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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2008

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar, year 2008, or tax year beginning 10/01/08 , and ending 9/30/09 Final return Initial return Amended return Address change Name change G Check all that apply Employer identification number Name of foundation Use the IRS Pardee Cancer Treatment Fund of 38-3532130 label. Gratiot County Otherwise, Telephone number (see page 10 of the instructions) 989-463-9319 print Number and street (or P O box number if mail is not delivered to street address) Room/suite 315 E Warwick Drive, Suite C or type. If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. Alma MI 48801 2. Foreign organizations meeting the Check type of organization X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Cash | Accrual Fair market value of all assets at end Accounting method X Other (specify) Modified cash of year (from Part II, col (c), If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 0 (Part I, column (d) must be on cash basis) line 16) ▶\$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net for chantable expenses per total of amounts in columns (b), (c), and (d) may not necessarily books income income purposes equal the amounts in column (a) (see pg 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 230,204 2 if the foundation is **not** required to attach Sch B 1,090 1,090 1,090 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 7 0 Net short-term capital gain Income modifications 10a Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 231,294 1,090 1,090 13 Compensation of officers, directors, trustees, etc CANNED Operating and Administrative Expenses 14 Other employee salanes and wages 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) c 17 18 Taxes (attach schedule) (see page 14 of the instructions) Stmt 1 256 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings 360 22 Printing and publications Stmt 2 17,367 23 Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 17,983 0 Contributions, gifts, grants paid 167,526 167,526 Total expenses and disbursements. Add lines 24 and 25 185,509 0 167,526 Subtract line 26 from line 12 Excess of revenue over expenses & disbursements 45,785 1,090 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) 1,090

F	orm 990	<u>-PF(2008) Pardee Cancer Treatment Fund of </u>	38-35321	30	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	ratti	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	85,787	131,828	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
Į		Less allowance for doubtful accounts	[
	4	Pledges receivable		· · · ·	
	-	Less allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other	}		
	6	. , , , ,			
		disqualified persons (attach schedule) (see page 15 of the			
	_	instructions)	ļ., 	 ' :	
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			,
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)		Ī	
	12	Investments—mortgage loans	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	13	Investments—other (attach schedule)			
	14				
	14		597	341	
	45		397	341	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the	25.22		_
\dashv		instructions. Also, see page 1, item I)	86,384	132,169	0
	17	Accounts payable and accrued expenses			
Š	18	Grants payable	ļ		
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)			
ᅦ	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
П		Foundations that follow SFAS 117, check here X			
Š		and complete lines 24 through 26 and lines 30 and 31.			
ည္	24	Unrestricted	86,384	132,169	
<u>a</u>	25	Temporarily restricted		· ·	
Ba	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
띱	27	Capital stock, trust principal, or current funds			
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
뜅	20	• • • • • • • • • • • • • • • • • • • •			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
≤	30	Total net assets or fund balances (see page 17 of the	06 304	120 160	
틸		instructions)	86,384	132,169	
~	31	Total liabilities and net assets/fund balances (see page 17			
لــ		of the instructions)	86,384	132,169	·
	Part I			· · · · · · · · · · · · · · · · · · ·	
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	gree with		
		f-year figure reported on prior year's return)		1	86,384
2	Enter	amount from Part I, line 27a		2	45,785
3	Other	increases not included in line 2 (itemize)		3	
4	Add li	nes 1, 2, and 3		4	132,169
5	Decre	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), I	ine 30	6	132,169

Form 990-PF (2008) Pardee Cancer Treatment Fund of 38-3532130

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

the Part VI instructions on page 18

Form	990-PF(2008) Pardee Cancer Treatment Fund of 38-3532130		F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1			
	Date of ruling letter 11/03/05 (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A		,	
	here ▶ ☐ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		,	0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	········		0
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 6a			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	·····		T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	١		\ _v ,
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
_	foundation managers \$		•	х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		
3	·			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>x</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	-	х
•	If "Yes," attach the statement required by General Instruction T	1	-	"
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
-	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	Ī
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
-	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			
	page 27)? If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u>x</u>
		orm 99	0-PF	(2008)

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 11	At any time during the								•			
••	meaning of section 51	•		-						11		х
12	Did the foundation					•	before			<u> </u>	-	
_	August 17, 2008?	doquire d dir	COLOT INGINCOL	interest in an	, applicable i	nourance contract	50.0.0			12		х
13	•	comply with	the public inst	ection require	ements for its	annual returns an	d exemption applica	tion?		13	Х	
-	Website address			1								
14	The books are in c		Lala Th	nreloff			Te	lephone no	▶ 989-4	63-	931	9
			arwick									
	Located at > A							ZIP+4	▶ 48803	L		
15	Section 4947(a)(1)	-		ts filing Form	990-PF in lie	u of Form 1041 —(Check here					▶ □
	and enter the amou			-				•	15			
Pa							May Be Requir	ed				
	File Form 4720 if								•		Yes	No
1a	During the year did	=				. ,,						
	(1) Engage in the		•	•	• •	alified person?		Yes	X No			
	(2) Borrow money		•		•				_			
	disqualified per		•		,			Yes	X No			
	(3) Furnish goods		facilities to (o	r accept them	from) a disq	ualified person?		Yes	X No			
	(4) Pay compensa	ation to, or pa	y or reimburs	e the expense	s of, a disqu	alified person?		Yes	X No X No X No			
	(5) Transfer any in	•	-				e for	_				
	the benefit or u	use of a disqu	ualified persor	1)?				Yes	X No			
	(6) Agree to pay m	noney or prop	perty to a gove	ernment officia	al? (Exception	on. Check "No" if		_	_			
	the foundation	agreed to m	ake a grant to	or to employ	the official fo	r a period after		_	_			
	termination of	government	service, if tern	ninating within	90 days)			Yes	X No			
b	If any answer is "Ye	es" to 1a(1)-	(6), did any of	the acts fail to	qualify unde	er the exceptions d	escribed in Regulation	ons				
	section 53 4941(d)	-3 or in a cur	rent notice req	garding disast	er assistance	e (see page 20 of th	he instructions)?		N/A	1b		
	Organizations relyi	ng on a curre	ent notice rega	arding disaste	r assistance	check here			▶ 🗌			
C	Did the foundation	engage in a	prior year in a	ny of the acts	described in	1a, other than exc	epted acts, that					
	were not corrected	l before the fi	rst day of the	tax year begir	ınıng ın 2008	?			N/A	1c		
2	Taxes on failure to	distribute ind	come (section	4942) (does i	not apply for	years the foundatio	n was a private					
	operating foundation	on defined in	section 4942(j)(3) or 4942(j)(5))							
а	At the end of tax ye	ear 2008, did	the foundatio	n have any ur	ıdıstrıbuted ır	ncome (lines 6d and	ď					
	6e, Part XIII) for tax	x year(s) beg	inning before	2008?				∐ Yes	X No			
	If "Yes," list the yea	ars 🕨 20	, 20	, 20	, 20							
þ	Are there any years	s listed in 2a	for which the	foundation is	not applying	the provisions of s	ection 4942(a)(2)					
	(relating to incorred	ct valuation o	f assets) to th	e year's undis	tributed inco	me? (If applying se	ction 4942(a)(2)		1-			
	to all years listed, a					•			N/A	2b		
C	If the provisions of		?(a)(2) are bei	ng applied to	any of the ye	ars listed in 2a, list	the years here					
	▶ 20 , 20		•									
3a	Did the foundation			t or indirect in	terest in any	business		\Box				
	enterprise at any tii	•	•					∐ Yes	X No			
þ	If "Yes," did it have		-			• •						
	disqualified person						· · · · · · · · · · · · · · · · · · ·					
	Commissioner und											
	of the 10-, 15-, or 2		•	• •	Schedule C,	⊢orm 4720, to dete	ermine if the		37 / T			
	foundation had exc		•	•				•	N/A	3b	<u> </u>	<u>~</u>
4a		_					charitable purposes			4a	ļ	X
b		•				•	could jeopardize its			4-		Y

Form 990-PF (2008)

