

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

OMB No. 1545-0047
2006
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 2006 calendar year, or tax year beginning 10/01, 2006, and ending 09/30/2007

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.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.PROSENIORS.ORG

J Organization type (check only one): 501(c)(3)

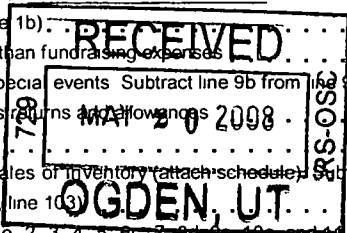
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,757,007.

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

Table with 21 rows and 4 columns. 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; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other 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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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 the instructions)

| <i>Do not include amounts reported on line 8b, 8b, 9b, 10b, or 16 of Part I</i> | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|----------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) | 25a 168,595. | 131,887. | 33,499. | 3,209. |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule) | 25b | | | |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 833,570. | 653,858. | 162,894. | 16,818. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 107,432. | 79,688. | 27,744. | |
| 28 Employee benefits not included on lines 25a - 27 | 28 66,592. | 49,725. | 16,867. | |
| 29 Payroll taxes | 29 79,150. | 59,103. | 20,047. | |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 | | | |
| 32 Legal fees | 32 | | | |
| 33 Supplies | 33 12,914. | 12,076. | | 838. |
| 34 Telephone | 34 10,852. | 10,816. | 36. | |
| 35 Postage and shipping | 35 9,793. | 8,297. | 412. | 1,084. |
| 36 Occupancy | 36 74,187. | 61,347. | 12,840. | |
| 37 Equipment rental and maintenance | 37 6,995. | 1,824. | 5,171. | |
| 38 Printing and publications | 38 8,148. | 4,614. | | 3,534. |
| 39 Travel | 39 29,100. | 28,174. | 778. | 148. |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 12,619. | 12,619. | | |
| 43 Other expenses not covered above (itemize) | 43 | | | |
| a STAFF TRAINING AND SEMINARS | 43a 8,950. | 8,217. | 593. | 140. |
| b COMMUNITY AND PUBLIC RELATIONS | 43b 14,616. | 14,321. | 295. | |
| c MISCELLANEOUS | 43c 3,882. | 1,836. | 2,005. | 41. |
| d INSURANCE | 43d 7,622. | 1,077. | 6,545. | |
| e PROFESSIONAL SERVICES | 43e 25,863. | 1,594. | 23,475. | 794. |
| f ORGANIZATION DUES | 43f 8,798. | 2,500. | 6,298. | |
| g REFERENCE PUBLICATIONS | 43g 7,491. | 2,709. | 4,707. | 75. |
| 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 44 1,497,169. | 1,146,282. | 324,206. | 26,681. |

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 the instructions)

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.

| What is the organization's primary exempt purpose? SEE STATEMENT 1 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 THE AGENCY ASSISTED 5,425 CLIENTS WITH LEGAL PROBLEMS, INCLUDING PROVIDING LEGAL ADVICE AND REPRESENTATION REGARDING HEALTH ISSUES, PUBLIC BENEFITS, CONSUMER ISSUES, PROBATE, HOUSING, FAMILY AND EMPLOYMENT. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 1,146,282. |
| b AGENCY LONG-TERM CARE OMBUDSMEN SERVED 1,475 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. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c THE AGENCY PROVIDED COMMUNITY EDUCATION TO 6,850 SENIORS, THEIR FAMILIES AND CAREGIVERS, AS WELL AS PROFESSIONALS THAT HELP OLDER PERSONS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 1,146,282. |

Part IV Balance Sheets (See the instructions)

| | | (A) | | (B) |
|--|--|--|-------------|-------------|
| | | Beginning of year | | 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 | 496,299. | 45 | 557,379. |
| | 46 Savings and temporary cash investments | 144,677. | 46 | 406,566. |
| | 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 | 120,104. | 49 | 85,511. |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 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 | 5,701. | 53 | 6,344. |
| | 54a Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | |
| | b Investments - other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| | 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 292,895. | | |
| b Less: accumulated depreciation (attach schedule) | 57b 259,216. | 36,313. | 57c 33,679. | |
| 58 Other assets, including program-related investments (describe _____) | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 803,094. | 59 | 1,089,479. | |
| Liabilities | 60 Accounts payable and accrued expenses | 103,025. | 60 | 110,933. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | NONE | 62 | 18,750. |
| | 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 2) | 322. | 65 | 211. |
| 66 Total liabilities. Add lines 60 through 65 | 103,347. | 66 | 129,894. | |
| 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 | 676,288. | 67 | 889,795. |
| | 68 Temporarily restricted | 23,459. | 68 | 69,790. |
| | 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)) | 699,747. | 73 | 959,585. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 803,094. | 74 | 1,089,479. | |

Part VI Other Information (continued)

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? 82b 44,752. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 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 b 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 88a X b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 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 NONE d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X 90 a List the states with which a copy of this return is filed NONE b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 30 91 a The books are in care of FRANK PULSFORT Telephone no (513) 345-4160 Located at 7162 READING ROAD, SUITE 1150, CINCINNATI, OH ZIP + 4 45237 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | NONE

Part VII Analysis of Income-Producing Activities (See 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 STMT 8 | | | | | 33,826. |
| b | | | | | |
| c | | | | | |
| 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 | 35,100. | |
| 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 MISCELLANEOUS | | | 01 | 19,550. | |
| c INCOME | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 54,650. | 33,826. |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 88,476. |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 9 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 |
|---|--|-----------------------------|---------------------|------------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|-----|----|
| Yes | No |
| | X |

Please Sign Here

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.

Signature of officer: Rhonda Y. Moore Date: 05/05/08

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

Paid Preparer's Use Only

Preparer's signature: Kerry Postupalski, CPA Date: 4/30/2008 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 X): P00632071
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 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

2006

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 2 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 |
|---|--|------------------|---|--|
| SEE STATEMENT 10 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 . . ▶ NONE

Part II-A 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 |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2006

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

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4c and 4d through 4g regarding lobbying activities, property transactions, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that 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 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ► |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|--------------------|------------|------------|------------|----------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) | 1,623,531. | 1,209,266. | 1,224,409. | 1,288,420. | 5,345,626. |
| 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 | 14,381. | 15,197. | 20,205. | 14,059. | 63,842. |
| 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 | 15,409. | 9,963. | 4,116. | 4,093. | 33,581. |
| 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 | STMT 11 12,057. | 100. | 737. | NONE | 12,894. |
| 23 Total of lines 15 through 22 | 1,665,378. | 1,234,526. | 1,249,467. | 1,306,572. | 5,455,943. |
| 24 Line 23 minus line 17. | 1,650,997. | 1,219,329. | 1,229,262. | 1,292,513. | 5,392,101. |
| 25 Enter 1% of line 23 | 16,654. | 12,345. | 12,495. | 13,066. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ | | | | | 26a 107,842. |
| 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ | | | | | 26b |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ | | | | | 26c 5,392,101. |
| d Add Amounts from column (e) for lines 18 <u>33,581.</u> 19 _____ 22 <u>12,894.</u> 26b _____ ▶ | | | | | 26d 46,475. |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e 5,345,626. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f 99.1381% |
| 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 NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| 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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| 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 2002 through 2005, 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 9 of the instructions)

NOT APPLICABLE

(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? | 29 | |
| 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? | 30 | |
| 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.) ----- ----- ----- | 31 | |
| 32 Does the organization maintain the following | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| 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? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| 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. | 34b | |
| 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 | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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 - | 41 | |
| | 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 | | |
| 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 13 of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|----|---|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| | Yes | | No | | Amount |
|--|-----|----|-----|----|--------|
| | Yes | No | Yes | No | |
| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| a | | ✓ | | | |
| b | | ✓ | | | |
| c | | ✓ | | | |
| d | | ✓ | | | |
| e | | ✓ | | | |
| f | | ✓ | | | |
| g | | ✓ | | | |
| h | | ✓ | | | |
| i | | | | | NONE |
| 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 III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE PRIMARY EXEMPT PURPOSE OF PRO SENIORS, INC. TO ENHANCE THE INDEPENDENCE OF OLDER PERSONS BY EMPOWERING THEM, BY PROTECTING THEIR INTERESTS AND BY FACILITATING THEIR ACCESS TO RESOURCES. PRO SENIORS WAS FOUNDED IN 1975 TO PROVIDE FREE LEGAL AND LONG-TERM CARE HELP TO OLDER ADULTS. THE ORGANIZATION OFFERS OHIO RESIDENTS AGES 60 AND OLDER THE ADVICE AND INFORMATION THEY NEED TO SOLVE THEIR LEGAL AND NURSING HOME, ADULT CARE FACILITY, AND HOME HEALTH CARE PROBLEMS.

