

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

2000

Department of the Treasury Internal Revenue Service

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

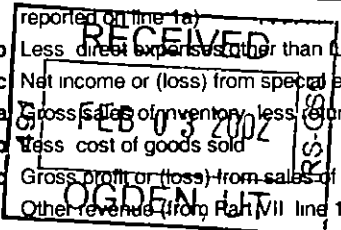
Header section containing organization name (Pro Seniors, Inc), address (7162 Reading Road #1150 Cincinnati, OH 45237), and identification numbers (Employer ID: 31-0887471, Telephone: (513) 345-4160).

Section G: Organization type (501(c)(3)), Accounting method (Accrual), and various checkboxes for filing status and group exemptions.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Main table with 21 rows detailing revenue (Total: 1,202,832) and expenses (Total: 1,006,032), resulting in a net asset increase of 196,800.

SCANNED FEB 26 2002



Part IV Balance Sheets (See Specific Instructions on page 23)

| Note | | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|--|---------|--------------------------|---------|--------------------|
| ASSETS | 45 | Cash - non-interest-bearing | | 30,223 | 45 | 247,394 |
| | 46 | Savings and temporary cash investments | | 270,360 | 46 | 204,462 |
| | 47 a | Accounts receivable | 47a | | | |
| | b | Less allowance for doubtful accounts | 47b | | 47c | |
| | 48 a | Pledges receivable | 48a | | | |
| | b | Less allowance for doubtful accounts | 48b | | 48c | |
| | 49 | Grants receivable | | 161,268 | 49 | 211,141 |
| | 50 | Receivables from officers directors, trustees, and key employees (attach sch) | | | 50 | |
| | 51 a | Other notes and loans receivable (attach schedule) | 51a | | | |
| | b | Less allowance for doubtful accounts | 51b | | 51c | |
| | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 11,309 | 53 | 22,079 |
| | 54 | Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54 | |
| | 55 a | Investments - land buildings, and equipment basis | 55a | | | |
| | b | Less accumulated depreciation (attach schedule) | 55b | | 55c | |
| 56 | Investments - other (attach schedule) | | | 56 | | |
| 57 a | Land, buildings, and equipment basis | 57a | 217,850 | | | |
| b | Less accumulated depreciation (attach schedule) Stmt 4 | 57b | 171,205 | 57c | 46,645 | |
| 58 | Other assets (describe <input type="checkbox"/>) | | 73,154 | 58 | | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | | 546,314 | 59 | 731,721 | |
| LIABILITIES | 60 | Accounts payable and accrued expenses | | 42,638 | 60 | 31,245 |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | | 62 | |
| | 63 | Loans from officers directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64 a | Tax-exempt bond liabilities (attach schedule) | | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | | 64b | |
| | 65 | Other liabilities (describe <input type="checkbox"/> See Statement 5) | | 564 | 65 | 564 |
| 66 | Total liabilities (add lines 60 through 65) | | 43,202 | 66 | 31,809 | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 | Unrestricted | | 449,771 | 67 | 478,452 |
| | 68 | Temporarily restricted | | 53,341 | 68 | 221,460 |
| | 69 | Permanently restricted | | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land building, and equipment fund | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| | 73 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | | 503,112 | 73 | 699,912 |
| | 74 | Total liabilities and net assets/fund balances (add lines 66 and 73) | | 546,314 | 74 | 731,721 |

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III the organization's programs and accomplishments.

| Part VI Other Information (See Specific Instructions on page 26) | | N/A | Yes | No |
|--|--|-----|-----|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | | X |
| b | If "Yes" enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a | 0 | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes" you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) | 82b | N/A | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A | |
| 85 | 501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 85b | N/A | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A | |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g | N/A | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A | |
| 86 | 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 12 | 86a | N/A | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A | |
| 87 | 501(c)(12) organizations Enter | | | |
| a | Gross income from members or shareholders | 87a | N/A | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes" complete Part IX | 88 | | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> section 4955 <u>0</u> | | | |
| b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 | |
| d | Enter Amount of tax in 89c, above, reimbursed by the organization | | 0 | |
| 90 a | List the states with which a copy of this return is filed <u>Ohio</u> | | | |
| b | Number of employees employed in the pay period that includes March 12, 2000 (See instructions) | 90b | 23 | |
| 91 | The books are in care of <u>Frank Pulsfort</u> Telephone no <u>(513) 345-4160</u> Located at <u>7162 Reading Road Ste 1150 Cincinnati OH</u> ZIP code <u>45237</u> | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | | N/A |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|-------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a Attorney referral program | | | | | 6,776 |
| b Brochures/materials sales | | | | | 556 |
| c Seminar registration fees | | | | | 565 |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash investments | | | 14 | 6,204 | |
| 96 Dividends and interest from securities | | | 14 | 1,498 | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain/loss from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 7,702 | 7,897 |
| 105 Total (add line 104 columns (B), (D), and (E)) | | | | | 15,599 |

