



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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	24,706	22 26,948
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	550	24 550
25 Total assets	25,255	25 27,497
26 Total liabilities (describe in Schedule O)	549	26 992
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,706	27 26,506

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 services for senior and DD populations

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 Single program offered is adult day care program services providing days of service 3 days per week with an average of 35 spots for participants each week. The opportunities received through these services aide in giving community interaction and purpose to the participants and their families that part take in the program. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	90,692
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 Total program service expenses (add lines 28a through 31a)	32	90,692

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
JACKIE SOLTMAN PRESIDENT	5	0	0	0
CONNIE SCHEPERS VICE PRESIDENT	5	0	0	0
LUANNE SHERMAN SECRETARY	5	0	0	0
XAVIER EASTWAY TREASURER	5	0	0	0
RON MCINTYRE BOARD OF DIRECTORS	5	0	0	0
MARY ELLEN GRABENDIKE BOARD OF DIRECTORS	5	0	0	0
RAE BERWALD BOARD OF DIRECTORS	5	0	0	0
JEAN SMITH BOARD OF DIRECTORS	5	0	0	0
CATHY BEST BOARD OF DIRECTORS	5	0	0	0
KATE CORNELL BOARD OF DIRECTORS	5	0	0	0
MATT GIBSON BOARD OF DIRECTORS	5	0	0	0
TERRY ZALUD-MCKNIGHT EXECUTIVE DIRECTOR	40-50	\$24,000	0	0

0425867059

Feb. 02, 2017 LTR 2695C 0 R

75-3251697 201609 67

Input Op: 0425867059 00019019

FOOTPRINTS IN TIME
PO BOX 79
CADILLAC MI 49601

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Michael Smith

Signature of officer or trustee

2/22/17
Date

Treasurer

Title

019060



Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.