	1990-PF (2008) Pardee Cancer Treatment Fund of		5532130	1			² age 6
	art VII-B Statements Regarding Activities for Which Form	4720 May Be I	Required (co	ntinued)		Ţ	
5a	During the year did the foundation pay or incur any amount to			-			1
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494			Yes X No	'		
	(2) Influence the outcome of any specific public election (see section 4955), or to contain the containing of the contai	arry on,					
	directly or indirectly, any voter registration drive?		Н	Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No	'		
	(4) Provide a grant to an organization other than a charitable, etc., organization de			(F)			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc	tions)		Yes X No)		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or		_	(F)			1
	educational purposes, or for the prevention of cruelty to children or animals?			Yes X No)		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the	•		37 /	_		Ī
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee page 22 of the in	nstructions)?	N/2	A 5b	-	
	Organizations relying on a current notice regarding disaster assistance check here			▶ ∐			
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	N7 / 70 [🗖			
	because it maintained expenditure responsibility for the grant?		N/A 📙	Yes No	'		
.	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	premiums		Yes X No			
L	on a personal benefit contract?	nal hanafit aante		Yes X No	[l v
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nai benetit contract	,		6b	-	X
~ _	If you answered "Yes" to 6b, also file Form 8870			Yes X No			
	At any time during the tax year, was the foundation a party to a prohibited tax shelte			Yes $oxtimes X$ No. $oxtimes N/X$		 	
	If yes, did the foundation receive any proceeds or have any net income attributable art VIII Information About Officers, Directors, Trustees, Foundation					<u> </u>	L
Г	and Contractors	iliuation i l iana	gers, ruginy	raid Emplo	yees,		
1 1	ist all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	f the instruction	e)			
•	List all officers, alloctors, a assess, realitation managers and their compensati	(b) Title, and average	(c) Compensation	(d) Contribution	is to	e) Expe	ense
	(a) Name and address	hours per week devoted to position	(If not paid, enter	(d) Contribution employee bene plans and deferr compensation	ed ac	count, o	other
Se	ee Statement 4			Gerripendade			
				1			
				1			
2	Compensation of five highest-paid employees (other than those included on	line 1 see page 2	23 of the instruct	ions).			
	If none, enter "NONE."	,		_			
		(b) Title, and average		(d) Contributions employee benef	64 1 5	e) Expe	
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferre	ed and	count, callowant	
		·		compensation			
NC	DNE				1		
				-			
							
				 			
		 		 	_		
	I number of other employees hald over \$50,000		L	11	<u> </u>		

Form 990-PF (2008)

Form 990-PF (2008) Pardee Cancer Treatment Fund of	38-3532130	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundate	tion Managers, Highly Paid Emp	
and Contractors (continued)	· · · · · · · · · · · · · · · · · · ·	
3 Five highest-paid independent contractors for professional services (see page 23 c	of the instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		.
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation such as the number	5
of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 Assists individuals with cancer related exp	penses	
		167,526
2		
3		
4		•
Part IX-B Summary of Program-Related Investments (see page 2)	3 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2	Amount
1 N/A		
2	<u> </u>	
	•	
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3	▶]	

-orn	1990-PF (2008) Pardee Cancer Treatment Fund Of 38-3532130		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	ations,
	see page 24 of the instructions.)	1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		_
а	Average monthly fair market value of securities	1a	0
þ	Average of monthly cash balances	1b	164,442
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	164,442
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	164,442
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	2,467
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	161,975
6	Minimum investment return. Enter 5% of line 5	6	8,099
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operate XI	erating	
	foundations and certain foreign organizations check here X and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	- " -
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
D .	art XII Qualifying Distributions (see page 25 of the instructions)		
		Y	····
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		165 555
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	167,526
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	ļ	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	167,526
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	167,526
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation)	

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2008)

