			** PUBLIC DISCLOSURE COPY *	*	
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (0 2018
Depa	artment	of the Treasury	ay be made public.	Open to Public	
		enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
A	For th	e 2018 calend	ar year, or tax year beginning $\operatorname{OCT} 1$, 2018 and ending	<u>SEP 30, 2019</u>	
	Check if applicab	C Name or	forganization	D Employer identifica	tion number
	Addre	ess Pro	Seniors, Inc.		
F	Chang Name Chang		usiness as	31-08	87471
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	
	Final returr	7162	Reading Road 1150	513-3	45-4160
	termi ated	ⁿ⁻ City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,322,872.
	Amer returr		innati, OH 45237	H(a) Is this a group retu	ım
	Appli tion	^{ca-} F Name a	nd address of principal officer: Dimity Orlet	for subordinates?	Yes X No
	pend	same	as C above	H(b) Are all subordinates inclu	uded? Yes No
		empt status:	·····	527 If "No," attach a lis	st. (see instructions)
			proseniors.org	H(c) Group exemption	
			X Corporation Trust Association Other ▶ L Y	'ear of formation: 1975 M	State of legal domicile: OH
Pa	art I	Summary			
ė	1		be the organization's mission or most significant activities: Pro Seni		
anc			the independence and quality of life		
Governance	2		x ▶ if the organization discontinued its operations or disposed of m ting members of the governing body (Part VI, line 1a)		
200	3			<u> 18</u> 18	
	1.			46	
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)		81
tivi	-		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
A			business taxable income from Form 990-T, line 38		0.
		Net difference		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,913,634.	2,265,563.
Revenue	9		ce revenue (Part VIII, line 2g)	158,813.	34,872.
evel Svel	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	103,759.	14,888.
ĕ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,814.	-3,904.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,173,392.	2,311,419.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,803,715.	1,893,897.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	. b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	327,949.	387,857.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,131,664.	2,281,754.
	19	Revenue less	expenses. Subtract line 18 from line 12	41,728.	29,665.
S OL				Beginning of Current Year	End of Year
sset	20	Total assets (F		1,438,974.	1,527,522.
Net Assets or	21		(Part X, line 26)	161,814.	193,076.
	<u>22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	1,277,160.	1,334,446.
		-	I declare that I have examined this return, including accompanying schedules and stat	amente and to the heet of my ke	nowledge and bolief it is
			Declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepa		nowieuge and beller, it is
uue	,			מוטו וומס מווץ אווטשובעטב.	
				1	

Sign	Signature of officer	Date	
Here	Dimity Orlet, Executive Director		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date Check PTIN	
Paid	Paula Hume for f Arm	May 07, 2020 if self-employed P00537516	
Preparer	Firm's name 🕨 Barnes, Dennig & Co. LTD	Firm's EIN ► 31-1119890	
Use Only	Firm's address 🖕 150 East Fourth Street		
	Cincinnati, OH 45202	Phone no. (513)241-8313	
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes 🛄 I	No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions	ns. Form 990 (20)18)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2018) Pro Seniors, Inc.	31-0887471 Page 2
	rt III Statement of Program Service Accomplishments	<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Pro Seniors' mission is to enhance the independent	nce and guality of
	life of older adults by empowering them, by prot	
	and by facilitating their access to resources.	
2	Did the organization undertake any significant program services during the year which were not	listed on the
2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
•		gram services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro-	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 856 , 288 including grants of \$) (Revenue \$ 34,872.)
	The agency assisted 6,351 clients with legal pro-	
	providing legal advice and representation regard	ing health issues,
	public benefits, consumer issues, housing, forec	losure prevention and
	pensions. This program utilized \$19,836 of dona	ted services.
	F1C 710	
4b	(Code:) (Expenses \$516,719. including grants of \$) (Revenue \$)
	Agency long-term care ombudsmen served 1,288 cli	
	assistance with issues and problems related to 1	
	including care plans, abuse, restraints, lost or	
	quality of care, misappropriation of funds, tran	
	and long-term care facility selection. This prog	ram utilized \$41,121 of
	donated services.	
4c	(Code:) (Expenses \$ 352,451. including grants of \$) (Revenue \$
	Volunteers for the agency's Ohio Senior Medicare	
	provided over 757 hours of service to educate se	
	active role in the detection, prevention and rep	
	errors, fraud and abuse. This program utilized \$	
	services.	
	561 11 1 65 1	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue	e\$)
4e	Total program service expenses ► 1,725,458.	
		Form 990 (2018)
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 Form 990 (2018)
 Pro Seniors, Inc.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u> </u>	<u> </u>
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form **990** (2018)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 23
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		30	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
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Form	<u>990 (2018)</u> Pro Seniors, Inc. 31-0887	471	Р	age 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 46									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x						
h.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>								
D	If "Yes," enter the name of the foreign country:									
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50								
Uu		6a		x						
b	any contributions that were not tax deductible as charitable contributions?			<u> </u>						
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	А						
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a	-								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>	ł								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue gualified health plans in more than one state? N/A	40-								
а	•	<u>13a</u>								
h.	Note. See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
~	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand	14a	-	x						
14a h										
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		 						
15		15		x						
	excess parachute payment(s) during the year?									
16	Is the exercitation on advectional institution subject to the particip 1068 subject by an act investment income?	16		x						
10	If "Yes," complete Form 4720, Schedule O.									
		-	000	(0010)						

