
	Describe the ergeniz		301(0	corporation50	l(c) trust4	.01(a)	trust	Other trust
,	PULL-TAB INC	ration's primary unrelated business activity.  OME FROM BINGO TRUST						
ı	During the tax year,	was the corporation a subsidiary in an affiliate	ed gro	oup or a parent-subsidia	ary controlled grou	ıb	<b>▶</b> □,	Yes X No
		me and identifying number of the parent corp	oratio	n ►				
		e of ▶ Heather Ly			elephone number		1	
		Trade or Business Income		(A) Income	(B) Expense	s	<del>                                     </del>	(C) Net
	a Gross receipts or s b Less returns and allowa		1.	271 022				
	_	(Schedule A, line 7)	1 c	371,833. 274,835.	ļ		<del> </del>	
	*	act line 2 from line 1c	3	96,998.			-	96,998.
	•	come (attach Schedule D)	4a	30,330.	<u> </u>	••••••	-	
<u></u>	. •	797, Part II, line 17) (attach Form 4797)	4b		<del> </del>	*********	<b>†</b>	
	c Capital loss deduct		4c				1	
<b>Æ</b> 5	Income (loss) from (attach statement)	partnerships and S corporations	5					
က က	•		6				<del></del>	
7	•	anced income (Schedule E)	7				1	
8		Ities, and rents from controlled organizations (Schedule F)	8				1	
9	Investment income of a	section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt a	activity income (Schedule I)	10					
11	Advertising income	(Schedule J)	11					
12	Other income (See	instructions, attach schedule)	1					• -
	<b>-</b>		12				<u> </u>	
	Total. Combine line		13	96,998.	n doductions \	0.	l for	96,998.
Fa	contribution	ns Not Taken Elsewhere (See instruons, deductions must be directly cor	ictior	ed with the unrela	n aeauctions.) ted business i	ncon	ept for	
14		fficers, directors, and trustees (Schedule K)		ou mar are uniona	104 040,71000 1	14	10.7	•
15	Salaries and wages	s				15		23,702.
16	Repairs and mainte	enance				16		
17	Bad debts.			_		17		
18	Interest (attach sch	·		<u> </u>		18		
19	Taxes and licenses			ECEIVED O	\	19		<u>1,923.</u>
20		tions (See instructions for limitation rules)	R	Le18 1		20	<del> </del>	3,250.
21 22	Depreciation (attack	claimed on Schedule A and elsewhere on retu	-	0 1810 13	<u> </u>	22b		
23	Depletion	1,0	<u> </u>	NOV 20 Ezza	$\overline{}$	23		
24	•	ferred compensation plans.		OGDEN, UT		24		
25	Employee benefit p	' '	1	GUL		25	<del></del>	
26	Excess exempt exp	penses (Schedule I)	۱.,			26		
27	Excess readership				a	27		
28	Other deductions (a			See	Statement 1			37,878.
29 30		Add lines 14 through 28 : taxable income before net operating loss dec	ductio	n Subtract line 20 from	uline 13	30	<del></del>	66,753.
31		deduction (limited to the amount on line 30)			i mie iJ	31		30,245.
32		taxable income before specific deduction. Su	ıbtrac	t line 31 from line 30		32	<del></del>	30,245.
33		(Generally \$1,000, but see line 33 instructions				33		1,000.
34		able income. Subtract line 33 from line 32. If line 33 is gi	reater t			34		29,245.
BAA	For Paperwork Rec	duction Act Notice, see instructions.		TEEA0205L 10/0	)4/17		Forn	n_ <b>990-T</b> (2017)