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| | See Statement 7 |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|--------------------------------------|--------------------------|------------------|------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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, the information is true, correct, and complete. I am a preparer (other than officer) is based on all information of which preparer has knowledge.

01/30/02
Date

RHONDA Y MOORE
EXECUTIVE DIRECTOR
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Supplementary Information - (See separate instructions.)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

Pro Seniors, Inc.

Employer identification number

31-0887471

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| Thomas Bedall 7162 Reading Rd. Ste 1150 | Manag. Attorney 40 | 57,227 | 7,972 | 0 |
| William C. Hambly 7162 Reading Rd Ste 1150 | Attorney 40 | 51,138 | 9,299 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part III Statements About Activities

| | Yes | No |
|---|-----|----|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p> | | X |
| <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:</p> | | |
| <p>a Sale, exchange, or leasing of property?</p> | | X |
| <p>b Lending of money or other extension of credit?</p> | | X |
| <p>c Furnishing of goods, services, or facilities?</p> | | X |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V</p> | X | |
| <p>e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions</p> | | X |
| <p>3 Does the organization make grants for scholarships, fellowships, student loans, etc.?</p> | | X |
| <p>4a Do you have a section 403(b) annuity plan for your employees?</p> | | X |
| <p>b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)</p> | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|---|----------|----------|-----------|-----------|-----------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 929,874 | 921,094 | 1,052,962 | 1,508,252 | 4,412,182 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose | 7,364 | 10,739 | 19,647 | 30,473 | 68,223 |
| 18 Gross income from interest dividends amounts received from payments on securities (section 512(a)(5)) rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975 | 5,315 | 7,141 | 9,980 | 13,492 | 35,928 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income Attach a sch Do not include gain or (loss) from sale of capital assets See St 8 | 4,000 | | | | 4,000 |
| 23 Total of lines 15 through 22 | 946,553 | 938,974 | 1,082,589 | 1,552,217 | 4,520,333 |
| 24 Line 23 minus line 17 | 939,189 | 928,235 | 1,062,942 | 1,521,744 | 4,452,110 |
| 25 Enter 1% of line 23 | 9,466 | 9,390 | 10,826 | 15,522 | |

| | | | |
|--|---|-----|-----------|
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 | 26a | 89,042 |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts | | 26b | |
| c Total support for section 509(a)(1) test Enter line 24, column (e) | | 26c | 4,452,110 |
| d Add Amounts from column (e) for lines | 18 35,928 19 | 26d | 39,928 |
| | 22 4,000 26b | 26e | 4,412,182 |
| e Public support (line 26c minus line 26d total) | | 26f | 99.10% |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | |

| | | |
|---|--|---|
| 27 Organizations described on line 12 | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year N/A | (1999) _____ (1998) _____ (1997) _____ (1996) _____ |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year | | (1999) _____ (1998) _____ (1997) _____ (1996) _____ |
| c Add Amounts from column (e) for lines | 15 _____ 16 _____ | 17 _____ 20 _____ 21 _____ |
| d Add Line 27a total and line 27b total | | 27c _____ 27d _____ |
| e Public support (line 27c total minus line 27d total) | | 27e _____ |
| f Total support for section 509(a)(2) test Enter amount on line 23, column (e) | | 27f _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | 27g _____ % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | 27h _____ % |

28 Unusual Grants For an organization described in line 10 11 or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

Part V

Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)

- 32 Does the organization maintain the following
 - a Records indicating the racial composition of the student body faculty and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above please explain (If you need more space attach a separate statement)

- 33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)

- 34a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization s right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b please explain using an attached statement