Form **990** (2018)

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					1	Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form S					
5	Did the organization become aware during the year of a significant diversion of the organization's as					
6	Did the organization have members or stockholders?			··· —		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			·· –		
74	more members of the governing body?			7		
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
D						
~	persons other than the governing body?			. 71)	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	0-			v
а	The governing body?					X
b	Each committee with authority to act on behalf of the governing body?			81)	Χ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					١	Ye
0a	Did the organization have local chapters, branches, or affiliates?			10	a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	b	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				a	Х
				12	a	х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
U		,		12	_	х
2	in Schedule O how this was done					X
3	Did the organization have a written whistleblower policy?				_	X
14	Did the organization have a written document retention and destruction policy?			14	•	<u></u>
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	a	X
b	Other officers or key employees of the organization			. 15	b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			. 16	а	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16	b	
ec.	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, ar	nd 000.	T (Section 501(c		1) 21/	/ail
0		iu 990		(3)5 011	/) av	an
	for public inspection. Indicate how you made these available. Check all that apply.					
			,			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy,	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records 🕨 _			
	Laurie Crothers - 513-345-4160					
	7162 Reading Road, Suite 1150, Cincinnati, OH 452	37				
	5 12-31-18			Fc	rm 9	99
32006	12-31-18					

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 Pro Seniors, Inc.
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 Pag

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Pro Seniors, Inc.

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<u>Form 990 (2</u>			Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)						Juic	(D)	(E)	(F)
Name and Title	Average	(do		Pos heck) than c	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	e om pi				and related
	below	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnc	lus	0ff	, Ke	e, <u>∓</u> i	For			
(1) Ashley Shannon Burke	3.00	v						0	0.	
Trustee	3.00	Х						0.	0.	0.
(2) Ester M. Norton Trustee - Joined 4/26/19	3.00	х						0.	0.	0.
(3) Nancy M. Cassady	3.00	^						0.	0.	0.
(3) Nancy M. Cassady Trustee	3.00	x						0.	0.	0.
(4) Jeffrey Daniher	3.00									0.
Trustee		x						0.	0.	0.
(5) Joseph A. Brant	3.00									U
Trustee		x						0.	0.	0.
(6) Simon T. Buchman	3.00									
Trustee		x						0.	0.	0.
(7) Sandra Jones Mitchell	3.00									
Trustee		х						0.	0.	0.
(8) Joshua R. Hooser	3.00									
Trustee		Х						0.	0.	0.
(9) Julia Tarvin	3.00									
Trustee		Х						0.	0.	0.
(10) Candis Smith	3.00									
Trustee		Х						0.	0.	0.
(11) Michael M. Kennedy	3.00									
Vice President		Х		Х				0.	0.	0.
(12) Mary V. Meinhardt	3.00									
Trustee		Х						0.	0.	0.
(13) Christine A. Buttress	3.00									
Trustee		Х						0.	0.	0.
(14) Stanton H. Vollman	3.00								•	
Trustee	2 00	Х						0.	0.	0.
(15) Helen Fanz LeVay	3.00								0	
Trustee	2 00	Х				-		0.	0.	0.
(16) Thomas R. Meyer	3.00	v		v				_		
Treasurer	2 00	Х		X		-		0.	0.	0.
(17) Chad S. Levin, Esq	3.00	x		x				0.	0.	0.
Secretary		Λ		Λ				U .	0.	Form 990 (2018)
832007 12-31-18				_	_					Form 330 (2018)

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2018.05080 PRO SENIORS, INC.

