



Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

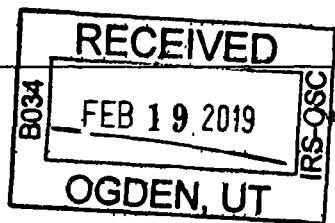
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information 1712

Form header section A through L. Includes: A For the 2017 calendar year, or tax year beginning 2017, and ending; B Check if applicable; C Address change; D Employer identification number 91-2163496; E Telephone number (650) 815-8734; F Group Exemption Number; G Accounting Method X Cash; H Check if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status X 501(c)(1); K Form of organization X Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total gross receipts: \$ 39,321.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X

Table with 21 rows and 2 columns. Row 1: 1 Contributions, gifts, grants, and similar amounts received 39,321. Row 9: 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 39,321. Row 17: 17 Total expenses. Add lines 10 through 16 42,539. Row 18: 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -3,218. Row 19: 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 8,118. Row 21: 21 Net assets or fund balances at end of year. Combine lines 18 through 20 4,900.

SCANNED APR 12 2019



SEE SCHEDULE O

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> 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).		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	37 b	X
<b>38 a</b> 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?	38 a	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	39 a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess-benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> 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	40 e	X
<b>41</b> List the states with which a copy of this return is filed	NONE	

**42 a** The organization's books are in care of MARY BLACK Telephone no (650) 815-8734  
 Located at 2041 WEST AVENUE I ; ANCASTER CA ZIP + 4 93536

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42 c	X

**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  N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
<b>b</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	44 b	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44 c	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
<b>b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

49 b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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: Mary Black Date: 2-12-19  
 Type or print name and title: MARY BLACK TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: ROSE M. KNOTT Preparer's signature: [Signature] Date: 2-4-19 Check  if self-employed PTIN: P00166832  
 Firm's name: TAX SERVICE SPECIALISTS Firm's EIN: 95-3683308  
 Firm's address: 525 COMMERCE AVE STE A Phone no: (661) 947-0479  
PALMDALE, CA 93551

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545 0047

**2017**

Open to Public  
Inspection

Name of the organization

SENIOR VOLUNTEER PROGRAM 545

Employer identification number

91-2163496

**FORM 990-EZ - EXPLANATION OF AMENDED RETURN**

AMENDED TO CORRECT THE PRIOR RETURN

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

EXPENSES

TOTAL \$ 42,539.  
\$ 42,539.

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO HELP THE COMMUNITY WITH THE HIGHWAY PATROL WITH DIFFERENT EVENTS

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO