

**Return of Organization Exempt From Income Tax**

**2004**

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 2004 calendar year, or tax year beginning 10/01, 2004, and ending 09/30/2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>PRO SENIORS, INC.</b>	<b>D Employer identification number</b> <b>31-0887471</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>7162 READING ROAD #1150</b>	<b>E Telephone number</b> <b>(513) 345-4160</b>
	City or town, state or country, and ZIP + 4 <b>CINCINNATI, OH 45237</b>	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 **N/A**

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

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

I Group Exemption Number **N/A**

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

G Website: **WWW.PROSENIORS.COM**

J Organization type (check only one)  501(c)(3) (insert no) 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 **1,249,813.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	321,319.		
	b Indirect public support	1b	151,716.		
	c Government contributions (grants)	1c	751,518.		
	d Total (add lines 1a through 1c) (cash \$ <b>1,224,553.</b> noncash \$ )	1d			1,224,553.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			15,197.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			9,963.
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe )	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
b Less cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			100.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,249,813.	
Expenses	13 Program services (from line 44, column (B))	13		1,070,915.	
	14 Management and general (from line 44, column (C))	14		270,124.	
	15 Fundraising (from line 44, column (D))	15		13,945.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1,354,984.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-105,171.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		594,466.	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			489,295.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

9-13 4 13

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.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 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 [X] 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)

Table with 2 columns: Description of program service accomplishments and Program Service Expenses. Rows include a STMT 3, b, c, d, e Other program services, f Total of Program Service Expenses.

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

**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
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .	199,953.	45	94,574.
	46 Savings and temporary cash investments . . . . .	289,625.	46	296,251.
	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 . . . . .	123,061.	49	138,348.
	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 . . . . .	7,108.	53	4,352.
	54 Investments - securities (attach schedule) . . . . .	<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	271,520.		
b Less: accumulated depreciation (attach schedule) . . . . .	57b	241,497.	57c	
58 Other assets (describe ▶ _____ )		40,222.	58	30,023.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	659,969.	59	563,548.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	65,308.	60	73,798.
	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 ▶ _____ <b>STMT 4</b> )		195.	65
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .	65,503.	66	74,253.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	580,795.	67	489,295.
	68 Temporarily restricted . . . . .	13,671.	68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	594,466.	73	489,295.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	659,969.	74	563,548.	

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	76	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	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	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	NONE
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	28,690.
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	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 on line 85f?	85g	N/A
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	N/A
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"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE		
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"/> NONE		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	28
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"/> NONE		

**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 <b>ATTORNEY REFERRAL</b>					12,171.
b <b>BROCHURE SALES</b>					8.
c <b>SEMINAR REGISTRAT</b>					3,018.
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	9,963.	
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 <b>MISCELLANEOUS INC</b>			01	100.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				10,063.	15,197.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					25,260.

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)
9	STMT 9

**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**

Signature of officer: Rhonda Y. Moore Date: 04/11/06

Type or print name and title: RHONDA Y. MOORE, EXECUTIVE DIRECTOR

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**Paid Preparer's Use Only**

Preparer's signature: Kay Poplun Date: 4/11/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD, LLP  
312 WALNUT STREET, SUITE 3000  
CINCINNATI, OH 45202

Preparer's SSN or PTIN (See Gen. Inst. W): PO0632071  
 EIN: 44-0160260  
 Phone no: 513-621-8300

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2004**

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
<b>THOMAS BEDALL</b> 7162 READING ROAD SUITE 1150 CINCINNATI, OH 45237-3838	<b>MANAGING ATTORNEY</b> 40	<b>64,567.</b>	<b>21,344.</b>	<b>NONE</b>
<b>WILLIAM C. HAMBLEY</b> 7162 READING ROAD SUITE 1150 CINCINNATI, OH 45237-3838	<b>ATTORNEY</b> 40	<b>57,247.</b>	<b>18,906.</b>	<b>NONE</b>
<b>MARY DAY</b> 7162 READING ROAD SUITE 1150 CINCINNATI, OH 45237	<b>OMBUDSMAN DIRECTOR</b> 40	<b>49,558.</b>	<b>13,613.</b>	
Total number of other employees paid over \$50,000 . . . . . ▶	<b>NONE</b>			

**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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>NONE</b>	

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

**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
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)? . . . . .	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
4a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		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)
  - 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	1,224,409.	1,288,420.	1,024,303.	1,137,360.	4,674,492.
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	20,205.	14,059.	7,711.	7,897.	49,872.
18 Gross income from interest, dividends, amounts received from payments on securities loans (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 . . . . .	4,116.	4,093.	4,278.	7,702.	20,189.
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 schedule. Do not include gain or (loss) from sale of capital assets . . . . .	737.				737.
23 Total of lines 15 through 22 . . . . .	1,249,467.	1,306,572.	1,036,292.	1,152,959.	4,745,290.
24 Line 23 minus line 17 . . . . .	1,229,262.	1,292,513.	1,028,581.	1,145,062.	4,695,418.
25 Enter 1% of line 23 . . . . .	12,495.	13,066.	10,363.	11,530.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					93,908.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					NONE
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .					4,695,418.
d Add: Amounts from column (e) for lines 18 <u>20,189.</u> 19 _____ 22 <u>737.</u> 26b <u>NONE</u> . . . . .					20,926.
e Public support (line 26c minus line 26d total) . . . . .					4,674,492.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					99.5543 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  (2003) _____ (2002) _____ (2001) <u>NOT APPLICABLE</u> (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					27c
d Add: Line 27a total _____ and line 27b total _____ . . . . .					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e
f Total support for section 509(a)(2) test. Enter amount from 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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>	<b>41</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	}		
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			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 11 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
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			NONE

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	FUNDRAISING
COMMUNITY AND PUBLIC RELATIONS	15,408.	15,408.		
INSURANCE	8,742.	1,015.	7,727.	
PROFESSIONAL SERVICES	30,642.	4,264.	23,475.	2,903.
DUES	6,704.	1,635.	5,069.	
MISCELLANEOUS	1,558.	637.	921.	
TOTALS	63,054.	22,959.	37,192.	2,903.