77777	990-PF(2008) Pardee Cancer Treatm		38-35321	30	Page 9
Pa	art XIII Undistributed Income (see page 2	26 of the instructions)		<u> </u>	T
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				
2	Undistributed income, if any, as of the end of 2007.		, ,		
а	Enter amount for 2007 only				
b	Total for prior years 20 , 20 , 20			· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2008				
а	From 2003				
b	From 2004				
С	From 2005				
d	From 2006				
0	From 2007				
f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,		, , , , , , , , , , , , , , , , , , ,		
	line 4 ▶ \$				
а	Applied to 2007, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)				1
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2008 distributable amount				
ө	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2008				
	(If an amount appears in column (d), the same	, , , , , , , , , ,			
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				İ
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				<u> </u>
	issued, or on which the section 4942(a) tax has				1
	been previously assessed				
ď	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
9	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2009				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2003 not			•	
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2009.		. '	·	1
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			,	
а	Excess from 2004				
b	Excess from 2005				1
C	Excess from 2006				1
d	Excess from 2007				1
е	Excess from 2008				1

	Gratiot Community Hospital Alma MI 48801
b	The form in which applications should be submitted and information and materials they should include
	N/A
С	Any submission deadlines
	N/A
	A state of the sta

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor		1	
a Pad during the year Gratiot Comm. Hosp Various None MI 48801	N/A	Medical	Expense	28,460
MidMich Medical Ctr Various None MI 48801	N/A	Medical	Expense	8,323
Other hospitals Various None MI 48801	N/A	Medical	Expense	20,010
Doctors Various None MI 48801	N/A	Medical	Expenses	20,873
Pharmacies Various None MI 48801	N/A	Medical	. Expense	30,825
Patient reimbursements Various None MI 48801	N/A	Medical	Expense	22,139
Patient Insurance Premium Various None MI 48801	N/A	Medical	Expense	29,141
Other medical expenses Various None MI 48801	N/A	Medical	Expense	7,755
Total	T	1	▶ 3a	167,526
b Approved for future payment N/A				
Total			▶ 3b	

	A Analysis of Income-Producing Ac nounts unless otherwise indicated		ed business income	Exclude	by section 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
	ervice revenue			 		the instructions)
a		-		 		
				 	<u> </u>	
<u> </u>				 		
				 		
f		-		<u> </u>		
· ——	and contrasts from accomment accoming	-		 -		
_	and contracts from government agencies			<u> </u>		
	nip dues and assessments			14	1,090	
	n savings and temporary cash investments and interest from securities			7.4	1,090	
				 		
	Income or (loss) from real estate	<u> </u>		 		
	financed property	<u> </u>		 		
	ebt-financed property	-		 		
	income or (loss) from personal property	<u> </u>		 		
	estment income			<u> </u>		
	oss) from sales of assets other than inventory	-				
	e or (loss) from special events			1		
	fit or (loss) from sales of inventory					
	enue a	-				
		-		 		
		-		 		
		- 	 	 		
6	Add columns (b) (d) and (s)	-		1	1,090	0
	Add columns (b), (d), and (e)	L	L	<u>′1</u>	13 13	
	f line 12, columns (b), (d), and (e) et in line 13 instructions on page 28 to verify calculatio	no \			13	1,050
Part XVI-			ent of Exempt Pi	irnose	<u> </u>	
1 40 6 7 6 7 1 1	Explain below how each activity for which income					
Line No. ▼	the accomplishment of the foundation's exempt p					
•	page 28 of the instructions)					
N/A						
•						
				•		
_						
						·
		·				
					· <u></u> · · · · · · · · · · · · · · · · · ·	

11/17/09

P00039187

EIN ▶ 38-2706146

Phone no 989-631-6060

Firm's name (or yours if

self-employed), address,

and ZIP code

Yeo

Midland

Yeo 6018 Eastman

MI

48640-2518

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

Pardee Cancer Treatment Fund of 38-3532130 Gratiot County Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Name of organization Employer identification number 38-3532130 Pardee Cancer Treatment Fund of Part I Contributors (see instructions) (a) (d) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 1 Elsa U. Pardee Foundation Person 812 West Main Street **Payroll** 225,000 \$ Noncash Midland MI 48640 (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Pavroll** \$ Noncash (Complete Part II if there is a noncash contribution)

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05174473 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2009