Ľ					
Form 990-		75	<u>-2335674</u>	P	age 2
Part III		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	nizations Taxable as Corporations. See instructions for tax computation.				
	rolled group members (sections 1561 and 1563) check here ►  See instructions and				
	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r).			
(1) [5					
	r organization's share of. (1) Additional 5% tax (not more than \$11,750)		4 1		
• •	dditional 3% tax (not more than \$100,000)  The tax on the amount on line 34 See Statement 2		35.		356
	ne tax on the amount on the sa	_	35 c	5,4	<u> 256.</u>
	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	_	20		
	ne 34 from	•	36		
	y tax. See instructions	_	37		
	native minimum tax		38		
	on Non-Compliant Facility Income. See instructions		39		<del></del>
	Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	5,4	256.
	Tax and Payments				
41 a Forei	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 41 a				
<b>b</b> Other	r credits (see instructions)		]		
	eral business credit. Attach Form 3800 (see instructions)		]		
	it for prior year minimum tax (attach Form 8801 or 8827).		]		
	credits. Add lines 41a through 41d		41 e		0.
42 Subti	ract line 41e from line 40		42	5,2	256.
	r taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866		_		
	Other (attach schedule)		43		
	tax. Add lines 42 and 43		44	5,2	256.
-	nents. A 2016 overpayment credited to 2017		4 1		
	estimated tax payments 45 b	0.	4		
	deposited with Form 8868 45 c on organizations. Tax paid or withheld at source (see instructions) 45 d		4		
	,		4		
	up withholding (see instructions)  It for small employer health insurance premiums (Attach Form 8941)  45 e  45 f		1 1		
	r credits and payments Form 2439		1 1		
	form 4136 Other Total • 45 g				
			46		^
	payments. Add lines 45a through 45g	▶□	47	_	0.
	nated tax penalty (see instructions). Check if Form 2220 is attached			- 0	~/
	due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	Sil	-56.
	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	م درسید کا	49		
	the amount of line 49 you want Credited to 2018 estimated tax	Refunded >	50		
Part V	Statements Regarding Certain Activities and Other Information (see in			1	
	by time during the 2017 calendar year, did the organization have an interest in or a signatur			Yes	No
	cial account (bank, securities, or other) in a foreign country? If YES, the organization may have		orm 114,		ļ
•	rt of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country h				X
52 Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransferor to, a	foreign trust?	<u> </u>	X
If YE	S, see instructions for other forms the organization may have to file				
53 Enter	the amount of tax-exempt interest received or accrued during the tax year > \$	0			
	Under penalties of perior). I declare that I have examined this return, including accompanying schedules and stateme belief, it is trife dorred and sompleted eclaration of whose period of the statement of the s	nts, and to the bes	t of my knowledge and ny knowledge	š	
Sign			May the IRS discuss	this retur	
Here	Signature of officer Date Title	<u>u 020</u>	the preparer shown (X)		" ก₀
				163	
Paid	Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name	Check if	PTIN		
Pre-	Margie S. McQueen   Margie S/ McQueen   115/18	self employed	P002818		
parer	Firm's name MARGIE S. MCQUEEN & CO.	Firm's EIN	_75-1730775	<u> </u>	
Üse	Firm's address • 6300 RIDGLEA PL STE 411				
Only	FORT WORTH, TX 76116-5706	Phone no	817-731-3	3769	
BAA	TEEA0202L 03/26/18		Form	990-T (	2017)

Schedule A - Cost of Good	ds Sold. Enter method of in	ventory valuation Co	ost					
1 Inventory at beginning of year	r 1	6 Invento	ory at e	end of year	6			
2 Purchases	2			s sold. Subtract				
3 Cost of labor	3	line 6 f		e 5 Enter here	7	,	74 0	25
4 a Additional section 263A costs (attach	schedule)	and in	ranti,	ime z	,		74,8 Yes	
	4a			-			165	No
<b>b</b> Other costs (attach sch)	4 b	8 Do the	ruies o tv prod	of section 263A (with luced or acquired fo	i resp r resa	le) apply		
5 Total. Add lines 1 through 4b	5	274,835. to the	organiz	ation?		,,		Х
Schedule C - Rent Income (Fr	om Real Property and Per	sonal Property Leased	d With	Real Property) (s	ee ins	tructions)		
1 Description of property								
(1)								
(2)								
(3)								
(4)				, <del>'</del>				
	2 Rent received or accrued			<b>3(a)</b> Deduction	s dire	ctly connect	ed wit	h
(a) From personal prope (if the percentage of rent for p property is more than 10% of more than 50%)	personal (if the personal but not property e	real and personal property centage of rent for persona xceeds 50% or if the rent d on profit or income)	al	the income in	ı colui	mns 2(a) an chedule)	d 2(b)	
(1)								
(2)							·	
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columbre and on page 1, Part I, line 6,				(b) Total deductions. E here and on page 1, Part I, line 6, column (B)				
Schedule E — Unrelated De	bt-Financed Income (se	e instructions)						
1 December of debt to	inapped property	2 Gross income from	<b>3</b> De	eductions directly co debt-finar			llocab	le to
1 Description of debt-f	ппапсеа ргорену	or allocable to debt- financed property		(a) Straight line eciation (attach sch)		(b) Other de (attach sch		
(1)			<u> </u>					
(2)								
(3)					1			
(4)						-	·	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)		Allocable de (column 6 x olumns 3(a)	total	of
(1)		olo	ļ					
(2)		%			<u> </u>			
(3)		8						
(4)		્રે	,					
			Enter Part	here and on page I, line 7, column (A)	1, Ent . Pa	er here and rt I, line 7, d	on pa	ige 1, i (B).
Totals		•	•			<u> </u>		
Total dividends-received deduction	s included in column 8			)	<b>-</b>			
BAA	T	EEA0203L 10/04/17				Form 9	90-T (	2017)

