Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2010

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000. at the end of the year may use this form

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

Open to Public Inspection

A	A For the 2010 calendar year, or tax year beginning , 2010, and ending					, 20			
В	Check if a	applicable	C Name of organization		D Empl	oyer ic	lentification number		
	Address	Address change Senior Law Resource Center, Inc.					20-4260535		
	Name ch	nange	E Telep	Telephone number					
Ļ	Initial ret		600 N.W 23rd Street	106		40	05-528-0858		
F	J Terminat		City or town, state or country, and ZIP + 4		F Grou	ם Exe	emption		
F	☐ Amende ☐ Applicat	d return ion pending		ber	•				
ر آ		nting Method	Oklahoma City, OK 73103 ✓ Cash Accrual Other (specify) ▶				if the organization is not		
ı	Webs	-	Senior-law.org				tach Schedule B		
,			eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐		•		0-EZ, or 990-PF)		
_					•				
	Check		e organization is not a section 509(a)(3) supporting organization and its gross rec n 990 return is not required though Form 990-N (e-postcard) may be required (s						
			re to file a complete return	see msuuc	illons) E	out ii t	ne organization chooses		
ī			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	tatal assats	/Dowl II				
				iotai assets	(Part II,				
_			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ			- 9	<u> </u>		
=	Part I		e, Expenses, and Changes in Net Assets or Fund Balances						
<u> </u>			the organization used Schedule O to respond to any question in the	nis Part I	· · ·				
= 1	1	Contribution	ons, gifts, grants, and similar amounts received		.	1	87,146		
ക	2	Program s	ervice revenue including government fees and contracts			2	57,646		
	3	Membersh	rip dues and assessments			3	0		
MAY	4	Investmen	t income			4	71		
≥	5a	Gross amo	ount from sale of assets other than inventory 5a		0				
2	· b	Less: cest	er other basis and sales expenses		0				
Щ	C	Gain of (lo	ss) from sale of assets other than inventory (Subtract line 5b from line		5c	0			
	6		nd fundraising events	•					
SCANNED	l a	Gross ting	ome from gaming (attach Schedule G if greater than						
Q :	음	\$15,000	. MAY 0 9. 2011 6a .		o				
ഗ	j j	Gross inc	 	ntribution	<u> </u>				
į	g. d		aising events reported on line 1) (attach Schedule G if the		Ŭ				
	-		chagross-income and contributions exceeds \$15,000) .		٥				
	l c		ct expenses from gaming and fundraising events . 6c						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b	and sub	ntract				
	"	line 6c)	o or (1000) from gaining and fundraising events (add lines of and or	and suc	Juaci	6d	0		
	70	•				ou	<u> </u>		
	_ 7a		s of inventory, less returns and allowances		0				
	b				U				
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	0		
	8		nue (describe in Schedule O)			8	179		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · ·	. 🏲	9	145,042		
	10		d similar amounts paid (list in Schedule O)		}	10	0		
	11	•	aid to or for members		[11	0		
	ខ្លុំ 12		ther compensation, and employee benefits		[12	97,132		
3	<u>2</u> 13		al fees and other payments to independent contractors			13	2,100		
Ì	12 13 14 15		y, rent, utilities, and maintenance		[14	14,282		
Ú	Û 15	Printing, p	ublications, postage, and shipping		[15	18,650		
	16	Other expe	enses (describe in Schedule O)		[16	8,900		
_	17	Total expe	enses. Add lines 10 through 16		. ▶	17	141,064		
_	ຸ 18		(deficit) for the year (Subtract line 17 from line 9)			18	3,978		
9	រុំ 19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (mi						
Š	ž	end-of-yea	ar figure reported on prior year's return)			19	39,080		
A A 2 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	20		nges in net assets or fund balances (explain in Schedule O)			20	0		
Ž	21	Net assets	or fund balances at end of year Combine lines 18 through 20		. ▶	21	43,058		
_		405015	or rand balances at one or year combine lines to through 20	<u> </u>			43,036		

