

Short Form Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization SHIRLEYS ADULT DAY CENTER LLC
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 4110 WINFIELD STREET
<input type="checkbox"/> Name change	City or town State ZIP code RAPID CITY SD 57701-
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	D Employer identification number 82-2789782
<input type="checkbox"/> Amended return	E Telephone number 605-791-0436
<input type="checkbox"/> Application pending	F Group Exemption Number ▶
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ _____	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>LLC</u>	

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 28,185.

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	19,801.
	2 Program service revenue including government fees and contracts	2	8,384.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	28,185.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	38,373.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	1,393.
	15 Printing, publications, postage, and shipping	15	1,628.
	16 Other expenses (describe in Schedule O)	16	3,367.
17 Total expenses. Add lines 10 through 16 ▶	17	44,761.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(16,576.)
	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)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	(16,576.)

Part II Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	7,707.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	25	7,707.
26 Total liabilities (describe in Schedule O)	26	40,190.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	(32,483.)

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? ADULT DAY CARE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PROVIDING CAREGIVER RELIEF FOR FAMILIES WHO CHOSSE TO C CARE FOR LOVED ONES IN THEIR HOME. 1 TO 5 RATIO IN CARE TRANSPORTATION, FOOD, AND PERS CARE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PROVIDING SHOWERING AND PERSONAL CARE FORTHSOE WHO CANT ASSIST OR THE HOME DOES NOT ACCOMODATE THE DISABILITY. 1 TO 1 CNA STAFFING (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 PROVIDE HOME COOKED LUNCHESES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR BETTY BOWERS CHAIR	Hr/WK 20		0	
VICKI BUEHLAR SECRETARY	Hr/WK 6		0	
ANN VANLOAN TREASURER	Hr/WK 6		0	
SUSAN BENDEL DIRECTOR	Hr/WK 6		0	
JUDY DUHAMEL DIRECTOR	Hr/WK 6		0	
SHIRLEY ALLEN CEO	Hr/WK 55	4,374.		
JOHN USERA	Hr/WK 26		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			