Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2017, or fiscal year beginning	S. Keep for your records.	, 20	2017
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form887:	9EO for the latest information	n.	
Name of exempt organization	, , , , , , , , , , , , , , , , , , , ,		Employer identification	n number
9	enior Resource Services		20-442978	33
	anet Bedingfield			
	xecutive Director			
	Return and Return Information (Whole Dol	llars Only)		
Check the box for the return	for which you are using this Form 8879-EO and enter	the applicable amount, if any, fr	rom the return. If you	
check the hox on line 1a. 2a	, 3a, 4a, or 5a, below, and the amount on that line for t	the return being filed with this fo	orm was blank, then	
leave line 1b. 2b. 3b. 4b. or	5b, whichever is applicable, blank (do not enter -0-). B	But, if you entered -0- on the retu	urn, then enter -0- on	
the applicable line below. Do	o not complete more than one line in Part I.			
1a Form 990 check here	Total revenue, if any (Form 990, Part VIII	, column (A), line 12)	1b	222,631
2a Form 990-EZ check her				
	b Total tax (Form 1120-POL, line 22)			
	b Tax based on investment income (For			
	b Balance Due (Form 8868, line 3c)			
Ja 1 Ollil Good Glicok Hold	,			
Part II Declarati	on and Signature Authorization of Office	r		
organization's 2017 electron are true, correct, and comploorganization's electronic retuto send the organization's rethe transmission, (b) the reauthorize the U.S. Treasury financial institution account return, and the financial institution account in the processing or resolve issues related to the electronic return and, if appl Officer's PIN: check one b	declare that I am an officer of the above organization as ic return and accompanying schedules and statements etc. I further declare that the amount in Part I above is urn. I consent to allow my intermediate service provider turn to the IRS and to receive from the IRS (a) an ackreson for any delay in processing the return or refund, are and its designated Financial Agent to initiate an electronicated in the tax preparation software for payment of tution to debit the entry to this account. To revoke a part of the electronic payment of taxes to receive confidential payment. I have selected a personal identification numbers of the organization's consent to electronic funds we can be set to the electronic funds	s and to the best of my knowled the amount shown on the copy r, transmitter, or electronic returnowledgement of receipt or reas nd (c) the date of any refund. If onic funds withdrawal (direct delif the organization's federal taxes ayment, I must contact the U.S. ement) date. I also authorize the all information necessary to answinder (PIN) as my signature for twithdrawal.	of the originator (ERO) son for rejection of applicable, I bit) entry to the sowed on this Treasury Financial e financial institutions wer inquiries and the organization's	y signature
being filed with a sta ERO to enter my Pli As an officer of the If I have indicated w the IRS Fed/State p	s tax year 2017 electronically filed return. If I have indicate agency(ies) regulating charities as part of the IRS For on the return's disclosure consent screen. Organization, I will enter my PIN as my signature on the ithin this return that a copy of the return is being filed wording and the return's disclosure consent.	Fed/State program, I also author e organization's tax year 2017 e with a state agency(ies) regulatir	ppy of the return is rize the aforementioned electronically filed returning charities as part of	
Officer's signature	ion and Authentication	Sate		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	six-digit electronic filing identification			
number (FFIN) followed by	our five-digit self-selected PIN		842	240184101
110111501 (21 111) 101101101101	V		Do	not enter all zeros
indicated above. I confirm the Information for Authorized IF	eric entry is my PIN, which is my signature on the 2017 at I am submitting this return in accordance with the reas e-file Providers for Business Returns.	7 electronically filed return for the equirements of Pub. 4163 , Mode	e organization ernized e-File (MeF) 04/11/18	
ERO's signature				
	ERO Must Retain This For	m — See Instructions		
	Do Not Submit This Form to the IR		Do So	

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

2017

Tax Return

CLIENT COPY

Prepared By:



Certified Public Accountants

5801 West 11th Street, Suite 300 Greeley, CO 80634-4813

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning

, and ending

-*9783

Senior Resource Services

Net Asset / Fund Balance at Begi	nning of Year			224,276
	•			-
Revenue		161,891		
Contributions		59,123		
Program service revenue		932		
Investment income	•	934		
Capital gain / loss	***************************************			
Fundraising / Gaming:				
Gross revenue	***************************************			
Direct expenses				
Net income		<u> </u>		
Other income		685	222 621	
Total revenue			222,631	
Expenses				
Program services		188,239		
Management and general		33,125		
Fundraising		7,082	000 415	
Total expenses			228,446	
Excess / (deficit)				-5,815
Changes				
Net Asset / Fund B	alance at End of Year		9	218,461
Net Asset / Fund B Reconciliation of F			Reconciliation of Expe	enses
	Revenue	Total expenses	Reconciliation of Experiments	enses
Reconciliation of F	Revenue	Total expenses Less:		enses
Reconciliation of F otal revenue per financial statements	Revenue		per financial statements _	enses
Reconciliation of Fontal revenue per financial statementsess:	Revenue	Less: Donated se	per financial statements _	enses
Reconciliation of Footal revenue per financial statementsess: Unrealized gains	Revenue	Less: Donated se	per financial statements _ ervices _	enses
Reconciliation of Footal revenue per financial statements ess: Unrealized gains Donated services	Revenue	Less: Donated se Prior year a	per financial statements _ ervices _	enses
Reconciliation of Fotal revenue per financial statementsess: Unrealized gains Donated services Recoveries	Revenue	Less: Donated se Prior year a Losses	per financial statements _ ervices _	enses
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	Revenue	Less: Donated se Prior year a Losses Other	per financial statements _ ervices _ adjustments _ _ _ _	enses
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other	Revenue	Less: Donated se Prior year a Losses Other Plus:	per financial statements _ ervices _ adjustments _ _ _ _	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses	Revenue	Less: Donated se Prior year a Losses Other Plus: Investment Other	per financial statements _ ervices _ adjustments _ _ _ _	enses
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	240,282	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e	per financial statementservicesedjustments expenses	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	240,282 	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e	per financial statements _ ervices _ adjustments _ expenses _ xpenses per return _	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	240,282 	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending	per financial statementservicesedjustments expenses	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets	240,282 222,631 Beginning 229,777	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 221,276	per financial statements _ ervices _ adjustments _ expenses _ xpenses per return _	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	240,282 222,631 Beginning 229,777 5,501	Less: Donated set Prior year at Losses Other Plus: Investment Other Total et Balance Sheet Ending 221,276 2,815	per financial statements	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets	240,282 222,631 Beginning 229,777	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 221,276	per financial statements _ ervices _ adjustments _ expenses _ xpenses per return _	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities	240,282 222,631 Beginning 229,777 5,501	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 221,276 2,815 218,461	per financial statements	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 229,777 5,501 224,276	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e Balance Sheet Ending 221,276 2,815 218,461	per financial statements	enses 240,282
Reconciliation of Fotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 229,777 5,501 224,276 Miscellaneous	Less: Donated services Prior year at Losses Other Plus: Investment Other Total e Balance Sheet Ending 221,276 2,815 218,461	per financial statements	enses 240,282

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

. . . . , 2017, and ending , 20 For calendar year 2017, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization **-***9783 Senior Resource Services Name and title of officer Janet Bedingfield Executive Director Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b _ b Tax based on investment income (Form 990-PF, Part VI, line 5) _____ 4b __ 4a Form 990-PF check here ▶ 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) ______5b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize Anderson & Whitney, P.C. to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification ***** number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 04/11/18 Date ERO's signature

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 2017 Open to Public Inspection

	For th	e 2017 calendar year, or tax year beginning , and ending			
	Check if a			D Employer	identification number
	Address of	Comion Bogourge Ceruices			
		Doing business as			**9783
Ц	Name cha	Number and street (or 1:0. box in main to not do not be as a second	Room/suite	E Telephone	e number
-	Initial retu	LAID Contracted and			
	Final retuiterminate	d			eiots\$ 222,631
		Greeley CO 80631		G Gross rece	eipts \$ ZZZ, OST
	Amended	r Name and address of principal officer.	H(a) Is this a gro	oup return for su	bordinates? Yes X No
	Applicatio	on pending Janet Bedingfield		Productionals	rded? Yes No
			H(b) Are all sub		(see instructions)
			- II No,	attacii a iist.	see instructions)
ī	Tax-exer	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website	www.seniorresourcesservices.info	H(c) Group exe	mption numbe	
ĸ	Form of o	organization: X Corporation Trust Association Other ▶ L Y	ear of formation:		M State of legal domicile:
P	art I	Summary			
55554745	1	Briefly describe the organization's mission or most significant activities:			
a)		To give Weld County seniors the opportunity to maintain	n their p	hysica.	<u>.</u>
ü		emotional, and mental health while living independently	у.		
Governance					
) Ve	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	sets.	
Ö		Number of voting members of the governing body (Part VI, line 1a)			11
οŎ	3	Number of independent voting members of the governing body (Part VI, line 1b)			11
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12
Ę		Total number of volunteers (estimate if necessary)			209
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			0
	/a	Net unrelated business taxable income from Form 990-T, line 34		7b	0
	0	Net unrelated business taxable income from Form 300-1, inic 34	Prior Ye		Current Year
	8	Contributions and grants (Part VIII, line 1h)	17.	2,923	161,891
ine	1	Program service revenue (Part VIII, line 2g)	2		59,123
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\$100		932
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	1,873	685
	40	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18	4,796	222,631
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
		(4) 11 4)			0
			12	6,846	142,432
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,537	0
benses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,082			
Exp			4	3,289	86,014
ш	17 '	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	1,672	228,446
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,124	-5,815
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total accets (Part V. line 16)	22	9,777	221,276
Sse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		5,501	2,815
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,276	218,461
	art II	Signature Block nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.	ents and to the b	est of my kn	owledge and belief, it is
U	Inder pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and determine ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer l	has any knowled	ge.	
	20, 0011				
٠.		Signature of officer		Date	
Sig	-	l '	tive Di:	recto	•
He	re	Janet Bedingfield Execu			
			Date	Check	if PTIN
г.	الم			1/18 self-em	□ "
Pai		Larry Atchison, CPA			**-***6028
	parer	Firm's name Anderson & Whitney, P.	1	Firm's EIN	0020
Use	e Only	5801 W 11th St Ste 300			970-352-7990
		Firm's address • Greeley, CO 80634		Phone no.	Yes No
110	v tha IE	os discuss this return with the preparer shown above? (see instructions)			165 NO

