

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 09/30/2004

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.

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

G Website: WWW.PROSENIORS.ORG

J Organization type (check only one): [X] 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.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes [] No [X]. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes [] No []. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X].

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 1,252,661.

I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 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; 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; 9c Net income; 10a Goods sold; 10b Less: cost of goods sold; 10c Other revenue; 11 Total revenue; 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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For Paperwork Reduction Act Notice, see the separate instructions.

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 page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	139,255.	114,189.	25,066.	
26	Other salaries and wages	689,664.	562,461.	127,203.	
27	Pension plan contributions	98,237.	84,484.	13,753.	
28	Other employee benefits	85,983.	74,260.	11,723.	
29	Payroll taxes	52,193.	44,886.	7,307.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	12,041.	12,041.		
34	Telephone	13,520.	12,846.	674.	
35	Postage and shipping	7,047.	6,502.	545.	
36	Occupancy	60,592.	58,423.	2,169.	
37	Equipment rental and maintenance	6,650.		6,650.	
38	Printing and publications	15,848.	13,149.	2,699.	
39	Travel	19,491.	19,462.	29.	
40	Conferences, conventions, and meetings	20,440.	19,323.	1,117.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	16,846.	12,635.	4,211.	
43	Other expenses not covered above (itemize) STMT 1	71,561.	37,242.	34,319.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,309,368.	1,071,903.	237,465.	

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? **STMT 2**

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)

a	STMT 3				
		(Grants and allocations \$ _____)			1,071,903.
b					
		(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)				1,071,903.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash - non-interest-bearing	332,629.	45	199,953.
	46	Savings and temporary cash investments	207,833.	46	289,625.
	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	119,867.	49	123,061.
	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	4,720.	53	7,108.
	54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	Liabilities	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	270,842.	
b		Less: accumulated depreciation (attach schedule)	57b	230,620.	57c
58		Other assets (describe ► _____)		58	40,222.
	59	Total assets (add lines 45 through 58) (must equal line 74)	715,238.	59	659,969.
Net Assets or Fund Balances	60	Accounts payable and accrued expenses	63,974.	60	65,308.
	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 4)	91.	65	195.
	66	Total liabilities (add lines 60 through 65)	64,065.	66	65,503.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	604,989.	67	580,795.
	68	Temporarily restricted	46,184.	68	13,671.
	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; column (B) must equal line 21)	651,173.	73	594,466.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	715,238.	74	659,969.

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 page 28 of the instructions.)

		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
78a	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?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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 _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	
	b Did the organization file Form 1120-POL for this year?	81b	X
82a	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 in Part III)	82b	21,748.
83a	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
84a	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	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.	85b	X
	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 on line 85f?	85g	X
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86	501(c)(7) orgs 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) orgs 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 301.7701-3? If "Yes," complete Part IX	88	X
89a	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	89b	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		
90a	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, 2003 (See instructions)	90b	29
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 ROAD SUITE 1150 CINCINNATI 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 page 33 of the instructions.)

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					17,733.
b BROCHURE SALES					167.
c SEMINAR REGISTRAT					2,305.
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	4,116.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISC INCOME			01	737.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				4,853.	20,205.
105 Total (add line 104, columns (B), (D), and (E))					25,058.

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 page 34 of the instructions.)

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 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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

Please Sign Here Date

Signature of officer: Shirley Johnson Date: 02/14/05

EXECUTIVE DIRECTOR

Preparer's name: <u>DA</u>	Date: <u>2/14/05</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W): <u>P00012434</u>
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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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2003

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
<u>THOMAS BEDALL</u> 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	MANAGING ATTORNEY 40	62,272.	20,849.	NONE
<u>WILLIAM C. HAMBLEY</u> 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	ATTORNEY 40	54,655.	18,918.	NONE
<u>MARY DAY</u> 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	OMBUDESMAN DEPT MOR 40	47,470.	13,607.	NONE
Total number of other employees paid over \$50,000 ▶	NONE			

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 ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
	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.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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.)
 - 11 a 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.)
 - 11 b 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 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 for Calendar year (or fiscal year beginning in) and rows for various income categories: 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, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 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) NOT APPLICABLE

		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

(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 - 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		<input checked="" type="checkbox"/>	
c Media advertisements		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body		<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<input checked="" 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	13,696.	11,910.	1,786.
INSURANCE	7,265.	1,200.	6,065.
PROFESSIONAL SERVICES	41,646.	23,615.	18,031.
DUES	6,341.	480.	5,861.
MISCELLANEOUS	2,613.	37.	2,576.
TOTALS	71,561.	37,242.	34,319.

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

EXPENSES

DESCRIPTION

1,071,903.

THE AGENCY HANDLED APPROXIMATELY 4,866 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.

THE AGENCY PROVIDED APPROXIMATELY 15,400 HOURS OF SERVICE BY OMBUDSMEN AND ATTORNEYS FOR PROTECTION FROM ABUSE, SERVING 1,023 CLIENTS IN THE AREAS OF INVOLUNTARY PROTECTIVE SERVICES, PUBLIC BENEFITS, CONSUMER LAW, SUBSIDIZED AND PUBLIC HOUSING, AND LONG TERM CARE. THE AGENCY PROVIDED COMMUNITY EDUCATION TO 6,000 OLDER ADULTS.

TOTAL

1,071,903.

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ESCROW DEPOSITS	195.

TOTALS	195.
	=====

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	EXPENSE ACCT AND OTHER ALLOWANCES
RHONDA MOORE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	EXECUTIVE DIRECTOR 40	79,666.	17,305.	NONE
FRANK J. PULSFORT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	CONTROLLER 40	59,589.	13,169.	NONE
JOHN WILLIAMS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	PRESIDENT 1	NONE	NONE	NONE
MICHAEL MILLER 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	VICE-PRESIDENT 1	NONE	NONE	NONE
JOHN MELLOTT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TREASURER 1	NONE	NONE	NONE
LOIS A. DOYLE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	SECRETARY 1	NONE	NONE	NONE
EDWARD BABBITT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
STEVEN BRASH 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE

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	EXPENSE ACCT AND OTHER ALLOWANCES
PETER CASSADY 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
RALPH CONRAD 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TREASURER 1	NONE	NONE	NONE
CARL ENSLEN 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
WENDELL HAWKINS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
MARIA CURRO KREPPPEL 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
DAVID LAZARUS 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
MARY MEINHARDT 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
ERNEST ROBINSON 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE

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	EXPENSE ACCT AND OTHER ALLOWANCES
JERRY SMART 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
MARYLYN SMITH 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
DAVID TORLINE 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
DALE VAN VYVEN 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
CEDRIC VOGEL 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
M. JAY WERTZ 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE
JEAN WILSON 7162 READING ROAD #1150 CINCINNATI, OHIO 45237	TRUSTEE 1	NONE	NONE	NONE

 GRAND TOTALS

 139,255.

 30,474.

 NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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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 -----
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- | | |
|-----|---|
| 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	2002	2001	2000	1999	TOTAL
OTHER				4,000.	4,000.
TOTALS				4,000.	4,000.

Pro Seniors, Inc.
31-0887471
Form 990, Part IV, line 57a, b

Category	Basis	Accum. depr.	Book value
Furniture & fixtures	\$ 16,253	\$ 12,001	\$ 4,252
Computer equipment	254,589	218,619	35,970
Totals	\$ <u>270,842</u>	\$ <u>230,620</u>	\$ <u>40,222</u>