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31 - 0997/71

	990 (2018) Pro Senio	ors, Inc	•							31-08	874	71	Page 8		
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)					
(A) Name and title		hours per week officer and a directo				Average hours per week Position (do not check more than on box, unless person is both a officer and a director/truster			Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Rep composition		(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estim amou oth	F) nated unt of ner nsation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	;)	from organi	n the ization elated		
	Joshua Goode	3.00	х		4				0				0		
	ident Mary M. Sherman	3.00	~		Χ		-		0.).		0.		
	tee - Left 4/26/19	5.00	х						0.	(b .		0.		
(20)	Dimity V. Orlet	40.00													
	utive Director				Х				92,045.).		754.		
	Rhonda Y. Moore utive Director	40.00			x				42,047.		b.	15	896.		
	Laurie A. Crothers	40.00			^				42,047.		J.	15,	090.		
	roller	10000			х				71,298.	(<u>).</u>	3,	520.		
1b	Sub-total								205,390.	(.	20,	170.		
с	Total from continuation sheets to Part VI	I, Section A							0. 205,390.).).		0.		
 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re			J•	20,	170.		
	compensation from the organization												0		
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	Γ	Te	es No		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										-	3	X		
-	and related organizations greater than \$150										[4	X		
5	Did any person listed on line 1a receive or a	accrue compen	sati	on fr	oma	any	unre	elate	ed organization or individ	dual for services					
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5	X		
1	Complete this table for your five highest co	•	•							· ·	nsati	on from			
	the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin I		ear.		(0)			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Сс	(C) mpensa	ation		
								\neg							
2	Total number of independent contractors (in	•	ot lin	nited	l to t			ted	above) who received mo	ore than					
	\$100,000 of compensation from the organi:	zation 🕨				C	J				F	orm 99	0 (2018)		

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	90 (2 VIII	2018) Pro Seni	.ors,	inc.			31-0887	471 Pag
		Check if Schedule O contains a	response	or note to any lir	e in this Part VIII			Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 514
2 1	1 a	Federated campaigns	. 1a	84,800.				
	b	Membership dues	. 1b					
	с	Fundraising events	1c	21,958.				
5	d	Related organizations						
	е	Government grants (contributions)	1e1,	354,771.				
	f	All other contributions, gifts, grants, and						
		similar amounts not included above \dots	1 f	804,034.				
2	g	Noncash contributions included in lines 1a-1f: \$						
5	h	Total. Add lines 1a-1f			2,265,563.			
				Business Code		10 500		
2		Attorney Fees		541100	19,500.	19,500.		
		Attorney Referral		541100	13,512.	13,512.		
		<u>Seminar Registrati</u>	ons	541100	1,860.	1,860.		
	d							
	e							
		All other program service revenue			34,872.			
		Total. Add lines 2a-2f			54,072.			
3	3	Investment income (including divide			14,120.			14,12
		other similar amounts)			14,120.			14,12
	4 -	Income from investment of tax-exer	• •	-				
5	5	Royalties	(i) Real					
6		_		(ii) Personal				
		Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)						
₇			Securities	(ii) Other				
		assets other than inventory		2,044.				
	b	Less: cost or other basis						
		and sales expenses		1,276.				
	с	Gain or (loss)		768.				
		Net gain or (loss)		>	768.			76
8		Gross income from fundraising ever						
		including \$ 21,958.						
		contributions reported on line 1c). S	See					
		Part IV, line 18	а	6,273.				
	b	Less: direct expenses		10,177.				
	с	Net income or (loss) from fundraisin	g events	<u></u>	-3,904.			-3,90
9	Эа	Gross income from gaming activitie						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gaming ac						
10) a	Gross sales of inventory, less return						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales of in	ventory					
		Miscellaneous Revenue		Business Code				
11								
	b			<u> </u>				
	c							
		All other revenue						
		Total. Add lines 11a-11d			2,311,419.	31 070	0.	10,98
12	2	Total revenue. See instructions		P	⊬, Ј⊥⊥,4⊥У•	34,872.	υ.	Form 990 (20

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	Check il Schedule O contains a respor		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	225,560.	56,446.	169,114.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,214,105.	1,054,844.	95,702.	63,559.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	193,568.	70,959.	120,173.	2,436.
9	Other employee benefits	153,723.	144,364.	8,697.	662.
10	Payroll taxes	106,941.	82,444.	19,617.	4,880.
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,996.		2,996.	
с	Accounting	15,200.	2,000.	13,200.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,211.		7,211.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	14,297.	6,248.	7,941.	108.
12	Advertising and promotion	71,228.	71,228.		
13	Office expenses	32,681.	25,864.	1,554.	5,263.
14	Information technology				
15	Royalties				
16	Occupancy	70,917.	60,612.	10,305.	
17	Travel	69,470.	68,530.	749.	191.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	4,097.	3,790.	307.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,660.	1,661.	6,999.	
23	Insurance	10,157.	6,869.	3,288.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Search Expense	40,799.	40,799.		
b	Miscellaneous	10,759.		10,429.	330.
c	Equipment and equipment	9,895.	9,810.	85.	
d	Computer Expense	7,076.	7,076.		
е	All other expenses	12,414.	11,914.	500.	
25	Total functional expenses. Add lines 1 through 24e	2,281,754.	1,725,458.	478,867.	77,429.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				<u> </u>	Farma 990 (0010)

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Form 990 (2018)

Pro Seniors, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

orm 990 Part X			.nc.			21-	0887471 Page 11
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			2,576.	1	27,419.
2	2	Savings and temporary cash investments			296,484.	2	229,520.
3	3	Pledges and grants receivable, net			103,439.	3	223,252
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for				-	
	•	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(d)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
<u>v</u>		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
∛ 8		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			25,323.	9	0
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	90,617.			
	b	Less: accumulated depreciation		62,111.	30,019.	10c	28,506
11		Investments - publicly traded securities			980,947.	11	1,015,504
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets				14	
15		Other assets. See Part IV, line 11			186.	15	3,321
16		Total assets. Add lines 1 through 15 (must equ			1,438,974.	16	1,527,522
17		Accounts payable and accrued expenses			148,634.	17	188,041
18		Grants payable				18	
19		Deferred revenue			13,180.	19	5,035
20					10,100.	20	5,000
21		Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
		Loans and other payables to current and former				21	
	2	key employees, highest compensated employee					
				· · ·		22	
Liabilities	°	• • • • • • • • • • • • • • • • • • • •				23	
23		Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
24		Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
20	5	parties, and other liabilities not included on lines	-				
						25	
26	6	T • • • • • • • • • • • • • • • • • • •		Γ	161,814.	26	193,076
20	0	Organizations that follow SFAS 117 (ASC 958		k horo	101,014.	20	193,010
S S	-	complete lines 27 through 29, and lines 33 an			1,254,173.	27	1,311,212
27 au au		Unrestricted net assets			22,987.		23,234
≝ 28 89 00		Temporarily restricted net assets			22,01.	28	23,234
29	9	-				29	
린		Organizations that do not follow SFAS 117 (A	50 950), cneck nere ▶			
s	~	and complete lines 30 through 34.				00	
st 30		Capital stock or trust principal, or current funds				30	
ଞ୍ଚୁ 31 ♥		Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances E 75 15 05 65 82 25 E 75 15 05 65 82 25 E 75 15 05 65 82 25 E 75 15 15 15 15 15 15 15 15 15 15 15 15 15		Retained earnings, endowment, accumulated in			1 277 160	32	1 224 446
		Total net assets or fund balances			1,277,160.	33	1,334,446
34	4	Total liabilities and net assets/fund balances .	<u></u>		1,438,974.	34	1,527,522 Form 990 (201

Form **990** (2018)

