7603101 Return of Organization Exempt From 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection Go to www.irs gov/Form990 for instructions and the latest information , and ending 09/30/18 For the 2017 calendar year, or tax year beginning 10/01/17D Employer identification number C Name of organization HOT SPRINGS COUNTY Check if applicable SENIOR CITIZEN'S CENTER Address change 83-0217269 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 747 307-864-2151 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 587,901 THERMOPOLIS WY 82443 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? If "No." attach a list (see instructions) X 501(c)(3) 501(c) (insert no 4947(a)(1) or 527 Tax-exempt status N/A Website > H(c) Group exemption number ▶ X Corporation Form of organization Other > Year of formation M State of legal domicile Part F **Summary** 1 Briefly describe the organization's mission or most significant activities PROMOTE HEALTH FOR AGING Activities & Governance 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets RECEIVED 8 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 21 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) MAR **2 5** 2019 105 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a OGDEN 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 575,199 496,044 8 Contributions and grants (Part VIII, line 1h) 104,845 91,857 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 680,065 587,901 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 391,651 357,052 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 352,464 255,319 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 744,115 612,371 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -64,050 -24,470 19 Revenue less expenses Subtract line 18 from line 12 5 % Beginning of Current Year End of Year 272,934 248, 464 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) 272,934 248,464 22 Net assets or fund balances Subtract line 21 from line 20 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 Signature of officer Here Type or print name and title Print/Type preparer's name Paid Michael J Wright P00488529 Preparer KOERWITZ, MICHEL 83-0332861 WRIGHT Firm's EIN ▶ Firm's name **Use Only** P.O. BOX 1362 THERMOPOLIS, WY 82443 307-864-3173 Phone no Firm's address Yes X No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2017) For Paperwork Reduction Act Notice, see the separate instructions

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Form 99b (2017) HOT SPRINGS	COUNTY	83-0217269	Page 2
	am Service Accomplishments	3	
	contains a response or note to	any line in this Part III	<u></u>
1 Briefly describe the organization's m PROMOTE HEALTH FOR			
TROMOTE HEADIN FOR	AGING		
2 Did the organization undertake any s	significant program services during the	year which were not listed on the	()
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services 3 Did the organization cease conducting	s on Schedule O ng, or make significant changes in how	ut conducte, any program	
services?	ig, or make significant changes in now	it conducts, any program	Yes X No
If "Yes," describe these changes on	Schedule O		
_		its three largest program services, as measured	by
		port the amount of grants and allocations to othe	ers,
the total expenses, and revenue, if a	ny, for each program service reported		
4a (Code) (Expenses \$	432,651 including gran	nts of \$) (Revenue	<u>•</u>
PROMOTE HEALTH AND			υ,
AGING AND HANDICAPP			
COMMUNITY			
4b (Code) (Expenses \$	including gran	its of \$) (Revenue	\$
4c (Code) (Expenses \$	including gran	ts of \$) (Revenue	\$
4d Other program services (Describe in	Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	432,651		