Form **990-EZ** (2010)



	t II Balance Sheets. (see the instructions						_
	Check if the organization used Schedule	O to respond to any ques	stion in this				· · · 🗸
				(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments]		35,455	22	39,433
23	Land and buildings	• •	. [23	. 0
24	Other assets (describe in Schedule O) .		.]		3,625	-	3,625
25	Total assets				39,080	25	43,058
26	Total liabilities (describe in Schedule O) .				0		0
27	Net assets or fund balances (line 27 of column				39,080	27	43,058
Par	t III Statement of Program Service Accom						Expenses
	Check if the organization used Schedule	O to respond to any ques	stion in this	Part II	· 🗀		uired for section
What	t is the organization's primary exempt purpose?	Legal information and servi					c)(3) and 501(c)(4) nizations and section
	ribe what was achieved in carrying out the organization				er, describe		7(a)(1) trusts, optional
the se	ervices provided, the number of persons benefited, and	other relevant information for e	each progran	n title.			thers)
28	Client Services-provided pro bono and low-cost dire	ect legal services to seniors a	and caregive	rs, inclu	uding		
	basic estate and incapacity planning, advocacy for v	victims of financial exploitation	on, adult gua	ardians	hip, and		
	grandparents raising grandchildren					İ	
	(Grants \$) If this amount	includes foreign grants, ch	eck here .		. ▶ 🗆	28a	46,146
29	Public Education-gave presentations to hundreds of				elder		1
	law topics such as grandparent legal issues and add						
	gained practical experience through legal research a						
		includes foreign grants, ch			▶ □	29a	62,275
30	Professional Development-presented at and attende				ner aging		
	issues, provided free consultations to health care pr						
			T115-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	(Grants \$) If this amount	includes foreign grants, ch	eck here		. ▶ □	30a	4,595
31	Other program services (describe in Schedule O)	move of the second seco			• • •	1	
•		includes foreign grants, ch	eck here	• •		31a	
32	Total program service expenses (add lines 28a					32	113,016
Par			ven if not co	mpensa	ted. (see the i		
	Check if the organization used Schedule						0
					v		
		(b) Title and average	(c) Comper	sation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(c) Comper (If not page)	nsation aid,	(d) Contributio employee benefit	plans i	account and
Kıml		hours per week devoted to position	(c) Comper	nsation aid,	(d) Contributio	plans i	account and
	berly Lane	hours per week	(c) Comper (If not page)	nsation aid,))	(d) Contributio employee benefit	plans a nsation	account and other allowances
6913	berly Lane I Edgewater Dr., Oklahoma City, OK 73116	hours per week devoted to position	(c) Comper (If not page)	nsation aid,	(d) Contributio employee benefit	plans i	account and other allowances
6913 Jenr	berly Lane BEdgewater Dr., Oklahoma City, OK 73116 nifer Jones	hours per week devoted to position	(c) Comper (If not page)	nsation aid,))	(d) Contributio employee benefit	plans ansation	account and other allowances
6913 Jenr 5625	berly Lane B Edgewater Dr., Oklahoma City, OK 73116 nifer Jones NW 60th Street, Warr Acres, OK 73122	hours per week devoted to position President (1 hour)	(c) Comper (If not page)	nsation aid,))	(d) Contributio employee benefit	plans a nsation	account and other allowances
6913 Jenr 5625 Shar	berly Lane E Edgewater Dr., Oklahoma City, OK 73116 hifer Jones INW 60th Street, Warr Acres, OK 73122 Innon Taylor	hours per week devoted to position President (1 hour)	(c) Comper (If not page)	nsation aid, D)	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0
6913 Jenr 5625 Shar 4200	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones NW 60th Street, Warr Acres, OK 73122 Dinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7	hours per week devoted to position President (1 hour) Treasurer (1 hour)	(c) Comper (If not page	nsation aid,))	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0
6913 Jenr 5625 Shar 4200 Emil	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones NW 60th Street, Warr Acres, OK 73122 Dinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel	hours per week devoted to position President (1 hour) Treasurer (1 hour)	(c) Comper (If not page	osation aid, D)	(d) Contributio employee benefit	plans on sation	account and other allowances 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones ENW 60th Street, Warr Acres, OK 73122 Dinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour)	(c) Comper (If not page	nsation aid, D)	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones NW 60th Street, Warr Acres, OK 73122 Dinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Discrepance of the content	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour)	(c) Comper (If not page	0 0	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504 E: M	berly Lane B Edgewater Dr., Oklahoma City, OK 73116 Difer Jones D NW 60th Street, Warr Acres, OK 73122 Dinon Taylor D Perimeter Center Dr., Ste. 245, OKC, OK 7 D Hufnagel D Cummings Drive, Oklahoma City, OK 73107 D Parissa Lane D LE. 21st Street, Oklahoma City, OK 73105	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour)	(c) Comper (If not page	osation aid, D)	(d) Contributio employee benefit	plans on sation	account and other allowances 0 0 0 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504 E: M	berly Lane B Edgewater Dr., Oklahoma City, OK 73116 hifer Jones NW 60th Street, Warr Acres, OK 73122 hinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7 y Hufnagel Cummings Drive, Oklahoma City, OK 73107 arissa Lane N.E. 21st Street, Oklahoma City, OK 73105 ette Prince	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour)	(c) Comper (If not page	0 0 0 0	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504 E: M 313 (berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones NW 60th Street, Warr Acres, OK 73122 Dinon Taylor Perimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Darissa Lane N.E. 21st Street, Oklahoma City, OK 73105 Dette Prince NE 10th Street, Oklahoma City, OK 73104	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour) Member (.5 hour)	(c) Comper (If not page	0 0	(d) Contributio employee benefit	plans ansation	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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6913 Jenr 5625 Shar 4200 Emil 2504 E: M 313 Anno 900 Jane	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones ENW 60th Street, Warr Acres, OK 73122 Dinon Taylor Derimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Derimeter Center Dr., Ste. 245, OKC, OK 7 Derimeter Center Dr., Ste. 245, OKC, OKC, OKC, OKC, OKC, OKC, OKC, OKC	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour) Member (.5 hour) Member (.5 hour)	(c) Comper (If not page)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Contributio employee benefit	plans of the plans	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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6913 Jenr 5625 Shar 4200 Emil 2504 E: M 313 Anno 900 Jane	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones ENW 60th Street, Warr Acres, OK 73122 Dinon Taylor Derimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Derimeter Center Dr., Ste. 245, OKC, OK 7 Derimeter Center Dr., Ste. 245, OKC, OKC, OKC, OKC, OKC, OKC, OKC, OKC	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour) Member (.5 hour) Member (.5 hour)	(c) Comper (If not page)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Contributio employee benefit	plans of the plans	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504 E: M 313 Anno 900 Jane	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones ENW 60th Street, Warr Acres, OK 73122 Dinon Taylor Derimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Derimeter Center Dr., Ste. 245, OKC, OK 7 Derimeter Center Dr., Ste. 245, OKC, OKC, OKC, OKC, OKC, OKC, OKC, OKC	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour) Member (.5 hour) Member (.5 hour)	(c) Comper (If not page)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Contributio employee benefit	plans of the plans	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6913 Jenr 5625 Shar 4200 Emil 2504 E: M 313 Anno 900 Jane	berly Lane Edgewater Dr., Oklahoma City, OK 73116 Difer Jones ENW 60th Street, Warr Acres, OK 73122 Dinon Taylor Derimeter Center Dr., Ste. 245, OKC, OK 7 Y Hufnagel Cummings Drive, Oklahoma City, OK 73107 Derimeter Center Dr., Ste. 245, OKC, OK 7 Derimeter Center Dr., Ste. 245, OKC, OKC, OKC, OKC, OKC, OKC, OKC, OKC	hours per week devoted to position President (1 hour) Treasurer (1 hour) Vice President (1 hour) Secretary (1 hour) Member (.5 hour) Member (.5 hour)	(c) Comper (If not page)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Contributio employee benefit	plans of the plans	account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the diganization used deficable of to respond to any question in this tart v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	.00	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	•	1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter"		*	
a b 40a	Initiation fees and capital contributions included on line 9		x.	
b	section 4911 ▶	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	, , , , , , , , , , , , , , , , , , ,	7.
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		٨,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Oklahoma			
42a	Located at ► 600 N.W 23rd Street, Ste. 106, OKC, OK ZIP + 4 ►	405-52 73103		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO.
	If "Yes," enter the name of the foreign country: ▶	420	275. 2	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	explanation in Schedule O	44d		

