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Form **990-PF**

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

OMB No 1545-0052

2009

Treated as a Private Foundation 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 2009, or tax year beginning 10/01/09, and ending 09/30/10G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS Pardee Cancer Treatment Fund of 38-3532130 label Gratiot County Otherwise. Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) Room/suite 989-463-9319 or type. 315 E Warwick Drive, Suite C If exemption application is pending, check here See Specific City or town, state, and ZIP code 1 Foreign organizations, check here Instructions. Alma 2 Foreign organizations meeting the H 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 J Accounting method Fair market value of all assets at end Cash Accrual 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 ol (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements expenses per (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books purposes income ıncome the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 214,989 2 Check ▶ I if the foundation is not required to attach Sch B 1,102 1,102 1,102 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 7 R Net short-term capital gain 9 Income modifications Gross sales less returns & allowances 10a Less Cost of goods sold b Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 1,102 216,091 1,102 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) C Other professional fees (attach schedule) 17 Interest S 18 Taxes (attach schedule) (see page 14 of the instructions) 256 Depreciation (attach schedule) and depletion Stmt 1 19 20 Occupancy 21 Travel, conferences, and meetings OGDEN, U 22 273 Printing and publications 17,196 23 Stmt 2 Other expenses (att sch) 24 Total operating and administrative expenses. <u>17</u>,725 0 Add lines 13 through 23 114,932 114,932 25 Contributions, gifts, grants paid 0 Total expenses and disbursements, Add lines 24 and 25 132,657 0 114,932 26 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 83,434 1,102 Net investment income (if negative, enter -0-) 1,102 Adjusted net income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions

Fo	rm 99	o-PF(2009) Pardee Cancer Treatment Fund of	38-353213	30	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End	of year
	- ail i	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	131,828	215,518	
	2	Savings and temporary cash investments			
- 1	3	Accounts receivable ▶			,
		Less allowance for doubtful accounts ▶			
i	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	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.)			
	12	Investments—mortgage loans			
ĺ	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ► 4 , 514			
		Less accumulated depreciation (attach sch) ► Stmt 3 4,429	341	85	5
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	132,169	215,603	0
7	17	Accounts payable and accrued expenses			
	18	Grants payable			_
ië.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons]
밁	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >]
	23	Total liabilities (add lines 17 through 22)	0.		
7		Foundations that follow SFAS 117, check here ▶ X			1
S		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted	132,169	215,60	3
a	25	Temporarily restricted			7
Ba	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here ▶			
틧		and complete lines 27 through 31			
Ž	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds			
S	30	Total net assets or fund balances (see page 17 of the			7
+		instructions)	132,169	215,60	3
Net	31	Total liabilities and net assets/fund balances (see page 17			7
		of the instructions)	132,169	215,603	3
٦	Part		·	· · · · · · · · · · · · · · · · · · ·	
		il net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	ist agree with		
•		of-year figure reported on prior year's return)	3	1	132,169
2		er amount from Part I, line 27a		2	83,434
3		er increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	215,603
		reases not included in line 2 (itemize)		5	
		il net assets or fund balances at end of year (line 4 minus line 5)—Part II_column	(b), line 30	6	215,603
	, 1016	milet decete of fathe balances at one of year time of finings and of 1. art in bolistim			5 990 PE (2000)

Forn	1990-PF (2009) Pardee Cancer Treatment Fund of 38-3532130		F	age 4
Pa	art 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 or determination letter $11/03/05$ (attach copy of 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		•	
С	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	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
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 2010 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
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			
	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 ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities]
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
þ	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		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		·	1
	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	<u> </u>
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	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			!
	instructions) ► MI			
þ	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	X	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
40	27)? If "Yes," complete Part XIV	9	_X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