PRO SENIORS, INC

31-0887471

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

| DESCRIPTION ----- | ENDING BOOK VALUE ----- |
|----------------------|-------------------------------|
| ESCROW DEPOSITS | 211. |
| | ----- |
| TOTALS | 211. |
| | ===== |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| MICHAEL R. MILLER PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| M. JAY WERTZ PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | PRESIDENT 1.00 | NONE | NONE | NONE |
| JOHN P. MELLOTT PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TREASURER 1.00 | NONE | NONE | NONE |
| LOIS A. DOYLE PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | SECRETARY 1.00 | NONE | NONE | NONE |
| PETER L. CASSADY PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| RALPH J. CONRAD PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| DAVID C. CROWLEY | TRUSTEE 1.00 | NONE | NONE | NONE |

31-0887471

PRO SENIORS, INC

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | | | | |
| MARIA CURRO KREPPPEL PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| MARY MEINHARDT PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| TINA R. MILLS PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| ERNEST L. ROBINSON PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| EMILY SANDUL PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| DALE N. VAN VYVEN PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 | TRUSTEE 1.00 | NONE | NONE | NONE |

PRO SENIORS, INC

31-0887471

FORM 990, PART V-A - CURRENT 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, 45237-3838 | | | | |
| STANTON H. VOLLMAN PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| ROSEMARY WEATHERS PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| JAMES D. YUNKER PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | VICE PRESIDENT 1.00 | NONE | NONE | NONE |
| RHONDA Y. MOORE PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | EXECUTIVE DIRECTOR 40.00 | 91,493. | 5,283. | NONE |
| FRANK J. PULSFORT PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | CONTROLLER 40.00 | 67,522. | 4,297. | NONE |
| JENNIFER G. ANSTAETT PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |

PRO SENIORS, INC

31-0887471

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| HERSCHEL CHALK PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| M. LYNN GRAY PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| DEBORAH ROBB PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| BERNADETTE WATSON PRO SENIORS, INC. 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | TRUSTEE 1.00 | NONE | NONE | NONE |
| GRAND TOTALS | | 159,015. | 9,580. | NONE |

PRO SENIORS, INC

31-0887471

FORM 990, PART V-A RELATIONSHIP SCHEDULE
=====

RELATIONSHIP SCHEDULE

| | |
|---------------------------------|--------------------------------------|
| NAME OF OFFICER, DIRECTOR, ETC: | RHONDA Y. MOORE PRO SENIORS, INC. |
| NAME OF RELATED ENTITY: | THOMAS G. BEDALL |
| TITLE OR ROLE: | MANAGING ATTORNEY |
| RELATIONSHIP: | HUSBAND OF RHONDA MOORE |

STATEMENT 7

PRO SENIORS, INC

31-0887471

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

| DESCRIPTION | BUSINESS CODE | AMOUNT | EXCLUSION CODE | AMOUNT | RELATED OR EXEMPT FUNCTION INCOME |
|---------------------------|------------------|--------|-------------------|--------|--------------------------------------|
| ----- | ---- | ----- | ---- | ----- | ----- |
| ATTORNEY REFERRAL | | | | | 31,366. |
| SEMINAR REGISTRATION FEES | | | | | 2,460. |
| TOTALS | | | | | 33,826. |

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 CONDUCTS SEMINARS FOR PROFESSIONALS ON TOPICS OF ELDER CARE LAW AND LONG TERM CARE ISSUES |

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCOUNT |
|--|------------------------------------|--------------|---|-----------------|
| THOMAS G. BEDALL 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | MANAGING ATTORNEY 40.00 | 75,283. | 13,803. | NONE |
| WILLIAM C. HAMBLEY 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | ATTORNEY 40.00 | 60,658. | 12,446. | NONE |
| MARY DAY 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | OMBUDSMAN DIRECTOR 40.00 | 53,351. | 7,048. | NONE |
| GRACE SEWALL 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | ATTORNEY 40.00 | 49,011. | 6,563. | NONE |
| MIRIAM SHELINE 7162 READING ROAD, SUITE 1150 CINCINNATI, OH 45237-3838 | ATTORNEY 40.00 | 52,579. | 4,290. | NONE |
| TOTAL COMPENSATION | | 290,882. | 44,150. | NONE |

SCHEDULE A, PART IV-A - OTHER INCOME

| DESCRIPTION | 2005 | 2004 | 2003 | 2002 | TOTAL |
|--------------|---------|------|------|------|---------|
| OTHER | 9,011. | 100. | 737. | NONE | 9,848. |
| FEE RECOVERY | 3,046. | | | | 3,046. |
| TOTALS | 12,057. | 100. | 737. | NONE | 12,894. |

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|--|--|---|
| 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 no. If a P O box, see instructions 7162 READING ROAD #1150 | |
| | City, town or post office, state, and ZIP code. 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 (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 section 501(c) corporation required to file Form 990-T) extension of time until 05/15, 2008 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, 2006, and ending 09/30, 2007

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 | 3a | \$ |
| 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 | 3b | \$ |
| 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 | 3c | \$ |

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.