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Form	990 (2018) Pro Seniors, Inc.	31-	0887471	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,31	1,4	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,28	1,7	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	9,6	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,27	7,1	60.
5	Net unrealized gains (losses) on investments	5	2	7,6	21.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,33	4,4	<u>46.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud		37	
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			37	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the late							formation		Inspection	
Name of the organization				do to www.ii3.got			ie latest li		Employer	identification number
				Seniors, I	nc.					1-0887471
Pa	nt I	Reason			All organizations must co	omplete th	is part.) Se	e instructions		1 000/1/1
		nization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
2	\square	-						I)(A)(I).		
2	\square				Attach Schedule E (Forn			:)		
4	\square	•	•		anization described in se njunction with a hospital			•	Viii) Enter	the hospital's name
4		city, and stat	-	ation operated in col	njunction with a nospital	described	Sectio	A)(1)(d)01111		the hospital s hame,
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmentalu	nit describe	ad in
5				Complete Part II.)	lege of university owned		eu by a ge	venimentaru		
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
	X			-	ntial part of its support fr				ne deneral r	ublic described in
'		-		omplete Part II.)		on a gove	Innontar		ie general j	
8		-			(1)(A)(vi). (Complete Par	+ II)				
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	inction with a	land-grant	college
-		•	-	-	ulture (see instructions).		-		-	-
		university:		,			·····, -··,	,		
10			on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from
					ct to certain exceptions,					
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b				-	or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ ~	.,	t complete Part IV,						
c			-		g organization operated				ly integrate	d with,
	. —	-	-). You must complete I					
c			-		oorting organization oper				-	
			-		ation generally must sat	-		-	an attentiv	reness
			-		nplete Part IV, Sections					
e			•		written determination fro nally integrated supporti			турет, туре	п, туре п	
f	Ente	er the number			nany integrated supportin	ng organiz	ation.			
י כ				n about the supporte	d organization(s)					
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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 Schedule A (Form 990 or 990-EZ) 2018
 Pro
 Seniors
 31-0887

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 31-0887

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1610458.	2296501.	2082758.	1913634.	2254563.	10157914.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1610458.	2296501.	2082758.	1913634.	2254563.	10157914.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						10157914.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1610458.	2296501.	2082758.	1913634.	2254563.	10157914.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	10,515.	11,660.	10,862.	11,246.	14,120.	58,403.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,016.	9,000.	46.	226.		10,288.
11	Total support. Add lines 7 through 10						10226605.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	358,315.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
<u>.</u>	organization, check this box and stop	phere					
See	ction C. Computation of Publi	c Support Per	centage			I I	
	Public support percentage for 2018 (I		•			14	99.33 %
	Public support percentage from 2017					15	99.36 %
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	ore, check this bo	
-	stop here. The organization qualifies		-				
b	33 1/3% support test - 2017. If the o	-					
47	and stop here. The organization qual						
17a	7a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	C C		•		•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	0					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ			-	• • • •		
10	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 0f 17D		edule A (Form 990	
					John	-uale A (i=01111 990	01 330-LZJ 2010

Schedule A (Form 990 or 990-EZ) 2018 P:	ro Senio	rs, Inc.
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			<u> </u>	
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17 _			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	on ▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			>
83202	23 10-11-18		15	5	Sch	edule A (Form	990 or 990-EZ) 2018

2018.05080 PRO SENIORS, INC.

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Yes No

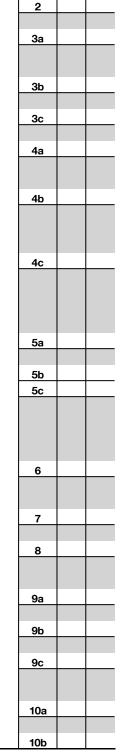
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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 Schedule A (Form 990 or 990-EZ) 2018 Pro Seniors, Inc.
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 Part IV
 Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form S		90-EZ	2018
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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990 EZ) 2018 Pro Seniors, Inc.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 Pro Seniors, Inc.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or	990-EZ)	2018	Pro	Seniors,	Inc.
Part VI	Supplan	ontall	nforn	aation	B	

Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	ection E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 201
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

31-0887471

_		_
Pro	Seniors,	Inc.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Pro Seniors, Inc.

Employer identification number

31-0887471

(a) No. 1	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	l otal contributions	I ype of contribution
		\$407,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$350,832.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$89,755.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$429,146.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$341,358.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 823452 11-08		\$404,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

05961.Т1

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Pro Seniors, Inc.

31-0887471

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$84,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

05961.Т1

Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2018)
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Name of organization

Employer identification number

31-0887471

Pro Seniors, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2018.05080 PRO SENIORS, INC.

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Page 4

ors, Inc.		31-0887471			
clusively religious, charitable, etc., contribut		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y			
m any one contributor. Complete columns (an appleting Part III, enter the total of exclusively religious,	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ry. For organizations <pre>less for the year. (Enter this info. once.) \$\$</pre>			
e duplicate copies of Part III if additional	space is needed.	1			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name. address. a	nd ZIP + 4	Relationship of transferor to transferee			
,,,					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		[
	(e) Transfer of gift	1			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of aift	(c) Use of aift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name address and $7ID \pm 4$		Relationship of transferor to transferee			
	[
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	e duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4			

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2018.05080 PRO SENIORS, INC.

(Form 990) ► Complete if the orga Part IV, line 6, 7, 8, 9, 10,			al Financial Statements anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		OMB No. 1545-0047
			90 for instructions and the latest information		Inspection
Nam	e of the organizati		er identification number		
		Pro Seniors, Inc.			31-0887471
Par		-	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1) = 1	
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fur		
			exclusive legal control?		🦳 Yes 🔛 No
6	•	e	dvisors in writing that grant funds can be used	2	
			or donor advisor, or for any other purpose confer	U U	
Der	impermissible priv	ate benefit?		<u></u>	Yes No
Par			ganization answered "Yes" on Form 990, Part I\	, line 7.	
1		servation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (e.g., recreation or e			
		of natural habitat	Preservation of a certified h	nistoric struc	ture
		n of open space			
2	•	6 6 1	fied conservation contribution in the form of a co		
	day of the tax year				d at the End of the Tax Year
а				2a	
b	•			2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
				2d	
3		vation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	ization durir	ng the tax
	year				
4		where property subject to conservation eas			
5	Ũ	tion have a written policy regarding the per	o , i , o		
•	,	forcement of the conservation easements in			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easemen	ts during the year
-					
7	. .	ses incurred in monitoring, inspecting, nand	dling of violations, and enforcing conservation ea	asements du	ring the year
•	►\$			\ <i>(</i>)	
8			ve satisfy the requirements of section 170(h)(4)(E		
0			on easements in its revenue and expense stater		
9		•	-		
			tion's financial statements that describes the org	janization s	accounting for
Par	conservation ease		f Art, Historical Treasures, or Other \$	Similar As	sets.
		f the organization answered "Yes" on Form			
10	•		SC 958), not to report in its revenue statement a	ad balance a	boot worke of art
Id					
			hibition, education, or research in furtherance of	Public servi	ce, provide, in Part All,
L.		thote to its financial statements that descri		alanaa ahaa	tworks of ort historias!
b	-		SC 958), to report in its revenue statement and b		
			ducation, or research in furtherance of public se	i vice, provid	e the following amounts
	relating to these it			•	
				N A	
~			an una ar athar aimilar acasta far financial acia		
2			asures, or other similar assets for financial gain,	provide	
-	-	unts required to be reported under SFAS 1	· · · ·	•	
a	a Revenue included on Form 990, Part VIII, line 1				

а	Revenue included on Form 990, Part VIII, line 1	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

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		iors, Inc.		<u> </u>				31-08			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession (check all that apply):	on, and other record	s, check	any of the f	ollowing that	are a sig	nificant u	se of its c	ollection	items	
а	Public exhibition	d	I 🗌 L	_oan or exc	hange progra	ms					
b	Scholarly research	е			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma	aintained as part of th	he organi	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple							line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial accou	ınt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "	'Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pi	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	ed for the	e organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			8	5,601.		57,09	95.	2	8,5	06.
	Other				5,016.		5,01	16.			0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)				2	8,5	06.
				, <u> </u>	- '			<u> </u>	D /F	000	0040

Schedule D (Form 990) 2018

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	(Form 990) 2018		Seniors,	lnc.
Part VII	Investments -	Other Se	ecurities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) Other (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Closely-held equity interests (c) (c) (c) (c) (b) Closely-held equity interests (c) (c) (c) (c) (c) (c) Closely-held equity interests (c) (c) (c) (c) (c) (c) (c) (b) Closely-held equity interests (c) (c) (c) (c) (c)<