) (Revenue \$	
4C	(Code:) (Expenses \$	including grants of \$		
	•				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

(Expenses \$ including grants of \$

ants of \$) (Revenue \$

4e Total program service expenses ▶

188,239

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, X 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .**[**...... Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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

Form 990 (2017) Senior Resource Services Part IV Checklist of Required Schedules (continued)

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			v
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?			v
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
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			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	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,"			v
	complete 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			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		·v-	
	19? Note . All Form 990 filers are required to complete Schedule O.	38	X	(2017)
		For	m サダし	J (2017)

Form **990** (2017)

orm	990 (2017) Senior Resource Dervices	<u>**9783</u>			Pi	age 5
	of V Statements Regarding Other IRS Filings and Tax Compliance					
::::::::::::::::::::::::::::::::::::::	Check if Schedule O contains a response or note to any line in this P	<u> Part V</u>	<u> </u>		 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		1	ا م		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	U	\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and		4.	X	
	reportable gaming (gambling) winnings to prize winners?			1c	Λ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		12			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12	2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	ix returns?		- 25		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	uctions)		3a	(20000000000	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch	other author		.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	thor financial	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or of	uici illianciai		4a		x
	account)?					
b	If "Yes," enter the name of the foreign country: ►	ncial Accour	 nts			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina	110101 7 100001	110			
	(FBAR).	ear?		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t	ransaction?		5b		Х
b	Did any taxable party notify the organization that it was or is a party to a promised tax shorter to	a a rio a o a o a o a o a o a o a o a o a o a		5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and	d did the				
6a	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such con	tributions or				
b				6b		<u> </u>
_	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		,			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and par	tly for goods				
а		n asta		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ch it was				
·	required to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7c	100000000000000000000000000000000000000	X
d	If "Yes" indicate the number of Forms 8282 filed during the year	7d_				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contrac	:t?	<u>7e</u>	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	it contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization	file Form 88	99 as required?	. 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of	rganization fi	le a Form 1096-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by t	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>.</u>		9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso	on?		90		
10	Section 501(c)(7) organizations. Enter:	140=				
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>10b</u>	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	11a	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
	against amounts due or received from them.)			12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or	12b	<u></u>			
b		[120	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		L
а						
	Note. See the instructions for additional information the organization must report on Schedule					
b		13b	,			
	the organization is licensed to issue qualified health plans	40				
C	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
14a	and the second s	Schedule O		14b		
b	ii 165, has it lieu a i ohii 720 to roport troop pajinemet ii 110, personali j			E	.m 99	0 (201)

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

Sec	tion A. Governing Body and Management				V: -	
		1 4-	11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	+	——		
	If there are material differences in voting rights among members of the governing body, or		İ			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	1	11			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		X
	any other officer, director, trustee, or key employee?			-		
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	17		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			· · · · 		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		х
	one or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		v
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	the followi	ng:	v	
а	The governing body?			ва	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					3,5
	the erganization's mailing address? If "Yes" provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue	Code.)	T	T
	TO COLOR MAN AND AND AND AND AND AND AND AND AND A				Yes	+
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		 ,,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	g the f	orm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to c	onflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			İ		
_	describe in Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1				
•	The organization's CEO, Executive Director, or top management official			15a		X
a b	Other officers or key employees of the organization					X
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a taxable entity during the year?			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
500	etion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed None					
17 19	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only)			
18	available for public inspection. Indicate how you made these available. Check all that apply.					
	The state of the s					
40	Own website Another's website A Upon request Uther (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretable of the conflict of interpretable of the conflict of the c	rest po	olicy, and			
19	Describe in Schedule O whether (and it so, now) the organization made its governing desarrance, sometic in the public during the tay year					
••	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	•			
20	State the name, address, and telephone number of the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and resemble the person who possesses the diganization above and the person who person above and the person who person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person and the person are person are person and the person are person are person and the person are person are person are person and the person are person are person and the person are pers					
	CO 806	31		970-35	2 - 9	348
G:	reeley CO 000					

