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OMB No. 1545-0047

2017

Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization JEFFCO SERVICES, INC
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
2550 CHERRY AVENUE
 City or town State ZIP code
STEUBENVILLE OH 43952
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 34-1141708
E Telephone number (740) 264-4608
G Gross receipts \$ 551,566

F Name and address of principal officer _____
 H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: N/A
H(c) Group exemption number _____

K Form of organization Corporation Trust Association Other _____
L Year of formation 1970 **M State of legal domicile** OH

5/15

Part I Summary

SCANNED OCT 28 2016
 0423235246 SEP 25 2016 OB 250C

RECEIVED
SEP 10 2016
OGDEN, UT

1	Briefly describe the organization's mission or most significant activities	<u>REHABILITATION OF MENTALLY RETARDED</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>8</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u>	<u>97</u>
6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>0</u>
7a	Total unrelated business revenue from Part VIII, column (C), line 2	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
8	Contributions and grants (Part VIII, line 1h)	<u>8</u>	<u>0</u>
9	Program service revenue (Part VIII, line 2g)	<u>9</u>	<u>0</u>
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>10</u>	<u>31,298</u>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>11</u>	<u>179,877</u>
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>12</u>	<u>211,175</u>
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>13</u>	<u>0</u>
14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>14</u>	<u>0</u>
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>15</u>	<u>67,799</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>16a</u>	<u>0</u>
b	Total fundraising expenses (Part IX, column (D), line 25)	<u>b</u>	<u>0</u>
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>17</u>	<u>84,991</u>
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>18</u>	<u>152,790</u>
19	Revenue less expenses Subtract line 18 from line 12	<u>19</u>	<u>58,385</u>
20	Total assets (Part X, line 16)	<u>20</u>	<u>2,450,260</u>
21	Total liabilities (Part X, line 26)	<u>21</u>	<u>15,008</u>
22	Net assets or fund balances Subtract line 21 from line 20	<u>22</u>	<u>2,435,252</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: TRACEY THOMAS Date: _____
 Type or print name and title: DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: Ronald M Komorowski Jr CPA Preparer's signature: _____ Date: 8/31/2018 PTIN: P00044151
 Check if self-employed
 Firm's name: R M Komorowski Jr CPA Inc Firm's EIN: 45-4003557
 Firm's address: 626 North Fourth Street - Suite 105, Steubenville, OH 43952 Phone no: (740) 282 - 7550

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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