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

	edule D (Form 990) 2018 Pro Seniors, Inc.				0887471 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,421,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	27,621.		
b	Donated services and use of facilities	2b	79,725.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	10,177.		
е	Add lines 2a through 2d			2e	117,523.
3	Subtract line 2e from line 1			3	2,304,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	7,211.		
b	Other (Describe in Part XIII.)	4b			
				4c	7,211,
С	Add lines 4a and 4b			4C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	7,211. 2,311,419.
5				5	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	ents With		5	n.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	5	
5 Pa	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	5 leturi	n.
5 Pa 1	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	5 leturi	n.
5 Pa 1 2 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	5 leturi	n.
5 Pa 1 2 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12,)</i> rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per F	5 leturi	n.
5 Pa 1 2 a b	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 2a 2b 2c	Expenses per F	5 leturi	n. 2,364,445.
5 Pa 1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 2a 2b 2c 2d	Expenses per F 79,725. 10,177.	5 leturi	n. <u>2,364,445.</u> 89,902.
5 Pa 1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per F 79,725. 10,177.	5 leturr 1	n. 2,364,445.
5 Pa 1 2 a b c d e	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F 79,725. 10,177.	5 leturn 1 2e	n. <u>2,364,445.</u> 89,902.
5 Pa 1 2 a b c d e 3	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2b 2c 2d	Expenses per F 79,725. 10,177.	5 leturn 1 2e	n. <u>2,364,445.</u> 89,902.
5 Pa 1 2 a b c d e 3 4	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 2d	Expenses per F 79,725. 10,177.	5 leturn 1 2e	n. 2,364,445. 89,902. 2,274,543.
5 Pa 1 2 a b c d e 3 4 a b	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2c 2d 4a 4b	Expenses per F 79,725. 10,177. 7,211.	5 leturn 1 2e	n. 2,364,445. 89,902. 2,274,543. 7,211.
5 Pa 1 2 a b c d e 3 4 a b c 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F 79,725. 10,177. 7,211.	5 Return 1 2e 3	n. 2,364,445. 89,902. 2,274,543.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The C	Drganization	is	exempt	from	income	taxes	under	Section	501(c)	(3)	of
-------	--------------	----	--------	------	--------	-------	-------	---------	------	----	-----	----

the Internal Revenue Code and a similar provision of Ohio state law.

However, the Organization is subject to federal income tax on any

unrelated business taxable income.

The Organization's IRS Form 990 is subject to review and examination by

federal and state authorities. The Organization believes it has

appropriate support for any tax positions taken, and therefore, does not

have any uncertain income tax positions that are material to the financial

statements.

832054 10-29-18

Schedule D (Form 990) 2018 Pro Seniors, Inc.	31-0887471 Page 5
Part XIII Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:	
Fundraising Events	10,177.
Part XII, Line 2d - Other Adjustments:	
Fundraising Events	10,177.
	Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							2018
Department of the Treasury		•						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer in	Inspection dentification number
		iors, Inc.					31-088	
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t						
		ed funds through any of the followin						
a Mail solicitat	email solicitations				overnment grants nment grants			
c Phone solici		g Special						
d 🗌 In-person so	licitations			0				
		or oral agreement with any individual				tees,	or	
• • •		art VII) or entity in connection with p			-			es 🔄 No
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu organization	ant to a	agreer	ments under which th	ne fur	ndraiser is to	be
					1			
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr	Did aiser	(iv) Gross receipts	(v) to (d	Amount paid or retained by	(vi) Amount paid to (or retained by)
or entity (func	Iraiser)		have con or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
			100	110				
Total								
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or 1	990-F	Z	Sche	dule G (Form	990 or 990-EZ) 2018
								_,