Federal Statements

- Depreciation	
6	
Line 1	
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Part	
990-PF,	
Form	
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Sta	

	stment Adjusted Net Income	w									٥ « 0		Charitable Purpose	w w
	Net Investment Income	₩									w w		Adjusted Net	0
	Current Year Depreciation	22		30	126		40			38	256	Expenses	Adj	w w
	Life	10 \$	٣	10	10	ß	10	ю	ĸ	ſŪ		ine 23 - Other	Net Investment	0
	Method	T/S	S/L	S/L	S/L	S/L	S/L	S/L	s/L	S/L		- Form 990-PF, Part I, Line 23 - Other Expenses	Total	14,802 326 1,599 640 17,367 \$
Description	Prior Year Depreciation		526	240	sk) 1,004	289	243	851	482	108	3,917	Statement 2 -		w w
	Cost Basis	binet 226 \$		300	ıt (Chair & Desk) 1,255	289		-Fenc 4 851	Screen Monitor	190	4,514 \$		Description	services nses
	Date Acquired	orage Ca 2/09/	8/09/	File cabinet (2) 8/09/00	Office Equipment 7/12/00	Scanner 6/01/01 ateral file	_	~ ~	paq-Flat 1/15/03 	HP Deskjet Printer 12/08/05	Total \$		Desc	Expenses Contracted serv Office expenses Insurance Postage Total

05174473 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2009	Federa	Federal Statements	S		11/17/	11/17/2009 5:41 PM
Statement 3 - Form 990-PF,	orm 990-PF, Part II	Part II, Line 14 - Land, Building, and Equipment	Building, and E	quipment		
Description	Beginning Net Book	, 	End Cost / Basis	End Accumulated Depreciation	р е	Net FMV
Furniture & Equipment Total	w w	597 \$ 597 \$	4,514	\$ 4,173	173 \$ \\ \frac{173}{173} \\ \frac{5}{8} \\ \frac{1}{8} \\ \frac{1}	0
Statement 4 - Form 990-PF, Part	90-PF, Part VIII, Line 1	ine 1 - List of Of	- List of Officers, Directors, Trustees, Etc.	Trustees, Etc.		
Name and Address	Title	Average Hours	Compensation	tion Benefits	fits	Expenses
Kathleen Crumbaugh 300 E Warwick Drive Alma MI 48801	Chair	н		0	' °	0
Chuck Fortino 300 E Warwick Drive Alma MI 48801	Vice Chair	н		0	0	0
Nancy Fenn 300 E Warwick Drive Alma MI 48801	Director	T		0	0	0
Dr. James Hall 300 E Warwick Drive Alma MI 48801	Director	г		0	0	0
Roger Keck 300 E Warwick Drive Alma MI 48801	Director	1		0	0	0
Don Pavlik 300 E Warwick Drive Alma MI 48801	Director	τ		0	0	0
Vicki Root 300 E Warwick Drive Alma MI 48801	Treasurer	1		0	0	0
						8

× `			0		0	0 0	0 0 0	0 0 0 0	0 0 0 0
11/17/2009 5:41 PM		Expenses							
11/17/20		ς.			0	0 0	0 0 0	0 0 0 0	0 0 0 0
	tees,	Benefits							
	ctors, Trus	nsation	0	0		0	0 0	0 0 0	0 0 0 0
	icers, Direc	Compensation							
ments	List of Offi ed)	Average Hours							
ederal Statements	II, Line 1 - c. (continu	ŠΙ	 	1		н	н н	н н	н н н н
Feder	Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	Title	Director	Secretary		Director	Director Director	Director Director Director	Director Director Director
- o -	orm 990-F		Dire	Seci		Dire	Dire Dire	Dire Dire Dire	Dire Dire Dire
nent Fund	ment 4 - F								
Pardee Cancer Treatment Fund of 0 2009	State	and ess	(1)	ø		a)	u) D	as as as	an an an an
ardee Can		Name and Address	Jamey Seals E Warwick Drive MI 48801	wood ick Drive 801	 	Becky Hirschman 300 E Warwick Drive Alma MI 48801	chman ick Drive 801 ick Drive	chman ick Drive 801 ick Drive 801 r	chman ick Drive 801 ick Drive 801 more ick Drive 801
05174473 Pard 38-3532130 FYE: 9/30/2009			Dr. Jamey 3 300 E Warw Alma MI 488	Janet Sherwood 300 E Warwick Alma MI 48801		Becky Hirschm 300 E Warwick Alma MI 48801	Becky Hirschmand Book E Warwick Alma MI 48801 Mick Koutz 300 E Warwick Alma MI 48801	Becky Hirschmi 300 E Warwick Alma MI 48801 Mick Koutz 300 E Warwick Alma MI 48801 Brad Vibber 300 E Warwick	Becky Hirschman 300 E Warwick D Alma MI 48801 Mick Koutz 300 E Warwick D Alma MI 48801 Brad Vibber 300 E Warwick D Alma MI 48801 Robin Whitmore 300 E Warwick D
051 38-			Dr. 300 Alma	Jar 300 Alm		Bec 300 Alm	Bec 300 Alm Mic 300 Alm	Bec 3000 Alic Alic Alic Alic Alic	Bec 3000 Alm Alm Alm Alm Alm Alm

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

(99)

► See separate instructions. ► Attach to your tax return. Pardee Cancer Treatment Fund of

Identifying number

	Grat	lot County	<u> </u>				38-	<u> 353</u>	2130
	ess or activity to which this form relates								
	<u>ndirect Depreciati</u>		 						
Pi	art I Election To Expen	•	•						
	Note: If you have a	ny listed proper	ty, complete Part	√ before you	comp	lete Pa	rt I.		
1	Maximum amount. See the instruct	ons for a higher limit	for certain businesses					1	250,000
2	Total cost of section 179 property p	laced in service (see	instructions)					2	
3	Threshold cost of section 179 proper	erty before reduction	in limitation (see instruc	tions)				3	800,000
4	Reduction in limitation Subtract line	3 from line 2 If zero	or less, enter -0-					4	
5	Dollar limitation for tax year. Subtract line	e 4 from line 1 If zero or				tions		5	
	(a) Description	of property	(b)	Cost (business use	only)	(c) E	lected cost		
6							 		
7	Listed property Enter the amount fi	om line 29			7			,	
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6 a	nd 7				8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	
10	Carryover of disallowed deduction f		10						
11	Business income limitation. Enter the		11						
12	Section 179 expense deduction Ad		12						
13	Carryover of disallowed deduction t				13				
Note	: Do not use Part II or Part III below t	or listed property. Ins	stead, use Part V						
Pa	art II Special Depreciati	<u>on Allowance a</u>	nd Other Depreci	ation (Do no	t inclu	ide liste	d prope	rty.)	(See instructions.)
14	Special depreciation allowance for	qualified property (oth	ner than listed property)	placed in service	е				
	during the tax year (see instructions	s)						14	
15	Property subject to section 168(f)(1		15						
16	Other depreciation (including ACRS	5)						16	256
P	art III MACRS Depreciati	on (Do not inclu	ude listed property	.) (See instru	ctions	s.)			
			Section /	١					
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2	008				17	0
18	If you are electing to group any assets pla	aced in service during th	e tax year into one or more	general asset acco	ounts, ch	eck here			
	Section B—	Assets Placed in Se	rvice During 2008 Tax	Year Using the	Gener	al Depred	iation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment u- only-see instructions	se (a) Moorton,	(e) C	onvention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
θ	15-year property								
f	20-year property								
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs	ľ	им	S/L		
	property			27 5 yrs	ı	им	S/L		- :
i	Nonresidential real			39 yrs.	-	им	S/L		
	property				—	им	S/L		
	Section C—As	sets Placed in Serv	rice During 2008 Tax Y	ear Using the A				ystem	· · · · · · · · · · · · · · · · · · ·
20a	Class life				1		S/L		
	12-year			12 yrs	 		S/L		
	40-year			40 yrs	,	им	S/L		
	art IV Summary (See inst	ructions.)	·	1 .0 1.0	'				
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lir		es 19 and 20 in column	(g), and line 21					
	Enter here and on the appropriate li				tr			22	256
23	For assets shown above and placed				ΪΤ				250
	enter the portion of the basis attribu	-	=		23				
	und partient of the busine attition	000 200/							·