

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 10/01, 2001, and ending 09/30/2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PRO SENIORS, INC. D Employer identification number: 31-0887471. E Telephone number: (513) 345-4160. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No" attach a list. See instructions) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

G Web site

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 1,053,347.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue from Part VII, line 103; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation depletion etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? STMT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

Table with 2 columns: Description, Program Service Expenses. Rows include: a STMT 4 (Grants and allocations \$ 869,872), b STMT 4 (Grants and allocations \$), c (Grants and allocations \$), d (Grants and allocations \$), e Other program services (attach schedule) (Grants and allocations \$), f Total of Program Service Expenses (should equal line 44 column (B), Program services) 869,872

Part IV Balance Sheets (See Specific Instructions on page 24)

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		247,394	45	203,291
	46	Savings and temporary cash investments		204,462	46	206,967
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		211,141	49	178,384
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	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		22,079	53	4,456
	54	Investments - securities (attach schedule)	STMT 5 ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	257,013			
b	Less accumulated depreciation (attach schedule) STMT 14	57b	202,878	46,645	57c	54,135
58	Other assets (describe ▶)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		731,721	59	647,233	
Liabilities	60	Accounts payable and accrued expenses		31,245	60	41,355
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ STMT 6)		564	65	564
66	Total liabilities (add lines 60 through 65)		31,809	66	41,919	
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		478,452	67	577,653
	68	Temporarily restricted		221,460	68	27,661
	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)		699,912	73	605,314
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		731,721	74	647,233

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 27)

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	76		X
77	Were there any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80 a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditure See line 81 instructions	81 a		
b	Did the organization file Form 1120-POL for this year?	81 b		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?	82 a	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 in Part III)	82 b	15,856	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		X
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	85 b		X
c	Dues, assessments, and similar amounts from members	85 c	N/A	
d	Section 162(e) lobbying and political expenditures	85 d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85 g		X
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?	85 h		X
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87 a	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)	87 b	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 301.7701-3? 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 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A			
b	501(c)(3) and 501(c)(4) orgs 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	89 b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A			
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> OHIO			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90 b	23	
91	The books are in care of <input type="checkbox"/> FRANK PULSFORT Telephone no <input type="checkbox"/> (513) 345-4160 Located at <input type="checkbox"/> 7162 READING RD SUITE 1150 CINCINNATI OH ZIP + 4 <input type="checkbox"/> 45237			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note 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					5,403
b BROCHURE SALES					373
c SEMINAR REGISTRAT					1,935
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,278	
96 Dividends and interest from securities					
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 or (loss) from sales of assets other than inventory			18	49,812	
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))				54,090	7,711
105 Total (add line 104 columns (B) (D) and (E))					61,801

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 32)

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)
▼	STMT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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 it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date
EXECUTIVE DIRECTOR 02/19/03

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545 0047

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization

Employer identification number

PRO SENIORS, INC

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
<u>THOMAS BEDALL</u> 7162 READING ROAD SUITE 1150 CINCINNATI OH 45237	MANAGING ATTORNEY 40	59,715	8,064	
<u>WILLIAM C HAMBLEY</u> 7162 READING ROAD SUITE 1150 CINCINNATI OH 45237	ATTORNEY 40	54,769	9,570	
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 2 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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc? 4. Do you have a section 403(b) annuity plan for your employees?

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
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 [X] 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)

Table with 2 columns: (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 6 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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 -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	} 41	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$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 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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	Yes	No	Amount
a Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Media advertisements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d Mailings to members, legislators, or the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e Publications, or published or broadcast statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			

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

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
COMMUNITY AND PUBLIC RELATIONS	27,774.	27,108.	666.
INSURANCE	5,621.	592.	5,029.
PROFESSIONAL SERVICES	21,364.	1,332.	20,032.
DUES	4,740.	440.	4,300.
MISCELLANEOUS	17,178.	848.	16,330.
TOTALS	76,677.	30,320.	46,357.