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.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per	(d	o not	Pos check	ition more	than	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			ess pe nd a d				from the	related organizations	other compensation
	hours for related	or d	Inst	Officer	Key	emp	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual or director	itutior	cer	Key employee	lest co	ner			and related organizations
	line)	Individual trustee	Institutional trustee		oyee	employee				
		e	stee			sated				
(1) Tom Allen										
	1.00		E						o	d
Director	0.00	X		, and the same				0	U	
(2) Pat Allnutt	1.00								V	
Director	0.00	x	1621	~~sagars				0	0	C
(3) Donna Dosch										
,	1.00									
Director	0.00	X			ļ		<u> </u>	0	0	C
(4) Chris Dowen										
<u></u>	1.00							^	0	d
Director Fugge	0.00	X				-	ļ	0	0	
(5) Ashley Fusco	1.00									
Director	0.00	x						0	0	C
(6) Ben Gonzales										
	1.00									
Director	0.00	X					<u> </u>	0	0	C
(7) Michael Muskin										
	1.00	37		7.				o	0	d
Chair Naughton	0.00	X		X			╁	<u> </u>	0	
(8) Kent Naughton	1.00									
Vice President	0.00	x		x				0	0	C
(9) Paul Rainbolt										
	1.00									_
Director	0.00	X						0	0	C
(10) Andrew Romero										
	1.00			,				_	0	c
Treasurer	0.00	X	-	X		1	-	0	U	
(11)Kathy Sage	1.00									
	0.00	x	l	l	1	1	1	0	0	C

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	(d bo	o not o	Pos check ess pe	ition more rson irecto	than o	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) Joyce Scott	1.00	х						0	0	C
(13) Kate Struzenl	erg 1.00 0.00	x		x				0	0	(
(14) Linda Zumbru	1.00	x						0	0	(
(15) Janet Beding				x				51,293	0	(
Executive Director										
1b Sub-total							>	51,293		
d Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	ncluding but not	limit	ed to				▶ abov	re) who received more than	1 \$100,000 of	Yes No
 3 Did the organization list any femployee on line 1a? If "Yes 4 For any individual listed on line organization and related organization and related organization." 	former officer, di "complete Schene 1a, is the sum anizations greate	rectordule of rof r	or, or, or, or, or, or, or, or, or, or,	table 50,0	cn in e coi 00?	mper If "Y	uai isatio es," o 	on and other compensation complete Schedule J for so	from the uch	3 X 4 X 5 X
5 Did any person listed on line for services rendered to the c Section B. Independent Contract 1 Complete this table for your f	ors			ملمد: ا		dont	ooni	tractors that received more	than \$100,000 of	
compensation from the organ	nization. Report (A) Industries address	com	pens	atior	for	the c	calen	idal year churing with or wit	hin the organization's tax y (B) ption of services	year. (C) Compensation
Total number of independent	t contractors (inc	ludii	ng bi	ut no	t lim	ited	to the	ose listed above) who	0	
received more than \$100,00	0 of compensation	on fr	om t	he o	rgan	izatio	n 🕨		0	Form 990 (20

			ior Resc		e Se	rvices		**=***9763		r age s
Pa	rt V	III Staten	nent of Reve	nue) con	tains a	response	or note to any line	in this Part VIII		
		Official	II Goncadio C	<i>y</i> 0011	came a	Соролог	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated can Membership d Fundraising ev Related organ Government grants	ues vents izations (contributions)	1a 1b 1c 1d 1e						
Contribution and Other S	g				\$	161,891 10,245				
Program Service Revenue	2a b c d		t services			Busn. Code	59,123	59,123		
Progra		All other progr	am service reveres 2a–2f	nue			59,123			
	3	Investment inc and other simi Income from in	come (including of lar amounts) nvestment of tax	divider -exem	ids, intere	est,	932			932
	b	Gross rents Less: rental exps. Rental inc. or (loss)	(i) Real	(i) Real		Personal	nt C	ODV		
	7a	Net rental inco Gross amount from sales of assets other than inventory Less: cost or other basis & sales exps.	ome or (loss) (i) Securities		(ii)	Other	100			
nue	d	Gain or (loss) Net gain or (lo Gross income fro	ss)om fundraising evel	1		>				
Other Revenue		of contributions r See Part IV, line Less: direct ex	reported on line 1c) 18 openses (loss) from fund	a b	g events .	>				
	b	See Part IV, line Less: direct ex	om gaming activitie 19 kpenses (loss) from gam	a b	tivities					
	b	returns and all Less: cost of g	sales of inventory, less and allowances a cost of goods sold b come or (loss) from sales of inventory		ventory	>				
	11a b c	Miss Other Rev	cellaneous Revenue			Busn. Code	685			685
	d	All other rever	nue							
			es 11a–11d				685 222,631	200000000000000000000000000000000000000	0	1,617
	12	Total revenue	 See instruction 	15		▶	1 444,031	00,120	1	

12 Total revenue. See instructions.

Statement of Functional Expenses Part IX 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 (D) Fundraising (C) Management and (B) (A) Total expenses Do not include amounts reported on lines 6b, Program service general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,652 7,729 43,921 53,302 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,924 2,763 73,443 89,130 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 11 Management Legal b Accounting Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees ______ f Other. (If line 11g amount exceeds 10% of line 25, column 2,943 111 518 3,572 (A) amount, list line 11g expenses on Schedule O.) 627 2,933 16,665 20,225 Advertising and promotion 12 437 2,042 11,607 14,086 Office expenses 13 455 2,585 3,137 Information technology 14 15 Royalties 304 1,418 9,779 8,057 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 139 650 3,697 4,486 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 100 2,659 467 3,226 23 Insurance 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 O.) 317 1,486 8,442 10,245 Donated Goods 206 962 6,633 5,465 b 164 767 4,358 5,289 Transportation Program С 67 2,177 1,794 316 Fees/Dues d 98 458 3,159 2,603 e All other expenses 7,082 33,125 188,239 228,446 25 Total functional expenses. Add lines 1 through 24e 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 Fig. 1

following SOP 98-2 (ASC 958-720)

Senior Resource Services Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 198,570 207,071 Cash—non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets _____ 14 22,706 22,706 15 Other assets. See Part IV, line 11 15 221,276 229,777 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,508 2,325 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,307 $3,176 \mid 25$ of Schedule D 5,501 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 218,461 224,276 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32

32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

221,276 Form 990 (2017)

218,461

224,276

229,777

33

33

Schedule O.

0 rm	990 (2017) Senior Resource Services **-**	* 9783	*	Pag	ge 12
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			44,	
2	Total expenses (must equal Part IX, column (A), line 25)	1 0 1		28,4	
3	Revenue less expenses. Subtract line 2 from line 1	1 2 1		-5,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2:	24,	<u> 276</u>
5	Net unrealized gains (losses) on investments	1 - 1			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		2	18,	461
	33, column (B))	10			
Pa	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	100	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain	ı in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant	?	2a	0000000000000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	************	X
~	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
r	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes responsibilities for committee that assumes	versight			
٠	of the audit, review, or compilation of its financial statements and selection of an independent ac	countant?	2c	**********	
	of the death, other, or completely	W. W /	E0000000000000000000000000000000000000		∦ onidadiki

If the organization changed either its oversight process or selection process during the tax year, explain in

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Form **990** (2017)

3a

SCHEDULE A (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.

► Attach to Form 990 or Form 990-EZ.

Open to Public

-*9783

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Attach to form 555 or form 555 ==

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Senior Resource Services

► Go to www.irs.gov/Form990 for instructions and the latest information.

| Instruction | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer identification number | Employer

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported other support (see listed in your governing support (see (described on lines 1-10 organization instructions) instructions) document? above (see instructions)) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017

Senior Resource Services

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,967	140,527	162,568	172,923	161,891	767,876
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3	129,967	140,527	162,568	172,923	161,891	767,876
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)						146,257
6	Public support. Subtract line 5 from line 4.						621,619
	tion B. Total Support	_	T	1 1 2015	(I) 004C	(e) 2017	(f) Total
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016		
7	Amounts from line 4	129,967	140,527	162,568	172,923	161,891	767,876
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61	219	198		932	1,410
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	241	100	869	140	685	2,035
	(Explain in Part VI.)	241	100	555			771,321
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(coo instructions)				12	157,339
12	First five years. If the Form 990 is for the	organization's fire	t second third fo		ar as a section 501		
13	organization, check this box and stop her						
800	tion C. Computation of Public Su	inport Percen					
	Public support percentage for 2017 (line 6			nn (f))		14	80.59%
14	Public support percentage for 2017 (line of Public support percentage from 2016 Sch						97.31%
15 16-	33 1/3% support test—2017. If the organ	vization did not che	ock the box on line	13. and line 14 is 3	33 1/3% or more, o	heck this	
Toa	box and stop here . The organization qual	lifies as a publicly	supported organiza	ation			▶ X
L	33 1/3% support test—2016. If the organi	nization did not che	eck a box on line 1	3 or 16a. and line 1	5 is 33 1/3% or m	ore, check	
b	this box and stop here . The organization	qualifies as a publ	icly supported orga	anization			▶ □
17a	10%-facts-and-circumstances test—20°	17 If the organizat	ion did not check a	a box on line 13, 16			
17a	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test	, check this box an	nd stop here . Expl	ain in	
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	s as a publicly sup	ported	
	organization						▶ 🔲
b	10%-facts-and-circumstances test—20°	16. If the organizat	ion did not check a	a box on line 13, 16	Sa, 16b, or 17a, an	d line	
b	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	s" test, check this b	ox and stop here		
	Explain in Part VI how the organization me	eets the "facts-and	l-circumstances" te	est. The organization	on qualifies as a pu	ublicly	
	supported organization						>
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	ee	,
	instructions						▶ □
						Schodulo A /Form 9	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

	ii the organization rails to	quality under ti	ic tests listed t	ociow, picaco c	ompioto i dit i	,		
	tion A. Public Support	1 1 2 2 2 2 2	4) 0044	(-) 2045	(4) 2016	(e) 2017	,	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017		(i) rotar
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						_	
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513							
4	Tax revenues levied for the organization'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							
7a	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							
С	Add lines 7a and 7b						*********	
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support	1 20040	(L) 0044	(-) 201 <i>E</i>	(4) 2016	(e) 2017	,	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017		(i) Total
9	Amounts from line 6				/ 			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		S. Be MAN		855			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	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 for the	organization's firs						
	organization, check this box and stop her						<u> </u>	
<u>Sec</u>	tion C. Computation of Public Su			(5)			15	%
15	Public support percentage for 2017 (line 8						16	
16	Public support percentage from 2016 Sch					<u></u>	10	70
<u>Sec</u>	tion D. Computation of Investme						47	0/
17	Investment income percentage for 2017 (3, column (f))			17	<u>%</u>
18	Investment income percentage from 2016	Schedule A, Part	III, line 17				18	%
19a	33 1/3% support tests—2017. If the orga	anization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	3%, and line		
	17 is not more than 33 1/3%, check this b	ox and stop here .	The organization	qualifies as a publi	cly supported org	anization		
b	33 1/3% support tests—2016. If the orgal line 18 is not more than 33 1/3%, check the	anization did not ch	eck a box on line a	14 or line 19a, and tion qualifies as a r	line 16 is more thoublicly supported	nan 33 1/3%, a Lorganization	and 	>
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruc	tions		> [

Supporting Organizations Part IV

(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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
1		
•		
2		
	400000000000000000000000000000000000000	100000000000000000000000000000000000000
2-		
3a		
3b		***********
000000000000	900000000000000000000000000000000000000	0000000000000
3c		
4a		
	2252555000000000	5555500000000
4b		20000000000000
4-		
<u>40</u>	000000000000000000000000000000000000000	400000000000000000000000000000000000000
_		
5a		
00000000000	500000000000000	20000000000000
5b		
50		
5C	12000000000000000	100000000000000
6		
100000000000000000000000000000000000000		
7		
8		
O		2000000000000
9a	200000000000000000000000000000000000000	700000000000000000000000000000000000000
	50,000,000,000,000,000	000000000000000000000000000000000000000
9b		
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3 0	0000000000000	200200000000000000000000000000000000000
10~		000000000000000000000000000000000000000
10a		
10b	0 or 990-	

Schedi	ule A (Form 990 or 990-EZ) 2017 Senior Resource Services	**-***9783	Page 5
	t IV Supporting Organizations (continued)		
90000000000		Yes	No No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
а	below, the governing body of a supported organization?	11a	
	A family member of a person described in (a) above?	11b	
b	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	
<u> </u>	A 35% controlled entity of a person described in (a) of (b) above: If the sold a, b, or c, provide detail in the sold as the s		Lurutu
Sect	ion B. Type I Supporting Organizations	Yes	s No
	(decrease have the newer to		
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	1	
	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,		
	supervised, or controlled the supporting organization.	2	
Sect	ion C. Type II Supporting Organizations		
	<u> </u>	Yes	s 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	
C = -4	the supported organization(s).		
Sect	ion D. All Type III Supporting Organizations	Yes	s No
	the first beginning to the first day of the fifth month of the		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	or toy	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pric	JI CAX	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ne	
	organization's governing documents in effect on the date of notification, to the extent not previously provided	?	
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 h	ow	
	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	
Sect	ion 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).	
' a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
	The organization supported a governmental entity. Describe in Part VI how you supported a government	t entity (see instructions).	
С	The organization supported a governmental charge.		
•	Aut Was Test Anguay (a) and (b) holow	Ye	s No
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	500000000000000000000000000000000000000	
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,	٠	
	how the organization was responsive to those supported organizations, and how the organization determined	2a	
	that these activities constituted substantially all of its activities.	200000000000000000000000000000000000000	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	e	
	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		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	each each	
-		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). Se	ee
instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E	•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net income		,	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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	NEST SET	ALLE MAN MAN AND AND AND AND AND AND AND AND AND A
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	No.	A. 1910. Walleton Bridge.
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (see

instructions).

Par	t.V. Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
<u>Convenience</u>		apporting organiza	tiono (commuca)	Current Year
	on D - Distributions			Ourient rous
	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity		W. W	The state of the s
3	Administrative expenses paid to accomplish exempt purposes of suppose	orted organizations		
4	Amounts paid to acquire exempt-use assets	A CONTRACTOR OF THE CONTRACTOR		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	And the second s	Annual Control	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
***************************************	(provide details in Part VI). See instructions.		The same of the sa	
9	Distributable amount for 2017 from Section C, line 6		a waster.	
10	Line 8 amount divided by line 9 amount		/**\	/:::\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)		7	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>	¥	
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			/E 000 000 E7\ 0047

-*9783 Senior Resource Services Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part II, Line 10 - Other Income Detail 2,035 Other income

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

2017

Name of the organization

Senior Resource Services

Employer identification number

-*9783

Organization type (check one): Filers of: Section: 3) (enter number) organization **X** 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 331/3% 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, 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

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).