Form 990)-EZ (2010)					Pa	age 4	
						Yes	No	
45	Is any related organization a controlled entity of	f the organization within the m	eaning of section	n 512(b)(13)?	45		√	
	Did the organization receive any payment from				,			
	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may n	eed to be comp	leted instead of	45a	× 2		
	Form 990-EZ (see instructions)							
	to candidates for public office? If "Yes," compl				46			
Part \		section 4947(a)(1) nonexo 947(a)(1) nonexempt charita nes 50 and 51.	empt charitable trusts mus	l e trusts only. At answer question	ll sec		<u>·</u> ,	
						Yes	No	
	Did the organization engage in lobbying activitie	· · · · · · · · · · · · · · · · · · ·			47		<u> </u>	
	Is the organization a school as described in secti		•	E	48		-/-	
	Did the organization make any transfers to an e If "Yes," was the related organization a section	•	•		49a 49b			
	Complete this table for the organization's five h			fficers, directors,		es and	d kev	
	employees) who each received more than \$100						•	
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans 8	ac	Expens	nd	
None	than \$100,000	devoted to position		deferred compensation	other	allowa	nces	
	•••••••••••••••••••••••••••••••••••••••							
-						 -		
				<u> </u>	<u> </u>			
	Total number of other employees paid over \$10		0				41	
	Complete this table for the organization's five \$100,000 of compensation from the organization			ors wno each rec	eivea	more	tnan	
	(a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		e of service	(c) Co	mpensa	tion	
None								
		•••••						
						= ==_		
d	Total number of other independent contractors	each receiving over \$100,000	<u> </u>					
52	Did the organization complete Schedule A? No	•						
	nonexempt charitable trusts must attach a com] Yes		No	
Under pe true, con	enalties of perjury, I declare that I have examined this return, i rect, and complete Declaration of preparer (other than officer	ncluding accompanying schedules and) is based on all information of which p	d statements, and to preparer has any know	the best of my knowled	ige and	d belief,	ıt ıs	
	Cont		-	+1-11				
Sign	June			5/3/11				
Here	Signature of officer Catheryn Koss, Executive Director			Date '				
	Type or print name and title							
Paid	Print/Type preparer's name Prep	arer's signature	Date	Check ☐ if	PTIN			
Prepa	arer			self-employed				
Use C	Only Firm's name ▶	······································		irm's EIN ▶				
May th	Firm's address ▶ e IRS discuss this return with the preparer show	un aboue? Cas instructions	F	Phone no	7 \$4			
iviay III	on to discuss this return with the preparer show	vii above? See instructions	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> ▶ </u>	<u> Yes</u>		40	