Schedule F – Interest,		<del>`                                    </del>			ganizations					
organization ider		oloyer cation ber	3 Net unrelated income (loss) (see instructions)		4 Total of spec payments ma	ide that is the c	of columr included ontrolling nization's s income	in c	6 Deductions directly connected with income in column 5	
(1)		<u> </u>								
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7 Taxable Income	incom	nrelated e (loss) tructions)		f specified nts made	included	column 9 that is in the controlling on's gross income		connecte	ctions directly d with income olumn 10	
(1)			•							
(2)										
(2)			_							
(4)										
Totals					here and on	s 5 and 10. Ente page 1, Part I, Iir olumn (A).		and on p	s 6 and 11. Enter page 1, Part I, line lumn (B)	
Schedule G - Investme	nt Incom	of a Sect	lion 501/	(c)(7) (9	3) or (17) Ora	anization (see	unstructu	one)	•	
1 Description of income		2 Amount of		3 dire	Deductions ctly connected ach schedule)	4 Set-asic (attach sche	des	5 Tota set-a	I deductions and sides (column 3 us column 4)	
(1)	-			(4						
(2)		-								
(3)										
(4)							•			
	. Pa	er here and ort I, line 9, co	on page 1, olumn (A)						ere and on page 1 ine 9, column (B)	
Totals  Cabadala L. Familia de de	F	-41. 34. 1 ha a		har The	A d			1		
Schedule I - Exploited	Exempt A	<del>-</del>				····			<del></del>	
1 Description of exploited a	activity	2 Gross unrelated business income from trade or business	conne prod of u	ises directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)	
(1)		1-11.	· †						<del> </del>	
(2)										
(3)			1							
(4)										
	ľ	Enter here ar on page 1, Part I, line 1( column (A)	on p 0, Part I	here and page 1, I, line 10, mn (B)					Enter here and on page 1, Part II, line 26	
Totals	<u> </u>								.1	
Schedule J – Advertisir									··········	
Part I Income From Pe	eriodicals								<del></del>	
1 Name of periodica	I	2 Gross advertising income	adve	Oirect ertising osts	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.			adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)									1	
(2)			-			· · · · · · · · · · · · · · · · · · ·	-		4	
(3)						<del></del>	+		1	
(4)		<del></del>					1		-	
Totals (carry to Part II, line (5))	<u> </u>				<u> </u>					
BAA	_		· TE	EA0204 L	10/04/17			F	orm 990-T (2017)	

Page 5

Part II Income From Periodica 7 on a line-by-line basis.)	ils Reported o	n a Separate	Basis (For each p	periodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col. 5, but not more than col. 4)
(1)						
(2)						ļ
(3)						<del> </del>
(4)						<u> </u>
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1− 5)		Į				
Schedule K - Compensation o	f Officers, Dire	ectors, and Tr	<b>rustees</b> (see insti	ructions)	•	
- 1 Name			<b>2</b> Title	3 Percent of time devoted to business	i to unrel	ation attributable ated business
				9	5	
•				9	5	
			-	9	5	
				9	i	
Total. Enter here and on page 1, Part II	, line 14			··· •	<b>&gt;</b>	-
BAA		TEEA0204 L	10/04/17			orm <b>990-T</b> (2017)

2017	Federal Statements  MENTAL HEALTH HOUSING DEVELOPMENT		Page 1
Client 54 11/05/18	CORPORATION, INC.		<b>75-233567</b>
License Fees Rent Expense	, Line 28 essional Services	\$	12. 52. 5,146. 454. 32,165.
Supplies	To	otal 💲	<u>49.</u> <u>37,878.</u>
Statement 2 Form 990-T, Part III Computation of Tax Blended Tax Com  1. Unrelated Ta 2. Tax on line 3. Tax on line	putation	\$	29,245. 4,387. 6,141. 0.5041 0.4959

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