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

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

THE AGENCY ANNUALLY EXPECTS TO PROVIDE THE FOLLOWING

869,872

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

TOTAL

869,872

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	4,456.
TOTALS	----- 4,456. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ESCROW DEPOSITS	564.
TOTALS	----- 564. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

TITLE AND TIME
DEVOTED TO POSITION

COMPENSATION

NAME AND ADDRESS

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
EDWARD J. BABBITT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
STEVEN L. BRASH 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	PRESIDENT 1	0.	
BARBARA G. WATTS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
PETER L. CASSADY 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
RALPH J. CONRAD 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
LOIS A. DOYLE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	SECRETARY 1	0.	
RICHARD FAGIN 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
WENDELL HAWKINS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
MARIA CURRO KREPPPEL 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
DAVID LAZARUS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
MARY MEINHARDT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
JOHN P. MELLOTT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TREASURER 2	0.	
MICHAEL R. MILLER 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
ERNEST L. ROBINSON 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
JERRY D. SMART 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
MARYLYN J. SMITH 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	

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NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
DAVID A. TORLINE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
DALE N. VAN VYVEN 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
CEDRIC W. VOGEL 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
M. JAY WERTZ 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
R. CHRISTOPHER WEST 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
JOHN J. WILLIAMS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	VICE PRESIDENT 1	0.	
JEAN WILSON 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	0.	
RHONDA Y. MOORE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	EXECUTIVE DIRECTOR 40	76,252.	9,442.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
FRANK PULSFORT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	CONTROLLER 40	59,715.	8,064.
DAVID M. BURLAS 7162 READING ROAD #1150 CINCINNATI OH 45237	TRUSTEE 1	0.	
CARL A. ENSLEN 7162 READING ROAD #1150 CINCINNATI OH 45237	TRUSTEE 1	0.	
LOUISE S. HUGHES 7162 READING ROAD #1150 CINCINNATI OH 45237	TRUSTEE 1	0.	
LAURA S. PETRIE 7162 READING ROAD #1150 CINCINNATI OH 45237	TRUSTEE 1	0.	
GRAND TOTALS		135,967.	17,506.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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 BROCHURES 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.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
OTHER		4,000.			4,000.
TOTALS		4,000.			4,000.

Pro Seniors
31-0887471
Form 990 - 2001

Line 8 schedule	(A) Securities	(B) Other	Total
Anthem demutualization proceeds	48,812		
From sale of equipment		1,000	
	<u>48,812</u>	<u>1,000</u>	49,812

Client: Pro Services, Inc
 Engagement: 2002 Pro Services audit
 Period Ending: 09/30/2002
 Worksheet: T8 LS - Property & Equipment 1

Account	Description	PP-1	UNADJ	JE Ref#	AJE	JE Ref#	RJE	FINAL
		09/30/2001	09/30/2002					09/30/2002
Lead [K] Property & E								
SubLead None								
1500010	Furniture & Fixtures	11,238.00	12,031.32		0.00		0.00	12,031.32
1500020	Furniture & Fixtures	0.00	2,669.00		0.00		0.00	2,669.00
1520010	Computer Equipment & Software	206,617.01	238,876.82	AJE - 5	4,439.00		0.00	241,314.82
1520020	Computer Equipment & Software	0.00	968.00		0.00		0.00	968.00
1600010	Accum Deprn - Furniture & Fixtur	(11,236.00)	(11,682.22)	AJE 5	347.22		0.00	(11,315.00)
1620010	Accum Deprn - Comp Equip & Softw	(159,986.01)	(195,107.00)	AJE - 5	3,545.00		0.00	(191,562.00)
Subtotal None		<u>46,648.00</u>	<u>45,804.82</u>		<u>8,331.22</u>		<u>0.00</u>	<u>54,138.14</u>
Total [K] Property & Equipment		<u>46,648.00</u>	<u>45,804.82</u>		<u>8,331.22</u>		<u>0.00</u>	<u>54,138.14</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Pro Seniors, Inc	Employer Identification Number 31-0887471
	Number, Street, and Room or Suite Number If a P O Box, see instructions 7162 Reading Road #1150	
	City, Town or Post Office For a foreign address, see instructions Cincinnati, OH 45237	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990 PF	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 8870

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 5/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 ____ or

▶ tax year beginning 10/01, 20 01, and ending 9/30, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Dany White Title ▶ CJA Date ▶ 2/11/03