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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

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

		nue service Note: The foundation may be able			to reperting	requirements	
or c	alend	ar year 2010, or tax year beginning $10/01/10$, a	and ending $09/3$	0/11	-		
G C	heck a	ill that apply Initial return Initial ret	turn of a former public	charity	Ĺ	Final return	
		Amended return Add	ress change	Name	change		
Nar	ne of fo	undation				oyer identification num	ber
Pa	arde	ee Cancer Treatment Fund of			38	-3532130	
	Gı	ratiot County			B Telep	hone number (see page 1	0 of the instructions)
Nur	nber an	d street (or P O box number if mail is not delivered to street address	ss) Ro	om/suite	989	9-463-9319	
		E Warwick Drive, Suite C			C If exe	mption application is pend	ling, check here 🕨 🗌
		n, state, and ZIP code			D 1. Fo	reign organizations, check	k here
	lma	MI 48801			2. Fo	reign organizations meeti	ng the
		ype of organization X Section 501(c)(3) exempt private	foundation	·		% test, check here and at	
_			e private foundation		E If priv	ate foundation status was	terminated under
		ket value of all assets at J Accounting method	Cash Acc	rual	section	on 507(b)(1)(A), check her	e -
en	d of ve	ear (from Part II, col. (c), X Other (specify)	Modified o	ash	F If the	foundation is in a 60-mon	th termination
	e 16)				unde	section 507(b)(1)(B), che	ck here
	irt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
. •		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions))	books	ince	ome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	192,191			1.	
	2	Check ► If the foundation is not required to attach Sch B	,				***************************************
	3	Interest on savings and temporary cash investments	845	<u> </u>	845	845	
	4	Dividends and interest from securities					
	5a	Gross rents					
		Net rental income or (loss)				······································	
g	b	, ,					
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all assets on line 6a					
Revenue	b	•			0		
œ	7	Capital gain net income (from Part IV, line 2)	,		0	0	
	8	Net short-term capital gain					
	9	Income modifications				······································	
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	193,036		845	845	
	12	Total. Add lines 1 through 11	193,036		043	013	
es	13	Compensation of officers, directors, trustees, etc					
enses	14	Other employee salaries and wages		<u> </u>	· · ·		
þe	15	Pension plans, employee benefits					<u> </u>
EX	16a	Legal fees (attach schedule)					
<u> OBetating and Odminîstanje Exp</u>	b	Accounting fees (attach schedule)		 	 -		
	°	Other professional fees (attach schedule)	-	<u> </u>			
Ž	17	Interest					
Ę	18	Taxes (attach schedule) (see page 14 of the instructions)	3.00				
ξĒĵ	19	Depreciation (attach schedule) and depletion Stmt 1	167	-			
Ŕ	20	Occupancy					
ğ	21	Travel, conferences, and meetings	700				
(a)	22	Printing antique (Calenda VED	706	<u> </u>			
ŋġ	23	Other expenses (att sch)	19,929	_			-
ä	24	Total Operating and administrative expenses. Add lines 13 through 23	20.000		^	,	_
			20,802	<u> </u>	0	0	190 646
9	25	Contributions, gifts, grants paid	190,646				190,646
	26	Total expenses and dispursements. Add lines 24 and 25	211,448	ļ	0	0	190,646
	27	Subtract line 26 from line 12	10 410				
	a	Excess of revenue over expenses and disbursements	-18,412	 	045		
	b	Net investment income (if negative, enter -0-)		 	845	045	
	C	Adjusted net income (if negative, enter -0-)	L	<u> </u>		845	<u> </u>