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 Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Senior Resource Services

Employer identification number **-***9783

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	NCMC Foundation 1801 16th Street Greeley CO 80631	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	A.V. Hunter Trust 650 S. Cherry Street, #535 Denver CO 80246	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP+4 United Way of Weld County 814 9th Street Greeley CO 80631	\$ 8,222	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	Virginia Hill Foundation c/o Wells Fargo Bank - Richard Brown 1740 Broadway C7300-493 Denver CO 80274		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	Daniels Fund 101 Monroe Street Denver CO 80206	\$ 50,000	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
6	Monfort Family Foundation 134 Oak Avenue Eaton CO 80605	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Senior Resource Services Employer identification number **-***9783

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Weld County Area Agency on Aging 315 N 11th Avenue Greeley CO 80631	\$ 49,887	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
,	Name, address, and Eli 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Clent C	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and 2.1 * *	\$	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Employer identification number **-***9783 Senior Resource Services Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year ______ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Page 2

Pa	irt III — Organizations Maintaini	ng Collections of	f Art, Historical	reasures, or	Other Simi	iar Assets	(continu	ea)	
3	Using the organization's acquisition, accessocilection items (check all that apply):	ssion, and other record	ds, check any of the f	ollowing that are a	significant us	e of its			
а	Public exhibition	d 🗌	Loan or exchange pr	rograms					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explai	in how they further the	e organization's ex	empt purpose	in Part			
	XIII.								
5	During the year, did the organization solici	it or receive donations	of art, historical treas	ures, or other simi	ilar				
	assets to be sold to raise funds rather tha	n to be maintained as	part of the organization	on's collection?	<u></u>		Yes	3	No
Pa	ort IV Escrow and Custodial A	rrangements.							
Security	Complete if the organizati 990, Part X, line 21.			u		an amount o	on Form		
1a	Is the organization an agent, trustee, custo	odian or other interme	diary for contributions	or other assets no	ot				
							Yes	;	No
b	If "Yes," explain the arrangement in Part X	(III and complete the fo	ollowing table:						—
							Amount		
С	Beginning balance					1c			—
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or	n Form 990, Part X, lin	e 21, for escrow or cu	istodial account lia	ibility?		Yes		No
	If "Yes," explain the arrangement in Part X	(III. Check here if the e	explanation has been	provided on Part >	(III				
Pa	art V Endowment Funds.								
	Complete if the organizati	on answered "Yes	s" on Form 990, P				T		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Th	ree years back	(e) Four	years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						<u> </u>		
	Other expenditures for facilities and								
	programs Administrative expenses								
	End of year balance Provide the estimated percentage of the c		ce (line 1g. column (a)) held as:					
2	Board designated or quasi-endowment		oo (iiiio 19, oolaiiii (a	,,					
a h									
b	Permanent endowment ► % Temporarily restricted endowment ►	0/							
C	The percentages on lines 2a, 2b, and 2c s								
20	Are there endowment funds not in the pos		ation that are held an	d administered for	· the				
Ja	organization by:	SCSSION OF THE ORGANIZ					[-	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						10-/::\		
h	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	ired on Schedule R?				3b		
4	Describe in Part XIII the intended uses of								
D ₂	art VI Land, Buildings, and Eq		OWITICITE TURIGO.						
IC	Complete if the organizati	on answered "Yes	" on Form 990. P	art IV. line 11a	. See Form	990, Part	X, line 10).	
	Description of property	(a) Cost or other		r other basis	(c) Accumulate		(d) Book v	alue	
	Description of property	(investment	I ''	ther)	depreciation				
4 -	Land						*******		
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
Total	Other I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990 Pai	rt X. column (B). line	10c.)					
ı otal	ı. Addılıncə ta illibüğü te. (Oblullılı (d) illüs	Jquai i Oilli 000, 1 di	·, · · · · · · · · · · · · · · · ·						

Schedule D (F	orm 990) 2017	Senior	Resource	Service	S	**-***9783	Page 3
Part VII	Investmen	ts—Other S	Securities.			- 44h Coo Form 000 Do	rt V line 10
				"Yes" on For		e 11b. See Form 990, Pa	π X, line 12.
		cription of security o			(b) Book value	(c) Method of va Cost or end-of-year n	
	(in-	cluding name of sec	urity)			Cost of end-of-year in	narket value
(1) Financial of							
(2) Closely-he	eld equity interes	its					de la constanta de la constant
				1			
				1	And		
				1			
				1			
·>				1			
				1			1-2-
							<u> </u>
(H)	(6)						
		ts—Progra	t X, col. (B) line 12.)			
Part VIII	Complete if	the organiz	n Relateu.	"Yes" on For	m 990 Part IV line	e 11c. See Form 990, Pa	rt X. line 13.
		Description of inves		103 011101	(b) Book value	(c) Method of va	luation:
	(a)	Description of mives	unon		(2)	Cost or end-of-year r	narket value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8) (9)			7			WI. 460	
	n (h) must equal	Form 990 Pai	t X, col. (B) line 13.				
Part IX	Other Asse			7 1		<i>*</i>	
	Complete if	the organiz	ation answered	"Yes" on For	m 990, Part IV, line	<u>e 11d. See Form 990, Pa</u>	rt X, line 15.
	00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		escription			(b) Book value
(1)		2014 Doc	ige Carava	n			20,594
(2)			ry and Equ				1,812
(3)			Deposit				300
(4)							
(5)							
(6)	<u> </u>						<u></u>
(7)							
(8)							
(9)							
	n (b) must equal	Form 990, Par	t X, col. (B) line 15.)			22,706
Part X	Other Liab	ilities.					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Complete if	the organiz	ation answered	"Yes" on For	m 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X,
	line 25.						
1.	(a	a) Description of liab	ility		(b) Book value		
(1) Federal	income taxes						
(2) Payro	ll Liabil	ities			1,307		
(3)							
(4)						ļ	
(5)]	
(6)							
(7)							
(8)							
(9)							
Total. (Column	n (b) must equal	Form 990, Pai	t X, col. (B) line 25.)▶	1,307		
2 Liability for	uncertain tax no	sitions In Part	XIII provide the tex	xt of the footnote	e to the organization's f	inancial statements that reports	s the