orn	1990-PF (2009) Pardee Cancer Treatment Fund of	38-3	532130				Page o
Pa	irt VII-B Statements Regarding Activities for Which Form 4	1720 May Be R	lequired (co	ntınue	ed)	,	
5a	During the year did the foundation pay or incur any amount to		_		_		
٠	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes	X No		
	(2) Influence the outcome of any specific public election (see section 4955), or t	o carry on,	_				
	directly or indirectly, any voter registration drive?			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	described in	_				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)		Yes	X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	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	r the exceptions de	escribed in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see page 22 of th	e instructions)?		_N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check he	re		>			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax					
	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 pa	y premiums			_		
	on a personal benefit contract?			Yes	X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	act?			6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?		Yes	X No		
b	If yes, did the foundation receive any proceeds or have any net income attributation				<u>N/A</u>	7b	
Pa	irt VIII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highl	y Paid	d Employ	ees,	
	and Contractors						
<u> 1</u>	ist all officers, directors, trustees, foundation managers and their compensat	ion (see page 22	of the instruction	ons).			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	. en	Contributions to nployee benefit ns and deferred ompensation		ense account, allowances
Se	e Statement 4						
				+			
				-			
		<u> </u>					
2	Compensation of five highest-paid employees (other than those included on If none, enter "NONE"	line 1—see page	23 of the instru	ictions).		
		(b) Title, and average			Contributions to		
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	pla	nployee benefit ns and deferred ompensation		ense account, allowances
NC	NE						
						L	
			<u> </u>			<u> </u>	
]	
				1		<u> </u>	
_							
							 _
						<u> </u>	
ota	number of other employees paid over \$50,000					•	

Form 990-PF (2009) Pardee Cancer Treatment Fund of	38-3532130	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation		ployees,
and Contractors (continued)		,
3 Five highest-paid independent contractors for professional services (see page 23 of the	ne instructions) If none, enter "NO	IE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		- · · · · - · - · - · - · - · - · - ·
NONE		
		-
<u> </u>	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 Assists individuals with cancer related expe	nses	
1 Hoolood Harviadalo Hill Canool Polacon Chip		
		114,932
2		
3	-····	
4		
Part IX-B Summary of Program-Related Investments (see page 24 c	of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 at	10 2	Amount
1 N/A		
	_	
2]	
All other program-related investments See page 24 of the instructions	}	
3		
Total Add lines 1 through 3	>	

	# Minimum Investment Peturn (All demostrs foundations must complete this part. Fors	uan f	oundations
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eigii i	oundations,
1`	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Т	
'	purposes		
_	Average monthly fair market value of securities	1a	0
a	Average of monthly cash balances	1b	240,451
b	Fair market value of all other assets (see page 24 of the instructions)	1c	210,131
C	Total (add lines 1a, b, and c)	1d	240,451
d	Reduction claimed for blockage or other factors reported on lines 1a and	- 14	210,131
е	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	240,451
	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		210/131
4		4	3,607
_	the instructions)	5	236,844
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	6	11,842
6	Minimum investment return. Enter 5% of line 5 Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of the instructions.		
Pa		регаш	'9
_		1	-
1	Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5		
2a			
b		2.	
C	Add lines 2a and 2b	2c 3	
3	Distributable amount before adjustments Subtract line 2c from line 1		
4	Recoveries 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	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	114,932
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.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior 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	114,932
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	114,932
	Note The amount on line 5 will be used in Part V, column (b) in subsequent years when calculating whether the found:	ation	

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

10

С

Analysis of line 9

Excess from 2005 Excess from 2006 Excess from 2007

Excess from 2008 Excess from 2009

Pa	art XIV Private Operating For	<u>indations (see pag</u>	ge 27 of the instri	uctions and Part \	<u> /II-A, question 9)</u>	
1a	g			ng		
	foundation, and the ruling is effective for		-			N/P
b	Check box to indicate whether the founda		ng foundation describe		42(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	т	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	investment return from Part X for					
	each year listed	1,102	1,090	2,337	4,372	8,901
b	85% of line 2a	937	927	1,986	3,716	7,566
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	114,932	167,526	231,536	188,889	702,883
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	114,932	167,526	231,536	188,889	702,883
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		132,169	86,384	103,574	322,127
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		132,169	86,384	103,574	322,127
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in	į				
	Part X, line 6 for each year listed	7,895	5,399	3,095	2,915	19,304
С	"Support" alternative test-enter			j		
	(1) Total support other than gross					
	investment income (interest,				j	
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					·
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(i)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5.000 or more	in assets at
• •	any time during the ye				• • • • • • • • • • • • • • • • • •	
1	Information Regarding Foundation Mar					A. 10.
a	List any managers of the foundation who	_	than 2% of the total c	ontributions received b	ov the foundation	
_	before the close of any tax year (but only					
	N/A	,	, , , , , , , , , , , , , , , , , , , ,		,	
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	on (or an equally large	portion of the	
-	ownership of a partnership or other entity					
	N/A	, or which the realisatio	aa a .e./a a. g.aa.a			
2	Information Regarding Contribution, G	rant Gift Loan Schola	ership etc. Program	<u> </u>		
-	Check here ► X if the foundation only				nes not accepti	
	unsolicited requests for funds. If the foun					
	organizations under other conditions cor	• •		of the instructions, to	individuals of	
				he addressed		
а	The name, address, and telephone number Lala Threloff 989-46		m applications should	DE 800185580		
			ΜΤ ΛΩΩΛ1			
	Gratiot Community Ho			a phould resolved to		
b	The form in which applications should be	supminted and informal	tion and materials they	y snoula include		
	N/A					
С	Any submission deadlines					
	N/A			Ida tuada fi isi		
d	Any restrictions or limitations on awards,	such as by geographica	ai areas, charitable fie	ias, kinas of institution	s, or other factors	
	N/A					- 000 DE