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 Schedule G (Form 990 or 990-EZ) 2018
 Pro Seniors, Inc.
 31-0887471
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 Seniors Who Rock	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
neveriue	1	Gross receipts	28,231.			28,231
	2	Less: Contributions	21,958.			21,958
	3	Gross income (line 1 minus line 2)	6,273.			6,273
	4	Cash prizes	-			
	5	Noncash prizes	-			
	6	Rent/facility costs	2,517.			2,517
Ulrect Expenses	7	Food and beverages	6,431.			6,431
اد	8	Entertainment				
	9	Other direct expenses	1,229.			1,229
		Direct expense summary. Add lines 4 throu	• • • • • • • • • • • • • • • • • • • •			10,177
	rt I	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	n line 3, column (d)	000 Deut IV/ line 10 en u		-3,904
a		\$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
.						
שאשר	1	Gross revenue				
	<u>1</u> 2	Gross revenue				
		Cash prizes				
	3 4	Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	%	Yes %	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	Yes% □No	Yes % No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%		No	
	3 4 5 6 7	Cash prizes	gh 5 in column (d)	□ No	<u>No</u> No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	gh 5 in column (d)	□ No	<u>No</u> No	
DIrect Expenses Revenue	3 4 5 7 8	Cash prizes	gh 5 in column (d)	□ No	<u>No</u> No	
DIrect Expenses	3 4 5 7 8 Ent	Cash prizes		□ No	No ►	
n Direct Expenses	3 4 5 6 7 8 En ⁻¹ Is t	Cash prizes	gh 5 in column (d)	□ No	No ►	
	3 4 5 7 8 En ⁻ Is t If "	Cash prizes	gh 5 in column (d)	states?	No	Yes N
	3 4 5 7 8 En ⁻ Is t If "	Cash prizes	gh 5 in column (d)	states?	No	Yes N

Schedule	G (Form 990 or 990 EZ) 2018 Pro Seniors, Inc.	<u> 31-0</u>	<u>8874</u>	71 Page 3
	the organization conduct gaming activities with nonmembers?		Ye	
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to ad	minister charitable gaming?		Ye	s 🗌 No
13 Indica	ate the percentage of gaming activity conducted in:			
a The c	organization's facility		13a	%
b An ou	utside facility		13b	%
14 Enter	the name and address of the person who prepares the organization's gaming/special events books and records:			
Name	e •			
Addr	ess 🕨			
	the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s 🗌 No
	s," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount of gaming revenue received by the organization \blacktriangleright	nt		
of ga	ming revenue retained by the third party $ ightarrow$ \$			
c If "Ye	s," enter name and address of the third party:			
Name				
Harris				
Addro	ess 🕨			
16 Gami	ng manager information:			
Name				
Gami	ng manager compensation 🕨 \$			
Desc	ription of services provided			
	Director/officer			
17 Mano	latory distributions:			
a Is the	organization required under state law to make charitable distributions from the gaming proceeds to			
retair	the state gaming license?		Ye	s 🗌 No
b Enter	the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	nization's own exempt activities during the tax year 🕨 \$			
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part	III, lines	9, 9b, 10b,
	TSD, TSC, TO, and T7D, as applicable. Also provide any additional information. See instructions.			
832083 10-03	3-18 Schedule G	i (Form	990 or 9	90-EZ) 2018
	33			, , ~~ , ~~ , ~~ , ~~ , ~~ , ~~ ,

	Schedule G (Form 990 or 990-EZ)
832084 04-01-18	

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34 2018.05080 PRO SENIORS, INC. SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

31-0887471

Pro Seniors, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

empowering them, by protecting their interests and by facilitating

their access to resources.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Finance and Administration Committee and is

provided to the Board of Trustees prior to the filing of the 990.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is distributed and reviewed annually at a

meeting of the Board of Trustees. All trustees are asked to sign a

statement indicating they have received and understand the policy and agree

to comply with it. Pro Seniors retains copies of the signed statements.

Form 990, Part VI, Section B, Line 15a:

By the end of Pro Seniors' fiscal year, the President of the Board of Trustees, in conjunction with the Executive Committee and any other Board Members requested by the Executive Committee, is responsible for conducting an annual review with the Executive Director. This review shall address key achievements during the prior year, as well as discuss the Executive Director's strengths and weaknesses. Additionally, the President of the Board of Trustees shall work with the Executive Director to set goals for the upcoming year(s) that are consistent with Pro Seniors' strategic plan. The President of the Board of Trustees, in conjunction with the Executive Committee, will also determine the appropriate salary increase for the forthcoming year for the Executive Director, taking in to account their LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) Based 10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
5	Employer identification number
Pro Seniors, Inc.	31-0887471

achievements in the prior year, value to the organization and reasonable comparisons to an appropriate peer group, and will document any increase with the Controller.

Form 990, Part VI, Section C, Line 19:

The public is requested to send a formal letter of request. An appointment

time is established when the documents can be reviewed.

Form 990, Part XII, Line 2c:

The finance committee assumes the responsibility for the oversight of

the audit of its financial statements and selection of an independent

auditor. This process has not changed from the prior year.

832212 10-10-18