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation

| | Yes | No |
|-----|-----|----|
| 29 | | |
| 30 | | |
| 31 | | |
| 32a | | |
| 32b | | |
| 32c | | |
| 32d | | |
| 33a | | |
| 33b | | |
| 33c | | |
| 33d | | |
| 33e | | |
| 33f | | |
| 33g | | |
| 33h | | |
| 34a | | |
| 34b | | |
| 35 | | |

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount Enter the amount from the following table - | | |
| If the amount on line 40 is - | | |
| Not over \$500,000 | | The lobbying nontaxable amount is - |
| Over \$500,000 but not over \$1,000,000 | | 20% of the amount on line 40 |
| Over \$1,000,000 but not over \$1,500,000 | | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,500,000 but not over \$17,000,000 | | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$17,000,000 | | \$225,000 plus 5% of the excess over \$1,500,000 |
| | | \$1,000,000 |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i** Total lobbying expenditures (add lines c through h)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Schedule of Contributors

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

Pro Seniors, Inc

Employer identification number

31-0887471

Organization type (check one) - Section

- 501(c)(3) ◀ (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1 000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable etc , purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations

KFA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ Schedule B (Form 990 or 990-EZ) (2000)

| | |
|---|---|
| Name of organization Pro Seniors, Inc | Employer identification number 31-0887471 |
|---|---|

Part I Contributors

| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
|-----------|-----------------------------------|--------------------------------|---|
| <u>1</u> | _____ _____ _____ | \$ <u>552,272</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>2</u> | _____ _____ _____ | \$ <u>228,013</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>3</u> | _____ _____ _____ | \$ <u>237,738</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>4</u> | _____ _____ _____ | \$ <u>50,000</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>5</u> | _____ _____ _____ | \$ <u>100,000</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| ____ | _____ _____ _____ | \$ _____ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |

Name of organization

Employer identification number

Pro Seniors, Inc

31-0887471

Part II Noncash Property

| (a) No from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|--------------------------|--|--|----------------------|
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |

Name of organization

Employer identification number

Pro Seniors, Inc

31-0887471

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc purpose (see instructions)

► \$

| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|-------------------------|--|-------------------------------------|
| --- | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| --- | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| --- | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| --- | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

Pro Seniors, Inc.

31-0887471

Statement 1
Form 990, Part II, Line 43
Other Expenses

| Other Expenses | (A) Total | (B) Program Services | (C) Management & General | (D) Fundraising |
|--------------------------------|------------------|----------------------------|--------------------------------|--------------------|
| Community and public relations | \$ 17,136 | 15,493 | 1,643 | |
| Insurance | 6,432 | | 6,432 | |
| Organization dues | 6,257 | 2,990 | 3,267 | |
| Other | 6,162 | 2,019 | 4,143 | |
| Printing and copying | 5,746 | 4,310 | 1,436 | |
| Professional services | 15,785 | 2,295 | 13,490 | |
| Reference publications | 6,427 | 4,153 | 2,274 | |
| Staff training and seminars | 10,072 | 8,521 | 1,551 | |
| Total | <u>\$ 74,017</u> | <u>39,781</u> | <u>34,236</u> | <u>0</u> |

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

To enhance the independence of older persons by empowering them, by protecting their interests and by facilitating their access to resources.

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

| Description | Grants and Allocations | Program Service Expenses |
|---|---------------------------|--------------------------------|
| The Agency annually expects to provide the following services. It will handle 4,800 cases involving protection from abuse in the areas of involuntary protective services, health issues, public benefits, consumer law, subsidized and public housing, and long term care. It will provide 15,400 hours of service by ombudsmen and attorneys for protection from abuse in the areas of involuntary protective services, public benefits, consumer law, subsidized and public housing, and long-term care. It will make 60 presentations to 3,260 older adults on legal and long-term care issues. | \$ 0 | 750,050 |
| | <u>\$ 0</u> | <u>750,050</u> |

Pro Seniors, Inc

31-0887471

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

| Asset | Basis | Accum. Deprec | Book Value |
|-------------------------|-------------------|------------------|---------------|
| Furniture and fixtures | \$ 11,236 | 11,236 | 0 |
| Machinery and equipment | 206,614 | 159,969 | 46,645 |
| Total | <u>\$ 217,850</u> | <u>171,205</u> | <u>46,645</u> |