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A Gratiot Comm. Hosp Medical Expense 19,797 Various None MI 48801 MidMich Medical Ctr N/A Medical Expense 5,748 Various None MI 48801 N/A Other hospitals Medical Expense 22,692 Various None MI 48801 N/A Doctors Medical Expenses 23,732 Various None MI 48801 N/A Pharmacies Various Medical Expense 11,066 None MI 48801 N/A Patient reimbursements Medical Expense 10,399 Various None MI 48801 Patient Insurance Premium Medical Expense 18,433 Various None MI 48801 Other medical expenses N/A Medical Expense 3,065 Various None MI 48801 114,932 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

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Form 990-PF (2009) Pardee Cancer Treatment Fund of

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-		_	_	~	_	_	v	

inter gross amni		tivities	UEIDACE IDCOMO	Evaludad k	ny anation 512 512 or 514	/e\
•	unts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	oy section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
1 Program serv				+		the instructions)
		-		+		
		-	 	+		· · · · · · · · · · · · · · · · · · ·
		-		+		
		1				***
f						
· —	contracts from government agencies			1		
•	dues and assessments					
•	avings and temporary cash investments			14	1,102	
	d interest from securities					
	come or (loss) from real estate		-,			
	inced property					
	-financed property					
	come or (loss) from personal property					
7 Other investr						
3 Gain or (loss) from sales of assets other than inventory					
•	or (loss) from special events					
O Gross profit	or (loss) from sales of inventory					
1 Other revenu	ue a					
c		-		<u> </u>		
d		_				
e		-				
	d columns (b), (d), and (e)			0 1	1,102	
	ne 12, columns (b), (d), and (e)				13	1,10
Part XVI-B	n line 13 instructions on page 28 to verify calcula Relationship of Activities to the A			····		
Line No ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions.)	ne is reported in col	umn (e) of Part XV	I-A contribu	ited importantly to the	of the
N/A						
-						

Ρ.	ari Avii	Exempt Organiz	_	insiers to am	u Transactio	ns and Relations	mps with n	voncharitat	ne		
1	Did the	organization directly or inc		e in any of the foll	owing with any o	ther organization desc			T	Yes	No
•		n 501(c) of the Code (oth		-		=				103	
	organiza		or thorroodic	m co r(o)(o) organi	201101107 01 111 00	otton ozr, rolating to p	ontiou.				
а	-	s from the reporting found	tation to a no	ncharitable exemn	ot organization of	:					
	(1) Cas	. •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, organization of				1a(1)		X
	(2) Othe								1a(2)		X
b	Other tra										
	(1) Sale	s of assets to a noncharit	able exempt	organization					16(1)		X
	, ,	hases of assets from a ne	•	•	on				1b(2)		X
		al of facilities, equipment							1b(3)		X
	(4) Rein	nbursement arrangement	S						1b(4)		X
	(5) Loar	ns or loan guarantees							1b(5)		X
	(6) Perf	ormance of services or m	embership or	fundraising solicit	ations				1b(6)		X
С	Sharing	of facilities, equipment, m	ailing lists, o	ther assets, or pai	d employees				1c		X
d	If the an	swer to any of the above i	s "Yes," com	plete the following	schedule Colur	nn (b) should always s	how the fair m	arket			
	value of	the goods, other assets, o	or services gi	ven by the reportir	ng foundation If	the foundation receive	d less than fair	market			
	value in	any transaction or sharing	arrangemer	it, show in column	(d) the value of	the goods, other asset	s, or services r	eceived			
	(a) Line no	(b) Amount involved	(c) Name o	of noncharitable exen	npt organization	(d) Description of t	ransfers, transact	tions, and sharing	arrange	ments	
N/	<u>A</u>						 				
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	-										
2a	Is the fo	undation directly or indirect	ctly affiliated	with, or related to,	one or more tax	-exempt organizations					
		d in section 501(c) of the							Ye	s X	No
b	If "Yes,"	complete the following so	hedule								
		(a) Name of organization		(b) Type of o	rganization		(c) Description o	f relationship			
	N/A										
			 								
											
	Under per	natifies of perjuty i declare that true conject/pro-co mplete i	it I have examır	ned this return, includ	ing accompanying	schedules and statements	i, and to the best	of my knowledge	and dedae		
	N I			nopular (outer utari u	بركاله ا	/		•	.)	T	
	Sign	ature of officer or trustee				1/0	<u>Chai</u> rU	(co pro	<u> (de</u>	~/_	
ere	y Sign	alule of blacer of trustee			Lifette		Title	Prenar	er's identify	VIDO -	
Ξ		D	١.			Date	Check if	numbe	r (see Sigi	nature d	
Sign Here	er's nly	Preparer's signature	Malk	2>/	enn	11/01/1	self-employed		0 of the ins 0039		
တ	Par par e O	<u> </u>	Yeo &	Yeo, P.C.		1 11/01/1	Ч		<u> </u>	10/	—
	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address,		Castman Av				EIN ▶ 38-	-270	614	6
	_	and ZIP code	Midla		18640-251	 L8		Phone no 989			
		·							orm 99(

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, or 990-PF

OMB No 1545-0047

2009

Employer identification number

Pardee Cancer	Treatment Fund of	
Gratiot Cou	nty	38-3532130
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See
General Rule		
\overline{X} For an organization fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon contributor. Complete Parts I and II	ey or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete F	of the greater
the year, aggregate co), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- intributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit- or the prevention of cruelty to children or animals. Complete Parts I, II, and III	
the year, contributions aggregate to more tha year for an exclusively), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- for use exclusively for religious, charitable, etc., purposes, but these contributions did in \$1,000. If this box is checked, enter here the total contributions that were received dur- religious, charitable, etc., purpose. Do not complete any of the parts unless the General ation because it received nonexclusively religious, charitable, etc., contributions of \$5,00	ot ring the il Rule
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its F in 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 99	orm

lame of c	B (Form 990, 990-EZ, or 990-PF) (2009) organization oo Cangor Treatment Fund of		Page 1 of 1 of Pa ployer identification number 3 - 3 5 3 2 1 3 0
Part I	ee Cancer Treatment Fund of Contributors (see instructions)	139	3-3532130
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Elsa U. Pardee Foundation 812 West Main Street Midland MI 48640	\$ 205,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
=7		S	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Attachment

▶ See separate instructions Pardee Cancer Treatment Fund of Identifying number Name(s) shown on return 38-3532130 Gratiot County Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 3 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 4 5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Listed property Enter the amount from line 29 7 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note. Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr. Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 255 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation d) Recover (g) Depreciation deduction (a) Classification of property placed in (business/investment use (e) Convention (f) Method репоф service only-see instructions) 19a 3-year property þ 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L 27 5 yrs MM Residential rental property MM S/L 27 5 yrs MM S/L Nonresidential real 39 yrs property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year S/L 40 yrs MM 40-year Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 22 255 and on the appropriate lines of your return Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE 9/30/2010	ent Fund of	Federal Statements	tements		11/	11/1/2010 3.17 PM
	Statement 1	- For	n 990-PF, Part I, Line 19 - Depreciation	oreciation		
					:	
Date Cost Acquired Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Storage Cabinet 2/09/01 \$ 226 \$	196	S/L	10 \$	23	₩	٧›
MS Office Professional 00 8/09/00 526	526	S/L	ĸ			
09/00 09/00 108/00	270	S/L	10	30		
Office Equipment (Chair & Desk) 7/12/00 1,255	1,130	S/L	10	126		
Scanner 6/01/01 289	289	S/L	ហ			
15/02	283	S/L	10	39		
Compag Computer-Pent 4 1/15/03 851	851	S/L	R			
\vdash	482	S/L	ю			
HP Deskjet Printer 12/08/05	146	S/L	Ŋ	38		
Total \$ 4,514 \$	4,173		′ •›› "	256	\$	\$
	Statement 2	- Form 990-PF, Part	990-PF, Part I, Line 23 - Other Expenses	r Expenses		
Description		Total	Net Investment	Adju	Adjusted Net	Charitable Purpose
	· ν	Ì	\sqrt{\sq}\}}\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\signtinesept\signtitex{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signtinitex{\sqrt{\sq}\sqrt{\sin}}}}}\signtinmesept\signtitintitita}}\signtinesept\sint{\sinti}	w	ις. 	
Expenses Contracted services Office expenses Insurance		14,932 327 1,497				
Postage Total	·v	440 196	0	v,	0	0
4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						and the party of t
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051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE. 9/30/2010	Federal Statements	tements		/-	11/1/2010 3 17 PM
Statement 3 - Form	Statement 3 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	14 - Land, Building	, and Equipment		
Description	Beginning Net Book	End Cost / Basis	ı	nulated atıon	Net FMV
Furniture & Equipment Total	341	\$ 4,514	w w	4,429	v v
Statement 4 - Form 990-PF, Par	t VIII, Line 1	- List of Officers, Directors, Trustees,	rectors, Trustees, E	Etc.	
Name and Address	<i>f</i> Trtle	Average Hours Comp	Compensation	Benefits	Expenses
Kathleen Crumbaugh 315 E Warwick Drive, Suite C Alma MI 48801	Chair	1.00	0	0	0
Chuck Fortino 315 E Warwick Drive, Suite C Alma MI 48801	Vice Chair	1.00	0	0	0
Nancy Fenn 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Tom Steere 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Roger Keck 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Robin Whitmore 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Vicki Root 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
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051744730 Pardee Cancer Treatment Fund of

38-3532130

FYE: 9/30/2010

Federal Statements

Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Dr. Jamey Seals 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Janet Sherwood 315 E Warwick Drive, Suite C Alma MI 48801	Secretary	1.00	0	0	0
Becky Hırschman 315 E Warwick Drive, Suite C Alma MI 48801	Treasurer	1.00	0	0	0
Mick Koutz 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Brad Vibber 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Bernard Siler 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0

11/01/2010 3·17 PM

FYE 9/30/2010

051744730 Pardee Cancer Treatment Fund of 38-3532130 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 5 6 7 8 9 11 12 13	Depreciation: Storage Cabinet MS Office Professional 00 File cabinet (2) Office Equipment (Chair & Desk) Scanner lateral file Compaq Computer-Pent 4 Compaq-Flat Screen Monitor HP Deskjet Printer	2/09/01 8/09/00 8/09/00 7/12/00 6/01/01 8/15/02 1/15/03 1/15/03	226 526 300 1.255 289 395 851 482		226 526 300 1,255 289 395 851 482 190	3 MO S/L 10 MO S/L 10 MO S/L 5 MO S/L 10 MO S/L 3 MO S/L 3 MO S/L	196 526 270 1 130 289 283 851 482	23 0 30 125 0 39 0 0 38
13	Total Other Depreciation		4,514	_	4,514		4,173	255
Total ACRS and Other Depreciation		ciation =	4,514	=	4,514		4,173	255
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense		ers -	4,514 0 0	_	4,514 0 0		4,173 0 0	255 0 0
Net Grand Totals			4,514	==	4.514		4.173	255

051744730 Pardee Cancer Treatment Fund of

Federal Statements

11/1/2010 3 17 PM

FYE 9/30/2010

38-3532130

Taxable Interest on Investments

Unrelated Business Code Exclusion Postal Code Code Amount Description 1,102 14 1,102

Total

Investment Income

Form 990-PF Return Summary

, and ending

09/30/10

38-3532130

For calendar year 2009, or tax year beginning 10/01/09

Gratiot County

Pardee Cancer Treatment Fund of

<u>1,102</u> Interest Dividends Gross rents Capital gain net income Other income 1,102 Total investment income Expenses Officer compensation Salaries / employee benefits Other expenses **Total expenses** 1,102 Net investment income Taxes / Credits Regular tax Section 511 tax Subtitle A tax Total tax Payments / Penalties / Application Estimated tax payments Tax withheld Other payments Estimated tax penalty Overpayment applied to next year's tax Payments / penalty / application Net tax due Interest on late payments Failure to file penalty Failure to pay penalty Additions to tax Balance due Refund Revenue / Expenses per Books **Adjusted Net Income** 214,989 Total contributions 1.102 **Next Year's Estimates** Interest 1st quarter Dividends 2nd quarter Capital gains / losses 3rd quarter Income modifications 4th quarter Sale of inventory Other income Total 216,091 1,102 Total revenue 132,657 Total expenses Miscellaneous Information Excess / ANI Amended return 02/15/11 Return / extended due date **Balance Sheet** Endina **Differences** Beginning 132,169 215,603 Assets Liabilities 83,434 132,169 215,603 Net assets