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Senior Law Resource Center, Inc. 20-4260535 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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 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) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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) 10 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 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . 11g(i) (ii) A family member of a person described in (i) above? . 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (ii) EIN (iv) Is the organization (i) Name of supported (III) Type of organization (v) Did you notify (vi) Is the (vii) Amount of -organization-(described on lines-1-9) in col (i) listed in your the organization in organization in colsupportgoverning document? col (i) of your (i) organized in the above or IRC section US? support? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

	, , , , , , , , , , , , , , , , , , , ,						
Part	Il Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(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 unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid	į					
	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						
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		٠,٠^ ()	^ 'l	,	* `** ***	
	shown on line 11, column (f)	s.	1	1		` 'š	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					^	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,		,				
	rents, royalties and income from similar			ļ			
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
11	Total support. Add lines 7 through 10					*]	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Cast							· · • L
14	on C. Computation of Public Suppor			1 solumn (f)		14	0/
15	Public support percentage for 2010 (line 6 Public support percentage from 2009-Sch		•			15 =	<u>%</u> - %-
16a	331/3% support test—2010. If the organization						
	box and stop here. The organization qua						. ▶ □
b	331/3% support test-2009. If the organ			-		15 is 33 ¹ /3%	_
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test-20	010. If the oras	anization did no	ot check a box	on line 13, 16	a. or 16b. and	
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization					•	¨ ▶ □
b	10%-facts-and-circumstances test-20	009. If the oras	anization did no	ot check a box	on line 13, 16	sa, 16b, or 17a.	
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di						see
	instructions						. ▶ □

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

(Complete only if you checked the box on line 9 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.)

Section	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	7,191	69,499	58,311	92,289	87,146	314,436
2	received. (Do not include any "unusual grants.") 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	0	25,727	14,380	24,135	57,646	121,888
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0
6	Total. Add lines 1 through 5	7,191	95,226	72,691	116,424	144,792	436,324
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	3,650	5,300	3,320	6,150	10,100	28,520
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	0	17,027	0	0	0	17,027
С	Add lines 7a and 7b	3,650	22,327	3,320	6,150	10,100	45,547
8	Public support (Subtract line 7c from line 6.)						436,324
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	7,191	95,226	72,691	116,424	144,792	436,324
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	576	510	132	71	1,289
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	o	0	o	0
С	Add lines 10a and 10b	0	576	510	132	71	1,289
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	o	0	0
12	Other income Do-not include gain-or- loss from the sale of capital assets (Explain in Part IV.)	0	21	263	96	179	559
13	Total support. (Add lines 9, 10c, 11, and 12.)	7,191	95,823	73,464	116,652	145,042	438,172
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ ✓
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch	nedule A, Part	III, line 15 .		<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010 (nn (f))		<u>%</u>
18	Investment income percentage from 2009						%
19a b	331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box 331/3% support tests—2009. If the organize	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on . ▶ 🗍
20	line 18 is not more than 331/3%, check this i	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ızation 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part III Lin	e 12 - refunds and rebates	
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		••
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

➤ Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization Employer identification number

Senior Law Resource Center, Inc.	20-4260535
Part I., 8 Other Revenue: refunds and rebates	
Part II, 24 Other Assets: office furniture, equipment	