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 - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM DESCRIPTION EXPENSES

A THE AGENCY ASSISTED APPROXIMATELY 5,110 CLIENTS WITH LEGAL PROBLEMS, INCLUDING PROVIDING LEGAL ADVICE AND REPRESENTATION REGARDING HEALTH ISSUES, PUBLIC BENEFITS, CONSUMER ISSUES, PROBATE, HOUSING, FAMILY AND EMPLOYMENT. 1,070,915.

B AGENCY LONG-TERM CARE OMBUDSMEN SERVED APPROXIMATELY 1,113 CLIENTS BY PROVIDING ASSISTANCE WITH ISSUES AND PROBLEMS RELATED TO LONG-TERM CARE, INCLUDING CARE PLANS, ABUSE, RESTRAINTS, LOST BELONGINGS, UNANSWERED HELP CALLS, CLEANLINESS, QUALITY OF CARE AND TRANSFERS AND DISCHARGES.

C THE AGENCY PROVIDED COMMUNITY EDUCATION TO APPROXIMATELY 6,300 SENIORS, THEIR FAMILIES AND CAREGIVERS, AS WELL AS PROFESSIONALS THAT HELP OLDER PERSONS.

TOTAL 1,070,915.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ESCROW DEPOSITS	455.
	-----
TOTALS	455.
	=====

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
M. JAY WERTZ PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	VICE PRESIDENT 1	NONE	NONE	NONE
STEVEN L. BRASH PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1	NONE	NONE	NONE
PETER L. CASSADY PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1	NONE	NONE	NONE
RALPH J. CONRAD PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1	NONE	NONE	NONE
LOIS A. DOYLE PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	SECRETARY 1	NONE	NONE	NONE
DAVID C. CROWLEY PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1	NONE	NONE	NONE
MARIA CURRO KREPPPEL		NONE	NONE	NONE

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

NAME AND ADDRESS  
-----  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TRUSTEE  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
TINA R. MILLS  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TRUSTEE  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
MARY MEINHARDT  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TRUSTEE  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
JOHN P. MELLOTT  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TREASURER  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
MICHAEL R. MILLER  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
PRESIDENT  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
ERNEST L. ROBINSON  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TRUSTEE  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
NONE

NAME AND ADDRESS  
-----  
JERRY D. SMART  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

TITLE AND TIME  
DEVOTED TO POSITION  
-----  
TRUSTEE  
1

CONTRIBUTIONS  
TO EMPLOYEE  
BENEFIT PLANS  
-----  
NONE

EXPENSE ACCT  
AND OTHER  
ALLOWANCES  
-----  
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
CINCINNATI, OHIO 45237-3838		NONE	NONE	NONE
MARYLYN J. SMITH PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1			
EMILY SANDUL PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1			
DALE N. VAN VYVEN PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1			
JAMES D. YUNKER PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1			
JOHN J. WILLIAMS PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	TRUSTEE 1			
RHONDA Y. MOORE PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	EXECUTIVE DIRECTOR 40	83,676.	17,958.	NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

TITLE AND TIME DEVOTED TO POSITION

COMPENSATION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

CINCINNATI, OHIO 45237-3838

MARYLYN J. SMITH  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

EMILY SANDUL  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

DALE N. VAN VYVEN  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

JAMES D. YUNKER  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

JOHN J. WILLIAMS  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

RHONDA Y. MOORE  
PRO SENIORS, INC.  
7162 READING ROAD, SUITE 1150  
CINCINNATI, OHIO 45237-3838

PRO SENIORS, INC.

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
FRANK J. PULSFORT PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OHIO 45237-3838	CONTROLLER 40	61,448.	13,524.	NONE
GRAND TOTALS		145,124.	31,482.	NONE

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<br>LEGAL ISSUES FOR SENIORS AND PROVIDES REFERRALS TO CLIENTS<br>FOR A MINIMAL FEE |
| 93B | THE AGENCY PRODUCES BROCHURES ON LEGAL AND LONG TERM CARE<br>ISSUES THAT ARE FREE TO THE PUBLIC AND SOLD FOR A FEE IN<br>BULK ORDERS            |
| 93C | THE AGENCY CONDUCTS SEMINARS FOR PROFESSIONALS ON TOPICS<br>OF ELDER CARE LAW AND LONG TERM CARE ISSUES   |

**SCHEDULE OF FIXED ASSETS**

**Pro Seniors, Inc.**

**EIN: 31-0887471**

---

Furnishings and Fixed Equipment	16,253
Moveable Equipment	<u>255,267</u>
	271,520
Less Accumulated Depreciation and Amortization	<u>(241,497)</u>
	<u>30,023</u>
Depreciation Expense:	<u>11,423</u>

Depreciation expense is calculated using the straight line method over the estimated useful lives of the assets.

# 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)

**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)**

**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.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print	Name of Exempt Organization <b>PRO SENIORS, INC.</b>	Employer identification number <b>31-0887471</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>7162 READING ROAD #1150</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CINCINNATI, OH 45237</b>	

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(sec 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 |

• The books are in the care of ► **FRANK PULSFORT**

Telephone No. ► **513 345-4160** FAX No. ► \_\_\_\_\_

- 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) N/A. 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-months for a **Form 990-T corporation**) extension of time until 05/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year \_\_\_\_\_ or  
►  tax year beginning 10/01, 2004, and ending 09/30, 2005

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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.