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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 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, IVII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in the organization maintain an o				Yes	No
2 Is the organization required to complete Schedule S, Schedule of Contributors (see instructions)? 2 In the organization engage in direct or inderco floodistical campains at the contributors (see instructions)? 3 In the companization organizations. Dot the organization engage in lobbying activities, or have a section 501(ii) election in Georgia (1)(ii) organizations. Dot the organization engage in lobbying activities, or have a section 501(iii) election in Georgia (1)(iii) organization engage in lobbying activities, or have a section 501(iii) election in Georgia (1)(iii) organization engage in lobbying activities, or have a section 501(iii) election in Georgia (1)(iii) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99 in 1917 (iiii) organization due to the CP Part III 5 Dut the organization maintain any denor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III 7 Dut the organization maintain any denor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II 8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Dut the organization report an amount in Part X, iine 21, for escrow or custodata account liability, serve as a custodation for amounts not listed in Part X, or provide credit occursioning or custodata account liability, serve as a deviation service? If "Yes," complete Schedule D, Part V 10 Dut the organization report an amount for funds, buildings, and equipment in Part X, line 19 If "Yes," complete Schedule D, Part V 11 If the organization asset reported in Part X, line 19 If "Yes," complete Schedule D, Part X 12 Dut the organization asset reported in Part X, line 19 If "Yes," complete Schedule D, Part X 13 Dut the organization	1		4	x	
3 Dut the organization engage in direct or indirect political campaign activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assection 501(k), 501(k) organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assection 501(k), 501(k) (s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II is the organization assection 501(k), 501(k) (s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II is Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization receive or hold a conservation easement, including essements to preserve open apace, the environment, hatonic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization maintain collectors of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization maintain collectors of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV is Did the organization, directly or through a related organization, directly or through a related organization organization, directly or through a related organization organization disassets in temporatily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V is If the organization report an amount for investments—program related in Part X, line 10 filt Yes," complete Schedule D, Part V is Did the organization report an amount for investments—program related in Part X, line 10 filt total assets reported in Part X, line 15 If "Yes," complete Schedule D, Part X is Did the	2	·			
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fundraising, business, investment, and program service activities outside the United States, or aggregate 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 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 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 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 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 18 X	4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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 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 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 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 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 18 X	þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 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 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 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 19 X		fundraising, business, investment, and program service activities outside the United States, or aggregate			
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 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 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 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 18 X		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 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 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 18 X	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 9 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 18 X			15		<u> </u>
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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 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 19 X	6	· · · · · · · · · · · · · · · · · · ·			
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 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 18 X 19 X	_	- · · · · · · · · · · · · · · · · · · ·	16		<u> </u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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 19 X	7	· · · · · · · · · · · · · · · · · · ·	.	- 1	37
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 18 X 18 X	_	r de la companya de	17	\longrightarrow	<u> </u>
9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X	8				v
If "Yes," complete Schedule G, Part III X	^		18		
	y				v
		_II "Yes," complete Schedule G, Part III		. 000	

Part IV	Checklist o	of Required	Schedules	(continued)

	Oneckist of Required Ochedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </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			7,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-00		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		х
	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
-	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,			
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	j	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> X</u>	
		_	000	