Fo	rm 990	PF(2010) Pardee Cancer Treatment Fund of	38-353213	30		Page 2
			Beginning of year	Er	nd o	f year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
Т	1	Cash—non-interest-bearing	215,518	194,3	89	
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less allowance for doubtful accounts ▶				<u>L</u>
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				l
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	-	disqualified persons (attach schedule) (see page 15 of the	Ì			
Ì		instructions)				İ
ţ	7	Other notes and loans receivable (att. schedule)				
	•	Less allowance for doubtful accounts ▶ 0	[]			·
	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		- 		
S	10a	Investments—U.S. and state government obligations (attach schedule)				
1	_	Investments—corporate stock (attach schedule)				
	b					
	C	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis	1			
	4.0	Less accumulated depreciation (attach sch.)	· · · ·	·		
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
- [14	Land, buildings, and equipment basis ► 5, 061	'	0.0		
		Less accumulated depreciation (attach sch) ► Stmt 3 2,259	85	2,8	02	
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the				
\dashv		instructions Also, see page 1, item l)	215,603	197,1	91	0
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Liabilities	19	Deferred revenue	ļ			
░	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)				
~	22	Other liabilities (describe ▶)				
\perp	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted	215,603	197,1	91	
ᇛ	25	Temporarily restricted				
ď	26	Permanently restricted				
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here ▶	ŀ			
굆		and complete lines 27 through 31.				
뒴	27	Capital stock, trust principal, or current funds				
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds				
2	30	Total net assets or fund balances (see page 17 of the				
7		instructions)	215,603	197,1	91	
ž	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	215,603	197,1	91	
_	Part I		· · · · · ·			
		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)			1	215,603
2		r amount from Part I, line 27a			2	-18,412
		r increases not included in line 2 (itemize)		<u> </u>	3	
		lines 1, 2, and 3		1	4	197,191
		eases not included in line 2 (itemize) ▶		ļ	5	
		I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	<u> </u>	6	197,191
_0	i Ula	incressors of fully selections at end of year fille - fillings line of - fact it, column t	-,, Jo		-	- 000 DE (22/2)

Form 990-PF (2010) Pardee C			38-3532130		Page
	Losses for Tax on Investm he kind(s) of property sold (e.g., real estate		(b) How acquired	(c) Date acquired	(d) Date sold
	use, or common stock, 200 shs MLC Co)		P—Purchase D—Donation	(mo , day, yr)	(mo , day, yr)
1a N/A		-			
b					
С		 			
_d			-		-
е		T			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale	, , ,	iin or (loss) (f) minus (g)
	(e. direction)	- Francisco		(-),	
<u>a</u> b					
C					
d					
e					
	gain in column (h) and owned by the	foundation on 12/31/	69	(I) Gains (C	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (ı) l (ı), ıf any	col (k), but n	ot less than -0-) or (from col (h))
a					
b					
С					
d		ļ			
е		<u></u>		ļ	
2 Capital gain net income or (net cap	If gain, also enter ii If (loss), enter -0- ii			2	· ·
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) and olumn (c) (see pages 13 and 17 of the	_			
If (loss), enter -0- in Part I, line 8	olumn (c) (see pages to and the ch			3	
	ler Section 4940(e) for Redu	ced Tax on Net	Investment Inco	ome	
(For optional use by domestic private for					
if section 4940(d)(2) applies, leave this	•				N/A
			_		
Was the foundation liable for the sectio		= =	base period?		Yes No
If "Yes," the foundation does not qualify				· · · · · · · · · · · · · · · · · · ·	······
1 Enter the appropriate amount in ea	ch column for each year, see page 1	8 of the instructions	before making any ei	ntries	(4)
(a) Base period years	(b)	one Net value	(c) e of noncharitable-use as		(d) stribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distribution	ons Net value	e of nonchantable-use as	col (b) divided by col (c))
2009					
2008				-	
2007 2006				 	·· - ·
2005					
2003				- 	
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5-	vear base period—divide the total on	line 2 by 5, or by the	е		
	s been in existence if less than 5 yea			3	
•	•				
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X, lir	ne 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from F		- الا - 4 - استحدم استور الم		rata Sas tha	
-	ine 7, check the box in Part VI, line 1	b, and complete tha	u part using a 1% tax	iale See the	
Part VI instructions on page 18					

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	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	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 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 2011 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?	<u>1a</u>		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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		37
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			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		_V	•
_	conflict with the state law remain in the governing instrument?	7	X	
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	<u> </u>		
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	X	ļ
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	1		
	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	1		l .
	names and addresses	10		X

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P	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	cation?		13	Х	
	Website address ► N/A					<u></u>
14	The books are in care of ▶ Sandi Allen Tele	phone no	989-4	63-	931	9
	315 E Warwick Drive	•				
	Located at ▶ Alma MI	ZIP+4 ▶	48801	_		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			_		▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	▶ }	15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	_			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter			7		
	the name of the foreign country			, , , ,		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u></u>		£
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-			Yes	No
1a	During the year did the foundation (either directly or indirectly)			,	100	-100
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	, ,	3 .	11
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		71 100		<i>3</i>	
	disqualified person?	Yes	X No	<i></i>		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No X No	ú	",	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		21 10	100	,	
	the benefit or use of a disqualified person)?	Yes	X No		1 1	<u> </u>
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		<u> </u>		1	
	foundation agreed to make a grant to or to employ the official for a period after			1		
	termination of government service, if terminating within 90 days)	Yes	X No	1		
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula		M NO		ĺ	
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1110115	N/A	1b		Ì
	Organizations relying on a current notice regarding disaster assistance check here			IB	7,	
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				3.7	
¢	were not corrected before the first day of the tax year beginning in 2010?		N/A	1c		Ì
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		IV/ A	10		7
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
_	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and				1 1	""
a	6e, Part XIII) for tax year(s) beginning before 2010?	Yes	X No		11	
		163	V MO		,	11
_						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	,	N/A	2b	*	İ
_	all years listed, answer "No" and attach statement—see page 22 of the instructions)		IN/A	20		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					1 /
	20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	□ v	X No			
	at any time during the year?	Yes	X No		<i>'</i>	
Ь	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or					1 :
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	DT			3	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		37 / 3			7
	foundation had excess business holdings in 2010)		N/A	3b	<u> </u>	 , -
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purpos			4a	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			, ·	1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	20107		4b		(2010)

orm	990-PF(2010) Pardee Cancer Treatment Fund c		<u>532130</u>			Page	<u>; 6</u>
Pŧ	rt VII-B Statements Regarding Activities for Which Forn	<u> 4720 May Be R</u>	equired (cont	tinued)		·····	
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	\ \ \\	res X No			
	(2) Influence the outcome of any specific public election (see section 4955), of	r to carry on,			- 1		
	directly or indirectly, any voter registration drive?		<u> </u>	res $oxed{X}$ No	1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes	>	<u> </u>	res 🛚 X No	1		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the in	structions)	<u> </u>	res 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 un	ider the exceptions d	escribed in	,			
	Regulations section 53 4945 or in a current notice regarding disaster assistan-	ce (see page 22 of th	e instructions)?	_N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check			> [
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax	. —				
	because it maintained expenditure responsibility for the grant?		N/A 📙 ነ	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 premiums					
	on a personal benefit contract?			Yes X No			_
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a page 10 of the foundation, during the year, pay premiums, directly or indirectly, on a page 10 of the foundation, during the year, pay premiums, directly or indirectly, on a page 10 of the foundation.	personal benefit contr	act?		6b		<u> </u>
	If "Yes" to 6b, file Form 8870						
	At any time during the tax year, was the foundation a party to a prohibited tax			Yes X No			
b	If Yes, did the foundation receive any proceeds or have any net income attribu	itable to the transacti	on?	N/A	7b		
Pa	it VIII Information About Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						_
1 !	ist all officers, directors, trustees, foundation managers and their compen	sation (see page 22	of the instruction	T	 -		—
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense accor allowances	
Se	e Statement 4						
							_
						•	
2	Compensation of five highest-paid employees (other than those included If none, enter "NONE."	on line 1 — see pag	e 23 of the instru	ictions).			
		(b) Title, and average		(d) Contributions to employee benefit	(e) Exc	ense acco	unt.
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		allowance	
NO)NE						
		-		 	 		
		 			 		—
				 	 		—
					1		
		 		-	┼──		
			1				
Tota	I number of other employees paid over \$50,000		<u> </u>	1		T	0

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Form 990-PF (2010) Pa	rdee Cancer Treatment Fund of	38-3532130 _	Page 7
Part VIII Inform	nation About Officers, Directors, Trustees, Founda	ation Managers, Highly Paid Em	
	ontractors (continued)		
3 Five highest-paid in	dependent contractors for professional services (see page 23	of the instructions). If none, enter "NO	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		ļ	
			
			
otal number of others rec	ceiving over \$50,000 for professional services		<u> </u>
Part IX-A Sum	mary of Direct Charitable Activities		
	gest direct chantable activities during the tax year. Include relevant statistical eficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 Assists in	dividuals with cancer related ex	menses	
		_	
			190,646
2			
3			
4			
Part IX-B Sum	many of Draggers Deleted Investments (see page)	24 of the instructions)	
<u></u>	mary of Program-Related Investments (see page 2 gram-related investments made by the foundation during the tax year on lines		A
1 N/A	gan-related investments made by the lounidation during the tax year on lines	3 7 4110 2	Amount
i IV/A			
2			
-			
All other program-related inv	restments See page 24 of the instructions		
3			
Total, Add lines 1 through	3	• 1	

Fom	1 990-PF (2010) Pardee Cancer Treatment Fund of 38-3532130		Page 8
Pi	Art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign f	
	see page 24 of the instructions.)		
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
b	Average of monthly cash balances	1b_	257,530
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	257,530
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	j ,	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	257,530
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	3,863
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	253,667
6	Minimum investment return. Enter 5% of line 5	6	12,683
Pá	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratir	
	foundations and certain foreign organizations check here	•	•
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (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	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	
eni	OF of the character of		
Pi	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	190,646
b	Program-related investments—total from Part IX-B	1b	1
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<u> </u>
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	190,646
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	190,646
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form	990-PF (2010) Pardee Cancer Treatment		38-35321	30	Page 9
Pa	rt XIII Undistributed Income (see page 26 of	the instructions)		 	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2	line 7				
2	Undistributed income, if any, as of the end of 2010 Enter amount for 2009 only				
	Total for prior years 20 , 20 , 20				
_	Excess distributions carryover, if any, to 2010				
3	From 2005				
	From 2006	1			
	From 2007	1			
ا	From 2008	1			
u e	From 2009	1			
	Total of lines 3a through e	1			
4	Qualifying distributions for 2010 from Part XII,				
7	line 4 ▶ \$ 190,646				
•	Applied to 2009, but not more than line 2a				
	Applied to undistributed income of prior years				
D	(Election required—see page 26 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount				
	Remaining amount distributed out of corpus	190,646			
5	Excess distributions carryover applied to 2010				
Ū	(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	190,646			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b	-			
С	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount-see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2011				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				ļ
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2006	4			
b	Excess from 2007	4			
C	Excess from 2008	4			
d	Excess from 2009	4			
•	Evenes from 2010	i	\$	1	t

	art XIV Private Operating Fou			rustions and Part		raye i
***********					VII-A, question 9)	
та	If the foundation has received a ruling or			ing		AT / 7
	foundation, and the ruling is effective for		-	ped in section X 49	1010	N/Z
b	Check box to indicate whether the founda		ting foundation descrit		142(j)(3) or 4942	<u>(I)(5)</u>
2a	Enter the lesser of the adjusted net	Tax year	/h) 0000	Prior 3 years	(4) 0007	(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	investment return from Part X for	0.4.5	1 100		0 227	E 25
	each year listed	845	1,102	1,090	2,337	5,374
b	85% of line 2a	718	937	927	1,986	4,568
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	190,646	114,932	167,526	231,536	704,640
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	190,646	114,932	167,526	231,536	704,640
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets	197,191	215,603	132,169	86,384	631,347
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	197,191	215,603	132,169	86,384	631,34
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test-enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section $512(a)(5)$), or royalties) N/A					
						
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii) N/A					
	(3) Largest amount of support from					
	an exempt organization N/A					
	(4) Gross investment income N/A					
P	art XV Supplementary Inforn	nation (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye	•	•		• •	
1	Information Regarding Foundation Mar					
а	List any managers of the foundation who	•	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only					
	N/A	,,	,		,	
	List any managers of the foundation who	own 10% or more of the	he stock of a corporate	on (or an equally large	portion of the	
	ownership of a partnership or other entity		•			
	N/A	,	-			
2	Information Regarding Contribution, G	rant. Gift. Loan. Schol	larship, etc., Progran	ns:		
	Check here ► X if the foundation only				oes not accept	
	unsolicited requests for funds If the foun		•	=	•	
	organizations under other conditions, cor					
	The name, address, and telephone numb			d he addressed		
-	Lala Threloff 989-46	•	от аррпоацопо зпоч	a be addressed		
	Gratiot Community Ho		MT 48801			
<u> </u>	The form in which applications should be			av should include		
b	N/A	Submitted and informa	auon ano matenais the	ey should include		
		·				·
С	Any submission deadlines					
	N/A	and as because of				
d	Any restrictions or limitations on awards,	such as by geographic	cai areas, charitable fi	eias, kinas ot institutioi	is, or other	
	factors					
	N/A					

Grants and Contributions Paid During th	If recipient is an individual,	1	<u> </u>	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year Gratiot Comm. Hosp Various None MI 48801	N/A	Medica	l Expense	37,703
MidMi Med Ctr - Gratiot Various None MI 48801	N/A	Medica	l Expense	11,288
Other hospitals Various None MI 48801	N/A	Medica	l Expense	32,119
Doctors Various None MI 48801	N/A	Medical	Expenses	40,770
Pharmacies Various None MI 48801	N/A	Medica	l Expense	16,037
Patient reimbursements Various None MI 48801	N/A	Medica	l Expense	22,237
Patient Insurance Premium Various None MI 48801	N/A	Medica	l Expense	25,920
Other medical expenses Various None MI 48801	N/A	Medica	l Expense	4,572
Total			▶ 3a	190,646
${\bf b}$. Approved for future payment N/A				
Total			▶ 3b	

DAA

Part XVI-	A Analysis of Income-Producing A	ctivities				
Enter gross an	nounts unless otherwise indicated	Unrelated (a) Business code	d business income (b) Amount	(c) Exclusion code	oy section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	ervice revenue					the instructions)
a		_	<u></u>	 +		
b				+		
				+		
d				+		
		_		+		
		_		+ +		<u> </u>
-	and contracts from government agencies				<u> </u>	· · · · · · · · · · · · · · · · · · ·
	ip dues and assessments			+		
	savings and temporary cash investments			14	845	
	and interest from securities			-		······································
	income or (loss) from real estate					
	inanced property			+		
	bt-financed property					
	income or (loss) from personal property			-		
	stment income					
-	ss) from sales of assets other than inventory		-	 		
	e or (loss) from special events		<u></u>			
•	ît or (loss) from sales of inventory			+ +		
	nue a					
b		_				
		_				
d		_				
е		_		-		
	Add columns (b), (d), and (e)		<u> </u>	0	845	
	line 12, columns (b), (d), and (e)				13 _	845
See workshee Part XVI-i	et in line 13 instructions on page 29 to verify calcular Relationship of Activities to the		4 . 6 🗁			
Line No. ▼ N/A	Explain below how each activity for which incon accomplishment of the foundation's exempt pur instructions)					
			· · · · · · · · · · · · · · · · · · ·			
		<u>, , , , , , , , , , , , , , , , , , </u>				
			<u> </u>			
				-		
		·				
						
DAA						Form 990-PF (2010

Preparer's signature

989-631-6060 Form **990-PF** (2010)

Check ____ if self-employed

Date

PTIN

Phone no

11/07/11

Firm's EIN ▶ 38 - 2706146

P00039187

Paid

Preparer

Use Only

Print/Type preparer's name

Zimmerman

Midland,

Yeo & Yeo,

6018 Eastman Ave.

MΙ

P.C

48640-2518

Michael R.

Firm's address ▶

Firm's name ▶

Schedule B ` (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

Name of the organization Pardee Cancer Treatment Fund of 38-3532130 Gratiot County Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 |X| For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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

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 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or

during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Rame of organization

Pardee Cancer Treatment Fund of 38-3532130

Part I	Contributors (see instructions)		3332130
(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	\$ 175,000	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
NO.	Name, audiess, and zir + 4	\$	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
140.	Truming Maurices, unit and 1 T	\$	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)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2010

Attachment Sequence No

Name(s) shown on return

Pardee Cancer Treatment Fund of Gratiot County

Identifying number 38-3532130

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 500,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 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 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 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 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 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 instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 167 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 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 18 Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in period only-see instructions) 19a 3-year property þ 5-year property 7-year property d 10-year property 15-year property f 20-year property S/I g 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property ММ S/L 27 5 yrs ММ S/L 39 vrs Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year MM S/L c 40-year 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22

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

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051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2011

Federal Statements

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		SSO										0	
		Net Gain / Loss											
		Depreciation	526 \$		289		851		482		190	2,338 \$	
		ا ۵	ŧΩ	-								\$ 0	
		Expense											
		Cost	526 \$		289		851		482		190	2,338 \$	
MoH How	Received	Sale Price	Purchase	Purchase		Purchase		Purchase		Purchase		\$ 0	
		Date Sold	00	+ 11 (2)	9/30/11		9/30/11		9/30/11		9/30/11	ూ	
	Description	Date Acquired	al 00	00/00/0	6/01/01	4	1/15/03	onitor	1/15/03		12/08/05 9/30/11		
	De	Whom Sold	MS Office Professional 00	Scanner		Compag Computer-Pent 4		Compag-Flat Screen Monitor	1	HP Deskjet Printer		Total	

Statement 1 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income		ഗ												
	Net Investment Income		ጭ												
	Current Year Depreciation		7										40		
	Life] 	10 \$		ო		10		10		5		10		ന
	Method		$_{ m S/L}$		$\mathrm{S/L}$		s/r		$_{ m S/L}$		$\mathrm{S/L}$		$_{ m S/L}$		m S/L
	Prior Year Depreciation		219		526		300		1,255		289		322		851
Description	Cost Pri	1	226 \$	_	526		300	(Chair & Desk)	1,255		289		395	Pent 4	851
	Date Acquired	Storage Cabinet	2/09/01 \$	MS Office Professional	00/60/8	File Cabinet (2)	00/60/8	Office Equipment	7/12/00	Scanner	6/01/01	Lateral File	8/15/02	Compag Computer-Pent	1/15/03

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2011

Federal Statements

(continued)
- Depreciation
ine 19
Part I, I
990-PF,
- Form
Statement 1

Description

Adjusted Net Income	ጭ					0 \$
Net Investment Income	w.					\$
Current Year Depreciation	70.	9	96		18	2 167 \$
Life	m	ιΩ	Ŋ	1167	ſŲ	••
Method	S/L	S/L	$\mathrm{S/L}$	$_{ m S/L}$	$_{ m S/L}$	
Prior Year Depreciation	482	184				4,428
Cost Basis	Monitor 482 \$	190	er 1,442	1,167	276	\$ 668',
Date Acquired	Compaq-Flat Screen Monitor 1/15/03 \$	HP Deskjet Printer 12/08/05	HP Probook Computer 6/15/11	Color Laserjet 6/15/11	Peachtree Software 6/15/11	Total \$

- Other Expenses	
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Form 990-PF,	ı
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Net Adjusted Investment	₩.						\$ 0
Total	ক		16,491	1,380	571	1,487	ļ
Description		Expenses	Contracted services	Office expenses	Insurance	Postage	Total

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2011	Fed	leral Statements	nts		11/7/20	11/7/2011 11:44 AM
Stateme	Statement 3 - Form 990-PF, Pa	art II, Line 14 - La	Part II, Line 14 - Land, Building, and Equipment	<u>iguipment</u>		•
Description	Beginning Net Book	,	End Cost / Basis	End Accumulated Depreciation	ted	Net FMV
Furniture & Equipment	₩.	85 \$	5,061	\$ 2,2	259 \$	
Total	w	85 \$	5,061	\$ 2,2	259 \$	0
Statement 4 -	Statement 4 - Form 990-PF, Part VIII, Line 1		- List of Officers, Directors, Trustees, Etc.	, Trustees, Etc.		
Name and Address	Title	Average Hours	Compensation	n Benefits	its	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	ir 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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0 0 0 0 11/7/2011 11:44 AM 0 0 Expenses 0 0 0 0 0 0 **Benefits** Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued) 0 0 0 0 0 0 Compensation Federal Statements Average Hours 1.00 1.00 1.00 1.00 1.00 1.00 Treasurer Secretary Director Director Title Director Director 051744730 Pardee Cancer Treatment Fund of Bernard Siler 315 E Warwick Drive, Suite C Alma MI 48801 U Brad Vibber 315 E Warwick Drive, Suite C U 315 E Warwick Drive, Suite C O Becky Hirschman 315 E Warwick Drive, Suite 315 E Warwick Drive, Suite Suite Name and Address 315 E Warwick Drive, Dr. Jamey Seals Janet Sherwood Alma MI 48801 Alma MI 48801 Alma MI 48801 Alma MI 48801 Alma MI 48801 FYE: 9/30/2011 Mick Koutz 38-3532130