

# Short Form Return of Organization Exempt From Income Tax

## 2015

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

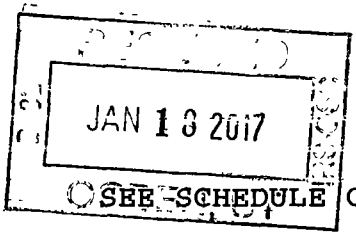
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<b>A</b> For the 2015 calendar year, or tax year beginning <b>OCT 1, 2015</b> and ending <b>SEP 30, 2016</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PIONEER MEMORIAL MANORS INCORP</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>430 ORIOLE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SPEARFISH, SD 57783</b>
	<b>D</b> Employer identification number <b>46-0275287</b>
	<b>E</b> Telephone number <b>6056424744</b>
	<b>F</b> Group Exemption Number
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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	▶ \$ <b>109,026.</b>

**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

	1 Contributions, gifts, grants, and similar amounts received			1
	2 Program service revenue including government fees and contracts			2 82,082.
	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) <b>SEE SCHEDULE O</b>		8	26,944.
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	109,026.
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	
	13 Professional fees and other payments to independent contractors		13	15,912.
	14 Occupancy, rent, utilities, and maintenance		14	67,797.
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>		16	37,266.
17 <b>Total expenses.</b> Add lines 10 through 16		17	120,975.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,949.
	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	224,148.
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		21	212,199.



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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

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**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	230,080.	104,683.
23 Land and buildings	0.	117,540.
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	9,815.	905.
25 <b>Total assets</b>	239,895.	223,128.
26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b>	15,747.	10,929.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	224,148.	212,199.

**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? **SEE SCHEDULE O**

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 <b>TO PROVIDE HUD SUBSIDIZED HOUSING TO LOW AND MODERATE INCOME INDIVIDUALS</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 105,052.
29	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(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 <b>Total program service expenses</b> (add lines 28a through 31a)	32 105,052.

**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
DARRIN DONAT PRESIDENT	2.00	0.	0.	0.
JULIE RICE VICE PRESIDENT	1.00	0.	0.	0.
PAUL PANKONIN SECRETARY-TREASURER	1.00	0.	0.	0.
LARRY KLARENBECK DIRECTOR	1.00	0.	0.	0.
TERRY CAUDILL DIRECTOR	1.00	0.	0.	0.
BRYAN WALKER DIRECTOR	1.00	0.	0.	0.

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

		Yes	No
33	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
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)		X
35a	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
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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
36	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
	a Initiation fees and capital contributions included on line 9	39b	N/A
	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
40b	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		X
40c	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.
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		X
41	List the states with which a copy of this return is filed	SD	
42a	The organization's books are in care of	EVERGREEN MANAGEMENT SERVICE Telephone no. (605) 642-8817	
	Located at	430 ORIOLE DR, SPEARFISH, SD ZIP + 4 57783	
42b	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)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
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	43	N/A
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	X
44b	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	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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)	45b	

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 Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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
N/A				

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." N/A

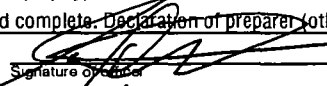
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation


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  Date 4/12/17  
Type or print name and title Jeff Christenson CEO

Paid Preparer Use Only  
Print/Type preparer's name DEIDRE BUDAHL, CPA  
Preparer's signature  Date 01/03/17  
Check  if self-employed PTIN P01273830  
Firm's name CASEY PETERSON LTD Firm's EIN 46-0403496  
Firm's address 909 ST JOSEPH ST SUITE 101 RAPID CITY, SD 57701 Phone no. (605) 348-1930

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

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Name of the organization

PIONEER MEMORIAL MANORS INCORP

Employer identification number  
46-0275287

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	23.
OTHER TENANT CHARGES	151.
OFFICE RENTS	24,000.
MISCELLANEOUS INCOME	18.
CABLE TV	1,604.
LAUNDRY/VENDING	1,148.
<b>TOTAL TO FORM 990-EZ, LINE 8</b>	<b>26,944.</b>

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	10,973.
SUPPLIES AND OTHER	3,915.
INTEREST	144.
DEPRECIATION	22,234.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>37,266.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	569.	905.
PREPAID INSURANCE	9,246.	0.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>9,815.</b>	<b>905.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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**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.

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OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

PIONEER MEMORIAL MANORS INCORP

Employer identification number

46-0275287

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	11,524.	10,178.
CURRENT PORTION OF LT DEBT	4,223.	751.
TOTAL TO FORM 990-EZ, LINE 26	15,747.	10,929.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE HUD SUBSIDIZED  
HOUSING TO LOW AND MODERATE INCOME INDIVIDUALS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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