Pi		r IRS Filings and Tax Compliance a response or note to any line in this Part \	V		,	
4.			1. 0		Yes	No
1a	F		1a 0 1b 0	-		
b			16 0	1		
¢	reportable gaming (gambling) winnings to prize	olding rules for reportable payments to vendors and		1c		
22	ta Enter the number of employees reported on For		1 1	10		
24	Statements, filed for the calendar year ending w	-	2a 21			
b		anization file all required federal employment tax retu		2b	\mathbf{x}	İ
~	_	an 250, you may be required to e-file (see instruction				
3a		•	,	3a		x
b		If "No" to line 3b, provide an explanation in Schedule	: O	3b		_==
	-	ganization have an interest in, or a signature or other		<u> </u>		
_		uch as a bank account, securities account, or other fi				ĺ
	account)?	, , , , , , , , , , , , , , , , , , , ,		4a		х
b	b If "Yes," enter the name of the foreign country	•				
		EN Form 114, Report of Foreign Bank and Financial	Accounts			į
	(FBAR)					İ
5a		shelter transaction at any time during the tax year?		5a		x
b		t it was or is a party to a prohibited tax shelter transa	ction?	5b		X
c				5c		
6a	_	its that are normally greater than \$100,000, and did t	he			
	organization solicit any contributions that were i			6a		X
ь		solicitation an express statement that such contributi	ons or			
	gifts were not tax deductible?			6b		<u></u>
7	Organizations that may receive deductible of	ontributions under section 170(c).				1
a	a Did the organization receive a payment in excess	ss of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?			7a		
ь	b If "Yes," did the organization notify the donor of	the value of the goods or services provided?		7b		
C	c Did the organization sell, exchange, or otherwis	e dispose of tangible personal property for which it w	as			
	required to file Form 8282?			7c		
q	d If "Yes," indicate the number of Forms 8282 file	d during the year	7d			į
é	e Did the organization receive any funds, directly	or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	f Did the organization, during the year, pay premi	ums, directly or indirectly, on a personal benefit cont	ract?	7f		
9	g If the organization received a contribution of qua-	alified intellectual property, did the organization file Fo	orm 8899 as required?	7 <u>g</u>		
h	h If the organization received a contribution of car	s, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		···-
8	Sponsoring organizations maintaining dono	r advised funds. Did a donor advised fund maintain	ed by the			
	sponsoring organization have excess business	holdings at any time during the year?		8		
9	Sponsoring organizations maintaining dono	r advised funds.				:
a	 Did the sponsoring organization make any taxal 	ole distributions under section 4966?		9a		
Ь		tion to a donor, donor advisor, or related person?		9b		
10			1 1			í
a			10a	-		:
ь		line 12, for public use of club facilities	10b	-		
11	· / / · · ·		11			
a			11a	-		
ь		mounts due or paid to other sources				
42-	against amounts due or received from them)	ata la II	[11b]	40-		
12a		sts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
42	•		12b	-		
13				12-		<u></u>
а				13a		
h		ition the organization must report on Schedule O				
b			120			
_	the organization is licensed to issue qualified he	aiui pidlis	13b			
с 14а		education and particle secures arranged the toy year?	13c	14a		X
-	, , , , , , , , , , , , , , , , , , ,	nador tanning services during the tax year? Dayments? <i>If "No," provide an explanatio<u>n</u> in Schedu</i> i	/a O	14b	 	-41
	o in 100, has it med a rount 120 to report these t	raymontas ir ivo, provide arī explanation ili Scheddi	<u> </u>	- 70		

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 Section A. Governing Body and Management Yes No 8 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, Х stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Νo Yes 10a 10a Did the organization have local chapters, branches, or affiliates? 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 filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website | X | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records > TRENDA MOORE, HSC SR CITIZEN CENTER 206 SENIOR AVE THERMOPOLIS WY 82443 307-864-2151

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	

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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) Name and Title	(B) Average hours per week (list any hours for	Average Position ours per (do not check more than one box, unless person is both a officer and a director/trustee					(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	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1) TRENDA MOORE									
	40.00	l					25 622	0	0
DIRECTOR	0.00	X	_	X			37,632	0	0
(2) JOHN LUMLEY	1.00								
VICE CUATR	0.00	x		х			o	0	0
VICE CHAIR (3) CHERYL SHERO	0.00	^	-	^			<u> </u>		
(5) CHERTH BHERO	1.00								
TREASURER	0.00	x		x			o	0	0
(4) GARY O'BRIEN		 							
(,, ======	1.00								
BOARD MEMBER	0.00	X					0	0	0
(5) MARTY ORAVEC									
	1.00								
2ND VICE CHAIR	0.00	X	ļ	X			0	0	
(6) BARB VIETTI									
	1.00	l						•	•
CHAIRMAN	0.00	X		X		ļ <u> </u>	0	0	0
(7) JIM KIRSCH	1 00					1			
ananami ni	1.00			x			o	0	0
SECRETARY	0.00	X		^			0,		
(8) GARY HOLBERT	1.00	1							
BOARD MEMBER	0.00	x					o	0	0
(9) BUTCH HENDRICKSO		1		\vdash	\vdash				<u></u>
(3, 201011 1121121120112011	1.00								
BOARD MEMBER	0.00	X					o	0	0
(10)		<u> </u>							
(11)									
DAA									Form 990 (2017)

Section A.

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			-3-
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position nours per (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amoi oti compe	nated int of ner nsation	
		related organizations below dotted fine) Trelated organizations below dotted fine) Officer (W-2/1099-MISC)		organ and r	zation								
								ı				· · · · · ·	
									_				
1b c	Sub-total Total from continuation shee	ets to Part VII. S	Secti	on A	۸.			>	37,632				
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	ımıte	d to		e lis	ted a	bove	37,632 e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule .	J for	suc	h inc	lividu	ıal			3	Yes	No X
4 5	For any individual listed on line organization and related organization and related organizational Did any person listed on line 1	nizations greater	than	\$15	50,00)0? <i> </i>	f "Ye	s," c	complete Schedule J for suc	ch	4		х
Secti	for services rendered to the or on B. Independent Contracto	ganization? If "Y									5		X
1	Complete this table for your five	e highest comp											
	compensation from the organi	(A) business address	ompe	ensa	tion	tor ti	ne ca	lieno		(B) Ion of services		(C) ompensa	ation
							<u> </u>						
												·	
				 -									
2	Total number of independent of								se listed above) who		177		

1. Ó	ırt V	III Statement of Reve Check if Schedule		ns a response or	note to any line in	this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts S	1a	Federated campaigns	1a					
פומ	b	Membership dues	1b					
and Other Similar Amounts	С	Fundraising events	1c					
יווכ ar	d	Related organizations	1d					
mi,	е	Government grants (contributions)	1e	468,036				
r S	f	All other contributions, gifts, grants,						
the		and similar amounts not included above	1f	28,008				
O P	g	Noncash contributions included in lines 1a	-1f \$	16,619				
	h	Total. Add lines 1a-1f		•	496,044			
Program Service Revenue				Busn Code				
ver	2a	PROGRAM SERVICES RE	VENUE		91,857	91,857		
e Re	þ							
vice	С							
Ser	d							
am	е							
go.	f	All other program service reve	nue					<u> </u>
مَ	g	· · · · · · · · · · · · · · · · · · ·			91,857			T
	3	Investment income (including	dividends,	interest,				
		and other similar amounts)		▶				
	4	Income from investment of tax	c-exempt b	ond proceeds -				
	5	Royalties		>				
		(ı) Real		(ii) Personal				
	6a	Gross rents						
	b	Less rental exps						
	С	Rental inc or (loss)				i		•
	d 7a	7a Gross amount from		•				
	, a	sales of assets (ii) Securities (iii) Other						
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
		Gain or (loss)						
		• , ,	. —	•				
ne	8a	Gross income from fundraising eve	ents					
/en		(not including \$,					
Re		of contributions reported on line 1c	·					
Other Revenue		See Part IV, line 18	a					
ö		Less direct expenses	d					ĺ
		Net income or (loss) from fund		ciilo -				
	9a	Gross income from gaming activities See Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from gan	_	200	İ	İ		İ
		Gross sales of inventory, less	ig activit					
	IVa	returns and allowances	a					
	h	Less cost of goods sold	ъ́					
		Net income or (loss) from sale		ton	İ			ĺ
	Ť	Miscellaneous Revenue	3 01 1114011	Busn Code			······································	
	11a					Ì		
	b							
	C						·	
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructio	ns	·	587,901	91,857	0	

HOT SPRINGS COUNTY Form 990 (2017) 83-0217269 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (C) Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 55,228 55,228 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 225,444 183,899 41,545 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 50,211 36,522 13,689 26,169 15,316 10,853 10 Payroll taxes Fees for services (non-employees) a Management Legal 11,507 11,507 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 10,688 3,846 (A) amount, list line 11g expenses on Schedule O) 6,842 12 Advertising and promotion 568 568 9,137 5,364 3,773 13 Office expenses 14 Information technology Royalties 15 43,166 11,965 31,201 16 Occupancy 6,710 457 17 Travel 6,253 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,400 2,251 3,149 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) SUPPLIES-KITCHEN 133,234 133,234 1,851 MAINTENANCE 15,468 13,617 b CLIENT LIFELINE/MED ALERT 10,414 10,414 c SUPPLIES-OTHER 7,038 4,974 2,064 1,989 e All other expenses 1,432 557 612,371 432,651 179,720