Dago	. 1
Page	•

Sche	edule D (Form 990) 201/ Senior Resource Services			
	art XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b				
С				
d	· · · · · · · · · · · · · · · · · · ·		2e	
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a	•			
b	7		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12	2.)		
	art XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	•	
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	D. C.	2a		
b	Prior year adjustments	2b		
С	Other losses	1 0 - 1		
d	Other (Describe in Part XIII.)	1		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.		
4		· 1		
4 a	the land of Farms 000 Part VIII line 7h			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b	\$	
ь с 5 Ра	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII. Supplemental Information.	4b	5	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII. Supplemental Information.	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	

Schedule D (Fo	orm 990) 2017	Senior	Resource	Services	**-***9783	Page 5
Part XIII	Supplemen	tal Informat	t ion (continued)		
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				<i>.</i>		
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Senior Resource Services	**-***9783
Form 990, Part VI, Line 11b - Organization's Proces	s to Review Form 990
The Form 990 is reviewed by the executive director p	prior to filing.
Form 990, Part VI, Line 19 - Governing Documents Dis	sclosure Explanation
Governing documents provided upon request.	
- Cliant Can	/
	<u></u>

Form **990**

33. Number of volunteers

Two Year Comparison Report

For calendar year 2017, or tax year beginning

ending

209

2016 & 2017

Name

Taxpayer Identification Number

	Senior Resource Services			**-***9783		
			2016	2017	Differences	
	1. Contributions, gifts, grants	1.		161,891	161,891	
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
ne	4 Drogram comica revenue	4.		59,123	59,123	
e u	5. Investment income			932	932	
>	6. Proceeds from tax exempt bonds	6.				
<u>ح</u>	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	144		685	685	
	12. Total revenue. Add lines 1 through 11	12.		222,631		
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.		53,302	53,302	
	16. Salaries, other compensation, and employee benefits			89,130		
e e	17. Professional fundraising fees	17.				
σ.	18. Other professional fees	1		3,572	3,572	
Ш	19. Occupancy, rent, utilities, and maintenance	19.		9,779		
	20. Depreciation and Depletion	20.				
	21. Other expenses	21.		72,663	72,663	
	22. Total expenses. Add lines 13 through 21	22.		228,446	228,446	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		-5,815		
	24. Total exempt revenue	24.		222,631		
	25. Total unrelated revenue	25.				
5	26. Total excludable revenue	26.		60,740	60,740	
ğ	27. Total assets	27.		221,276		
5	28. Total liabilities	28.		2,815		
Ourer Imprimation	29. Retained earnings	29.		218,461	218,461	
	30. Number of voting members of governing body	30.	12	11	,	
5	31. Number of independent voting members of governing body	31.	12	11		
	32. Number of employees	32.		12		
	00 Non-land foot of the			200		

33.

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Federal Statements

FYE: 12/31/2017

Taxable Interest on Investments

Des	cription					
	_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
Edward Jones	invest	earnings				
	\$_	932		14		
Total	\$_	932				

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ce Services Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	0 0 0	Form 990, Part IX, Line 24e - All Other Expenses	Total Brogram Management & Fund General Service General Service General Service Service General Raising 31 684 564 99 21 145 5 31 145 5 31 108 131 108 131 108 5 159 5 1
19355000 Senior Resource Services **_***9783 FYE: 12/31/2017	Form 990, Par	Description Accounting and Legal Fees Total	Forr	Description Background Checks Software Website Water Cooler Staff Development Total

19355000 Senior Resource Services

-*9783

Federal Statements

FYE: 12/31/2017

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	Excess	
NCMC Foundation	\$ 15,000	\$	
A.V. Hunter Trust	7,500		
United Way of Weld County	8,222		
Virginia Hill Foundation	7,000		
Daniels Fund	50,000		34,574
Monfort Family Foundation	5,000		
Weld County Area Agency on Aging	49,887		34,461
Virginia Hill Foundation	26,000		10,574
Monfort Family Founation	15,000		
Knoph Family Foundation	5,000		
Daniels Fund	75,000		59,574
A V Hunter Trust	22,500		7,074
Total	\$ 286,109	\$	146,257

Client Copy

Federal Statements

FYE: 12/31/2017

19355000 Senior Resource Services
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Schedule A, Part II, Line 9(e)

Description

Other Revenue Less: Deductions

Total

685 Amount