Statement 5
Form 990, Part IV, Line 65
Other Liabilities

| | Ending |
|---------------------------|---------------|
| Escrow deposits | \$ 564 |
| Total | <u>\$ 564</u> |

Statement 6
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title & avg Hrs/wk devoted | Comp | Employee Ben Pln Contrib. | Expense Account/ Other |
|---------------------------------------|-------------------------------|------|---------------------------------|------------------------------|
| Peter L Cassady Cincinnati, OH | Trustee 1 | \$ 0 | 0 | 0 |
| Steven L. Brash Cincinnati, OH | President 1 | | 0 | 0 |
| James H Miller, III Cincinnati, OH | Trustee 1 | | 0 | 0 |
| Barbara G Watts Cincinnati, OH | Trustee 1 | | 0 | 0 |
| Edward J Babbitt Cincinnati, OH | Trustee 1 | | 0 | 0 |

Pro Seniors, Inc.

31-0887471

Statement 6 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title & avg. Hrs/wk devoted | Comp | Employee Ben. Pln Contrib | Expense Account/ Other |
|--|--------------------------------|------|---------------------------------|------------------------------|
| William D Baskett, III Cincinnati, OH | Trustee 1 | \$ 0 | 0 | 0 |
| Lois A. Doyle, R.N. Cincinnati, OH | Secretary 1 | 0 | 0 | 0 |
| David M. Burlas Cincinnati, OH | Treasurer 1 | 0 | 0 | 0 |
| Richard Fagin Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Louise S Hughes Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Richard A. Isgrig, CLU, ChFC Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| John P Mellott Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Maria Curro Kreppel Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| David Lazarus Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| M. Jay Wertz Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| R. Christopher West Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |

Pro Seniors, Inc.

31-0887471

Statement 6 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title & avg. Hrs/wk devoted | Comp. | Employee Ben. Pln Contrib. | Expense Account/ Other |
|---|--------------------------------|-------|----------------------------------|------------------------------|
| Michael R. Miller, Esq. Cincinnati, OH | Trustee 1 | \$ 0 | 0 | 0 |
| Robert S Nawalaniec Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Jean Wilson Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Laura S. Petrie, Esq Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Ernest L. Robinson Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Jerry D. Smart Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Marylyn J. Smith Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| David A Torline Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Cedric W Vogel Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Richard B. Westendorf Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| John J Williams Cincinnati, OH | Vice President 1 | 0 | 0 | 0 |

Pro Seniors, Inc.

31-0887471

Statement 6 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Address</u> | <u>Title & avg. Hrs/wk devoted</u> | <u>Comp.</u> | <u>Employee Ben Contrib</u> | <u>Expense Pln Account/ Other</u> |
|--|--|--------------|---------------------------------|---|
| Rhonda Y Moore Cincinnati, OH | Executive Dir 40 | \$ 50,865 | 4,377 | 0 |
| Ralph J Conrad, Esq. Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Wendell Hawkins Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Mary V Meinhardt Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Dale N Van Vyven Cincinnati, OH | Trustee 1 | 0 | 0 | 0 |
| Frank Pulsfort Cincinnati, OH | Controller 40 | 52,393 | 4,940 | 0 |
| | | Total | <u>\$ 103,258</u> | <u>9,317</u> <u>0</u> |

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

| <u>Line #</u> | <u>Explanation of Activities</u> |
|---------------|---|
| 93a | The Agency maintains a database of attorneys specializing in legal issues for seniors and provides referrals to clients for a minimal fee |
| 93b | The Agency produces pamphlets on legal and long term care issues that are free to the public and sold for a fee in bulk orders. |
| 93c | The Agency conducts seminars for professionals on topics of elder care law and long term care issues. |

Pro Seniors, Inc.

31-0887471

Statement 8
Schedule A, Part IV-A, Line 22
Other Income

| <u>Description</u> | <u>(a) 1999</u> | <u>(b) 1998</u> | <u>(c) 1997</u> | <u>(d) 1996</u> | <u>(e) Total</u> |
|--------------------|-----------------|-----------------|-----------------|-----------------|------------------|
| Other | \$ 4,000 | \$ 0 | \$ 0 | \$ 0 | \$ 4,000 |
| Total | <u>\$ 4,000</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 4,000</u> |