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 following SOP 98-2 (ASC 958-720)

0

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 272,934 248,464 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 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 15 Other assets See Part IV, line 11 15 272,934 248,464 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 272,934 27 Unrestricted net assets 27 248,464 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. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 272,934 248,464 33 Total net assets or fund balances 33 272,934 248,464 Total liabilities and net assets/fund balances 34

Form **990** (2017)

<u>'Form 9</u> 90 ((2017) HOT SPRINGS COUNTY	83-0217269		Pa	ige 12
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to	any line in this Part XI			
1 Tota	I revenue (must equal Part VIII, column (A), line 12)	1	58	87,	901
2 Tota	I expenses (must equal Part IX, column (A), line 25)	2	6.3	12,	371
3 Reve	enue less expenses Subtract line 2 from line 1	3	:	24,	470
4 Net a	assets or fund balances at beginning of year (must equal Part X,	ine 33, column (A))	2'	72,	934
5 Net u	unrealized gains (losses) on investments	5			
6 Dona	ated services and use of facilities	6			
7 Inves	stment expenses	_ 7	·		
8 Prior	period adjustments	8			
9 Othe	er changes in net assets or fund balances (explain in Schedule O	9			
10 Net a	assets or fund balances at end of year. Combine lines 3 through) (must equal Part X, line			
	column (B))		. 24	48,	464
Part XI	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to	any line in this Part XII			
	_	_		Yes	No
1 Acco	ounting method used to prepare the Form 990 $oxed{\mathbf{X}}$ Cash $oxed{[}$	Accrual Other			
If the	e organization changed its method of accounting from a prior year	or checked "Other," explain in			
Sche	edule O				
2a Were	e the organization's financial statements compiled or reviewed by	an independent accountant?	2a		X
lf "Y€	es," check a box below to indicate whether the financial statemen	ts for the year were compiled or			
revie	wed on a separate basis, consolidated basis, or both				
	Separate basis 🔲 Consolidated basis 🔲 Both consolid	dated and separate basis			
b Were	e the organization's financial statements audited by an independe	nt accountant?	2b		X
If "Ye	es," check a box below to indicate whether the financial statemen	ts for the year were audited on a			
sepa	rate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolid	dated and separate basis			
c If "Ye	es" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight			
of th	ne audit, review, or compilation of its financial statements and seli	ection of an independent accountant?	2c		
If the	e organization changed either its oversight process or selection pr	ocess during the tax year, explain in			
Sche	edule O				
3a Asa	result of a federal award, was the organization required to under	go an audit or audits as set forth in			
the S	Single Audit Act and OMB Circular A-133?		3a		Х
b If "Ye	es," did the organization undergo the required audit or audits? If the	ne organization did not undergo the			
<u>requi</u>	ired audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		
			Forr	_n 990	(2017)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

HOT SPRINGS COUNTY

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

Employer identification number

SENIOR CITIZEN'S CENTER 83-0217269 Part I 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). $|\mathbf{X}|$ 7 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) 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 university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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) (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (Iii) Type of organization (described on lines 1-10 listed in your governing organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Page 2

Part II 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)

Sec	tion A. Public Support							· · · · · · · · · · · · · · · · · · ·
Cale	ndar 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")	519,722	544,881	678,722	575,199	496,	044	2,814,568
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	519,722	544,881	678,722	575,199	496,	044	2,814,568
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4			1				2,814,568
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	\perp	(f) Total
7	Amounts from line 4	519,722	544,881	678,722	575,199	496,	044	2,814,568
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 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 VI)							
11	Total support. Add lines 7 through 10		<u>.</u>			······································		2,814,568
12	Gross receipts from related activities, etc	(see instructions)				L	12	91,857
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)		_
	organization, check this box and stop her							<u> </u>
Sec	tion C. Computation of Public Su	 					—г	
14	Public support percentage for 2017 (line 6	, column (f) divided	by line 11, colum	n (f))		_	14	100.00%
15	Public support percentage from 2016 Scho					_	15	100.00%
16a	33 1/3% support test—2017. If the organ				3 1/3% or more, cl	neck this		► ⊽
	box and stop here. The organization quali				- 00 4/00/			▶ <u>X</u>
b	33 1/3% support test—2016. If the organ				o is 33 1/3% or mo	re, cneck		
	this box and stop here. The organization				405	44		
1/a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa organization							▶ [
b	10%-facts-and-circumstances test—201	_				line		
	15 is 10% or more, and if the organization					h landa a		
	Explain in Part VI how the organization me	eets the "facts-and-	circumstances" te	st. The organization	n qualifies as a pu	DIICIY		_
40	supported organization	d	- line 12 40- 40	. 17a az 47h akai	ak this hav and as-	•		
18	Private foundation. If the organization did instructions	a not check a box o	ศาเก ย เ ง, 16 a , 16	o, 17a, or 17b, chec	CK (HIS DOX AND SE	.		▶ [

'Sche	edui8 A (Form 990 or 990-EZ) 2017 H	OT SPRINGS	COUNTY		83	<u>-0217269</u>	Page 3
	Support Schedule for	Organizations	Described in S	ection 509(a)	(2)		
	(Complete only if you c	hecked the box of	on line 10 of Pa	rt I or if the org	anization failed	to qualify under	Part II.
	If the organization fails	to qualify under	the tests listed I	below, please o	complete Part II	.)	,
Sec	ction A. Public Support					/	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
1	Gifts, grants, contributions, and membership		<u> </u>	<u> </u>		7	
-	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 51:						
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					/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			/			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(ဠ) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1		7			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (les section 511 taxes) from businesses acquired after June 30, 1975	-					
C	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,		al ^r				
	and 12.)		<u> </u>	L	L		
14	First five years. If the Form 990 is for t	- ,	st, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)	. —
_	organization, check this box and stop h						<u></u> ▶ L
<u>Sec</u>	tion C. Computation of Public						<u> </u>
15	Public support percentage for 2017 (line	e 8, column (f) divide	ed by line 13, colum	nn (f))			<u> </u>
16	Public support percentage from 2016 S	chedule A, Part III, I	<u>ine 15 </u>	.,		16	<u>%</u>
Sec	tion D. Computation of Investr						
17	Investment income percentage for 2017	7 (line 10c, column (f) divided by line 13	, column (f))		17	%
18	Investment income percentage from 20	16 Schedule A, Part	III, line 17				%
19a	33 1/3% support tests—2017. If the or	rganization did not cl	heck the box on line	e 14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this	•	-	•			▶ ∐
b	33 1/3% support tests—2016. If the or						
	line 18 is not more than 33 1/3%, check	=	-		• • •	=	. —
20	Private foundation. If the organization	did not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	

*Schedule A (For	rm 990 or 990-EZ) 2017	HOT	SPRINGS	COUNTY		83-02172	69 Page	18
Part V	Supplemental III, line 12; Part B, lines 1 and 2 3a and 3b; Part	Information IV, Section / Part IV, Section / V, Iine 1; Part	Provide the A, lines 1, 2, ction C, line art V, Section	e explanation 3b, 3c, 4b, 4 1; Part IV, S n B, line 1e; F	lc, 5a, 6, 9a, 9b, 9c, ection D, lines 2 and	, line 10; Part II, line 1 11a, 11b, and 11c; Pa 3; Part IV, Section E, les 5, 6, and 8; and Pa See instructions.)	rt IV, Section lines 1c, 2a, 2b,	
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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization HOT SPRINGS COUNTY

SENIOR CITIZEN'S CENTER

Employer identification number 83-0217269

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE DIRECTOR REVIEWS AND SIGNS THE 990

Form 990, Part VI, Line 15a - Compensation Process for Top Official BOARD APPROVES RAISES

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST