

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



## Form 990-PF

Department of the Treasury

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

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

OMB No 1545-0052

Open to Public Inspection

		de Service Note. The foundation may be a			reporting requir	BINERIIS	CODELLID LATER (119) ACTION
		dar year 2012 or tax year beginning $10/01/12$ , :	and ending $09/3$	30/13	1		
	me of fou				A Emplo	yer identification number	
F		ee Cancer Treatment Fund of			20	2522120	
	G.	ratiot County  f street (or P O box number if mail is not delivered to street address)		oom/suite		-3532130 none number (see instructions)	
		E Warwick Drive, Suite C	"	CONVICE		9-463-9319	
		, state, and ZIP code					
	lma	MI 48801			C If exer	nption application is pending, o	heck here
		all that apply   Initial return   Initial retur	rn of a former public ch	anty	D 1. Fo	reign organizations, check here	• ▶
		Final return Amended	return	-	2 Fo	reign organizations meeting the	
		Address change Name cha	inge		1	% test, check here and attach	
H (	heck t	ype of organization X Section 501(c)(3) exempt private	foundation		F If nove	ate foundation status was termi	nated under
$\overline{}$			e private foundation		1	n 507(b)(1)(A), check here	<b>▶</b> _
		ket value of all assets at J Accounting method		crual	F If the f	oundation is in a 60-month terr	nination
		ear (from Part II, col (c),	Modified o			section 507(b)(1)(B), check he	
	ne 16) <b>I</b>						
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
,	7. 7 1	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		vestment ome	(c) Adjusted net income	for chantable purposes
	_	the amounts in column (a) (see instructions) )	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	192,674	<u> </u>			
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	205	<u> </u>	205	205	
	4	Dividends and interest from securities					
	5a	Gross rents		<u> </u>			
ē	b	Net rental income or (loss)		ļ			
ĭ	6a	Net gain or (loss) from sale of assets not on line 10		ļ			
Revenue	b	Gross sales price for all assets on line 6a		<del>                                     </del>			
Ř	7	Capital gain net income (from Part IV, line 2)		1	0	:	
	8	Net short-term capital gain		<del> </del>		. 0	
	9	Income modifications		<b></b>			
	10a	Gross sales less returns and allowances		ļ			
	b	Less Cost of goods sold		ļ			
	C	Other income (attach-schedule)					
	11		100.070		0.05	0.05	
	12	Total. Add logs 1 through 11	192,879	<del></del>	205	205	
Ś	13	Compensation of office of the confection of the compensation of t		)			
nses	14	Other employed salaries and wages	<u> </u>	<del> </del>			
ĕ	15	Pension plans, emptoyee benefits, UT Legal fees (attach schedule)		<del>                                     </del>			
X	16a		20	<del> </del>			
ě	b	Accounting fees (attach schedule) Stmt 1	20	<del>' </del>			
Ę	C	Other professional fees (attach schedule)		<u> </u>			
SCA Operating/and Administrative Expe	17	Interest Taxos (attach schodula) (see instructions)		<del> </del>			
2	18	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion Stmt 2	370	<del>                                     </del>			
E	19	, , ,	370	<u>'</u>			
Ą	20	Occupancy Travel conformers and meetings	· · ·	<del> </del>			
Ď	21	Travel, conferences, and meetings		<del> </del>			
Ø.	22	Printing and publications Other expenses (att sch) Stmt 3	19,193	1			-
<u>i</u>	24	Total operating and administrative expenses.	10,193	1			
a	) <del>**</del>	Add lines 13 through 23	19,583		0	0	0
9	25	Contributions, gifts, grants paid	248,645	1	0	0	248,645
Ō	26	Total expenses and disbursements. Add lines 24 and 25	268,228	1	. 0	0	248,645
<u> </u>	27	Subtract line 26 from line 12	200,220				240,043
n	a	Excess of revenue over expenses and disbursements	-75,349	a <b>l</b>			
	b	Net investment income (if negative, enter -0-)	, 5, 545	1	205		
		Adjusted net income (if negative, enter -0-)		1	200	205	

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6 95,741

Form 990-PF (2012)

Part 1V Capital Gains a	nd Losses for Tax on Investm	ent Income			
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co)		(b) How acquired P Purchase D Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
b					
С	·			_	
d					
е					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis pense of sale		in or (loss) (f) minus (g)
_a					
b			<del></del>		
С				<u> </u>	
d					
0	and the state of t		· · · · · · · · · · · · · · · · · · ·		
Complete only for assets showing	gain in column (h) and owned by the fo				ol (h) gain minus
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69		ess of col (i) col (j), if any		ot less than -0-) or from col (h))
a		<del>                                     </del>			
b			<del></del>		
<u>c</u>					<del></del>
d					
е	If gain, also enter ii	Part Line 7			
2 Capital gain net income or (net ca	If (loss), enter -0- ii	n Part I, line 7		2	
· -	s) as defined in sections 1222(5) and (6	_			
• .	column (c) (see instructions) If (loss), e	nter -0- in			
Part V Qualification U	nder Section 4940(e) for Redu	and Tay on Not	Investment Inco	3	
				IIA	
(For optional use by domestic private	foundations subject to the section 4940(	a) tax on net investir	ient income )		
If section 4940(d)(2) applies, leave this	s part blank				N/A
Was the foundation liable for the secti	on 4942 tax on the distributable amount	of any year in the ba	se period?		Yes No
	fy under section 4940(e) Do not comple		•		
	each column for each year, see the instru		any entries	<del></del>	
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in	A division of the contract of	ns Net va	llue of nonchantable-use asset		stnbution ratio ) divided by col (c))
2011				(=== (=	,
2010					
2009					
2008					<del></del>
2007					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	5-year base penod – divide the total on li	ne 2 by 5, or by the			
number of years the foundation ha	as been in existence if less than 5 years			3	
4 Enter the net value of noncharitat	ole-use assets for 2012 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	<del></del>
7 Add lines 5 and 6				7	
O Fata and Control of	Dad VII Inc. 4				
8 Enter qualifying distributions from		and complete the	od Holos = 40/ 4	See the	
•	line 7, check the box in Part VI, line 1b,	and complete that pa	art using a 1% tax rate	See the	
Part VI instructions					000 DE

Form	990-PF (2012) Pardee Cancer Treatment Fund of 38-3532130			<u> </u>	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here $\blacktriangleright$ $X$ and enter "N/A" on line 1	1			
	Date of ruling or determination letter $11/03/05$ (attach copy of letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A	<u> </u>			
	here ▶ ☐ and enter 1% of Part I, line 27b	1			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1			
	Part i, line 12, col (b)	1			
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-	<u> </u>			0
6	Credits/Payments	I			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a				
b	Exempt foreign organizations – tax withheld at source	1			
С	Tax paid with application for extension of time to file (Form 8868)	1			
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	<u> </u>			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here				
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 2013 estimated tax ▶ Refunded ▶ 11	ļ			
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		Χ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		Χ
	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 ▶ \$	ļ			
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		Χ
	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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
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	ļ			
	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	Χ	
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	ı	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see 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	ŀ	8b	Χ	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? 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			
	names and addresses		10		<u> X</u>

****	990-PF (2012) Pardee Cancer Treatment Fund of		532130				<u> </u>	age <b>o</b>
P	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (conti	nue	<u>d)</u>			
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	5(e))?		Yes	X No		1	
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,					1	
	directly or indirectly, any voter registration drive?			Yes	X No		1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No		1	
	(4) Provide a grant to an organization other than a charitable, etc., organization det	scribed in					1	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			Yes	X No		1	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	lucational						
	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 t	he exceptions desc	ribed in		4-			
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee instructions)?			N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here				▶ 📋		1	
С	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 []	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	remiums	_				-	
	on a personal benefit contract?			Yes	X No		1	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract	?			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 shelter	er transaction?		Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributab				N/A	7b		
Pŧ	irt VIII Information About Officers, Directors, Trustees, Fou	Indation Mana	gers, Highly	Paid	Employe	<del>9</del> S,		
	and Contractors							
<u> 1                                   </u>	ist all officers, directors, trustees, foundation managers and their compensat	ion (see instructi	ons).	1				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	ei pla	Contributions to mployee benefit ans and deferred compensation		pense ad er allowa	
Se	e Statement 5							
		•						
				<del> </del>				<del></del>
				+		-		
				<u></u>	·	į		
2	Compensation of five highest-paid employees (other than those included on "NONE."	line 1 – see instru	uctions). If none	, ente	r			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	ei pla	Contributions to mployee benefit ans and deferred compensation		pense ad er allowa	
NC	NE							
				+		-		
			-	1				
ota	I number of other employees paid over \$50,000					•	T	<u> </u>

Form 990-PF (2012)

Form 990-PF (	2012) Pardee Cancer Treatment Fund of	38-3532130	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found		
	and Contractors (continued)		
3 Five hig	hest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE."	
	(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		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical information such diother beneficianes served, conferences convened, research papers produced, etc.	h as the number of	Expenses
1 Assi	sts individuals with cancer related ex	xpenses	
			248,645
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see Instru	uctions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2	Clions)	Amount
1 N/A	response program routed invocation in most by the restriction during the tax year on minor rate 2		Amount
,,			
2			
All other progran	n-related investments. See instructions		
3			
Total. Add line	s 1 through 3	)	<b>&gt;</b>

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 (2012)

Form 990-PF (2012)

10

Analysis of line 9 Excess from 2008 Excess from 2009 Excess from 2010 Excess from 2011 Excess from 2012

Pε	art XIV Private Operating Fou	indations (see inst	tructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or d	etermination letter that i	it is a private operating			
	foundation, and the ruling is effective for 2	012, enter the date of th	e ruling	<b>▶</b> [		N/A
b	Check box to indicate whether the foundat	ion is a private operatin	g foundation described	in section X 49	42(j)(3) or 4942(	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for					
	each year listed	205	595	845	1,102	2,747
b	85% of line 2a	174	506	718	937	2,335
c	Qualifying distributions from Part XII,	4,1		,110	33,	
·		248,645	202,575	190,646	114,932	756,798
	line 4 for each year listed	240,043	202,373	190,040	114,932	130,130
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	248,645	202,575	190,646	114,932	756,798
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets	95,741	171,090	197,191	215,603	679 <b>,</b> 625
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	95,741	171,090	197,191	215,603	679,625
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in			•		
	Part X, line 6 for each year listed					
_	"Support" alternative test – enter					
С						
	(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					
Pŧ	ert XV Supplementary Inform	nation (Complete	this part only if t	he foundation had	1 \$5,000 or more i	n assets at
	any time during the ye					
1	Information Regarding Foundation Mai					
а	List any managers of the foundation who h	-	han 2% of the total con	tributions received by t	he foundation	
-	before the close of any tax year (but only if			•		
	N/A	. they have commedical	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	List any managers of the foundation who o	wa 10% or more of the	stock of a corneration	(or an equally large no	tion of the	·
	ownership of a partnership or other entity)					
	N/A	or willow the loundation	Thas a 1070 or greater	morest		
	Information Regarding Contribution, G	rent Cift Lean Cabal	lasahin ata Deassan			
2	<u>-</u> -					
	Check here ► X if the foundation only		•	-		
	unsolicited requests for funds If the found		s, etc (see instructions	s) to individuals or orga	nizations under	
	other conditions, complete items 2a, b, c,					
а	The name, address, and telephone number		n to whom applications	s should be addressed		
	Renu Maslovich 989-4					
	Gratiot Community Ho	spital Alma	MI 48801			
b	The form in which applications should be s	submitted and information	on and materials they s	should include		
	N/A					
С	Any submission deadlines					
-	N/A					
	Any restrictions or limitations on awards, s	such as by deographical	areas, charitable field	s, kinds of institutions of	or other	<del>-,</del>
u	factors	ac ay goograpinoai	a. oas, snamasis neiu-	_, Ji montationis, t		
	N/A					
	11/11		· · · · · · · · · · · · · · · · · · ·			

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Gratiot Comm. Hosp N/A Various None MI 48801 Medical Expense 137,812 MidMi Med Ctr - Gratiot N/A Various None MI 48801 Medical Expense 25,234 Other hospitals Various N/A None MI 48801 Medical Expense 14,991 Doctors N/A Various None MI 48801 Medical Expenses 16,457 Pharmacies N/A Various None MT 48801 Medical Expense 8,174 Patient reimbursements N/A Various None MI 48801 Medical Expense 11,266 Patient Insurance Premium N/A Various Medical Expense None MI 48801 26,942 Other medical expenses N/A Various None MI 48801 Medical Expense 7,769 248,645 Total ▶ 3a Approved for future payment N/A ▶ 3b **Total** 

₽ŧ	irt XVI-A	Analysis of Income-Producing Activ	VITIES				
		unts unless otherwise indicated		(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 F	Program sen	vice revenue.			COUL		(See instructions )
				·	-		
				<del></del>	+		
•			-				
1							
•	Fees and	d contracts from government agencies					
	=	dues and assessments					
	-	avings and temporary cash investments			14	205	
		d interest from securities					
5 1	Net rental inc	come or (loss) from real estate					
ē	Debt-fina	anced property			1		
t	Not debt	-financed property			ļ		
6 1	Net rental inc	come or (loss) from personal property			-		
		ment income			1		
	-	) from sales of assets other than inventory					
		or (loss) from special events					
		or (loss) from sales of inventory			+		
		ue a					<del></del>
	- -		-				
		d columns (b), (d), and (e)			0	205	0
		ne 12, columns (b), (d), and (e)				13 _	205
		n line 13 instructions to verify calculations )					
Pa	ert XVI-B	Relationship of Activities to the Ac	complishme	ent of Exempt P	urposes	3	
	ine No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose					)
	N/A					·	
							<del></del>
					<del> </del>		
-							
							· <u></u>
		****		•			
	****						
				<del></del>			
				·			<del></del>
		4.00					
					•		
			<del></del>				

Pa				nsfers To and Transact	ions and Relation	ships With Noncharitable	<b>3</b>		
1		Exempt Organiza		ın any of the following with any	other organization desc	rihed	1	Yes	No
'				501(c)(3) organizations) or in s			1		
	organization	• •	man sconon	1 00 1(0)(0) organizations) or in o	collors 527, relating to p	ontoar		1	
а	-		tion to a non	charitable exempt organization	of:			I	
4	(1) Cash	on the reporting rounds		onantable exempt organization.	ν <b>ι</b>		1a(1)	Ī	X
	(2) Other as	zeate					1a(2)		X
ь	Other transa						1-1-1		
		assets to a noncharital	ble exempt o	rganization			1b(1)	Ī	X
	• •	es of assets from a nor	•	<u> </u>			1b(2)		X
		of facilities, equipment,					1b(3)		X
	` '	rsement arrangements					1b(4)		X
		r loan guarantees					1b(5)		X
	(6) Perform	ance of services or me	mbership or f	fundraising solicitations			1b(6)		X
С	Sharing of fa	icilities, equipment, ma	ling lists, oth	er assets, or paid employees			1c		X
d	If the answe	r to any of the above is	"Yes," compl	lete the following schedule Colu	ımn (b) should always s	show the fair market			
	value of the	goods, other assets, or	services give	en by the reporting foundation. I	f the foundation receive	d less than fair market			
	value in any	transaction or sharing	arrangement	show in column (d) the value of	f the goods, other asse	ts, or services received			
	a) Line no	(b) Amount involved	(c) Nam	e of nonchantable exempt organization	(d) Descrip	tion of transfers, transactions, and sharing ar	rangements	3	
1/1	<u> </u>								
						·			
		<u> </u>		······					
		<u> </u>							
		<u> </u>							
	<u> </u>								
							· · · · · · · · ·		
	described in If "Yes," com	section 501(c) of the Copplete the following sch	ode (other th	th, or related to, one or more ta nan section 501(c)(3)) or in secti		(a) Passaches of elektrophys	Yes	s X	No
	N/A	a) Name of organization		(b) Type of organization		(c) Description of relationship			
1	N/A								
						·			
		· · · · ·				.,			
						to the best of my knowledge and belief, it	s true,		
	correct, ar	nd complete Declaration of pi	eparer (other the	an taxpayer) is based on all information	of which preparer has any kno	wiedge May the IRS disc	uss this reti	ım	
Sigr	1	$\Omega$	_			with the preparer (see instructions		w 'es	¬ <sub>No</sub> ∫
ler	₽   、	111	>	1	ib/171 .	<u> </u>	<u>, [] , </u>		1
		1/	<u></u>		11119	<u>Chair</u>			
	Signa	ature of officer or trustee			Date	Title			
	Print/Ty	pe preparer's name		Prepared sysigi	natufe (C	Date	,	Check	ıf
aid				X	6 /K/_			self-em	ployed
	arer Micha	ael R. Zimmern		<u> </u>	war 1 /s	11/2		10-	
Jse (	Only Firm's n			P.C.	-/		0039		
	Firm's a		Eastma				-2706		
		Midla	ind, MI	48640-2518		Phone no 985	9-631		
							Form 990	U-PF	(2012)

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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2012

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** 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 331/3 % 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, total contributions 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 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 total 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, chantable, etc., contributions of \$5,000 or more 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 Part I, 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) (2012)

Page 1 o

of 1 of Part I

Name of organization

raye 1 01 1

Employer identification number

Pardee Cancer Treatment Fund of 38-3532130 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Elsa U. Pardee Foundation 1 Person 812 West Main Street Payroli 175,000 Noncash Midland MI 48640 (Complete Part II if there is a noncash contribution) (c) (b) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli Noncash (Complete Part II if there is a noncash contribution ) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total 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 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person

\$

\$

(c)

**Total contributions** 

(Complete Part II if there is a noncash contribution)

**Payroll** 

Person Payroll

Noncash

Noncash

(Complete Part II if there is a noncash contribution )

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. (99)

► Attach to your tax return.

Attachment Sequence No

Pardee Cancer Treatment Fund of Identifying number Name(s) shown on return Gratiot County 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 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 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 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2013 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 Property subject to section 168(f)(1) election 15 370 Other depreciation (including ACRS) 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 2012 17 17 18 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 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property placed in (business/investment use (e) Convention (a) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property С d 10-year property e 15-year property 20-year property 25 yrs S/I 25-year property S/L Residential rental 27 5 yrs MM property 27 5 yrs ММ S/L ММ Nonresidential real 39 yrs S/L property ММ S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 40-year MM S/L 40 yrs **Part IV** Summary (See instructions.) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 370 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

11/25/2013 3:20 PM Adjusted Net 1-2 Income Charitable Purpose S Net Investment Income Adjusted Net S Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees 26 288 370 55 **Current Year Depreciation** Statement 2 - Form 990-PF, Part I, Line 19 - Depreciation ሪን Investment 10 10 10 10 10 1167 S S Life Federal Statements Method 20 Total  $S/\Gamma$ S/IS/I $S/\Gamma$ S/IS/IS/IS/I226 300 395 385 25 1,255 74 2,661 Prior Year Depreciation 051744730 Pardee Cancer Treatment Fund of Office Equipment (Chair & Desk) 7/12/00 1,255 Description ረን 226 300 395 276 253 1,442 1,167 5,314 Indirect Accounting Fees Cost Basis Vertical File Cabinet 10/12/11 Description HP Probook Computer 6/15/11 Peachtree Software File Cabinet (2) Storage Cabinet Color Laserjet 2/09/01 \$ FYE: 9/30/2013 Lateral File 8/09/00 8/15/02 6/15/11 6/15/11 Acquired Total Total 38-3532130

Statemer	rederal St	Federal Statements		
Cocrinting	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	rt I, Line 23 - Othe	Expenses	
	Total	Net Investment	Adjusted Net	Charitable Purpose
	· φ	w.	W.	٠ •
Expenses Contracted services Office expenses Insurance	16,234 871 1,497			
Postage Miscellaneous Total	465 126 \$ 19,193	\$	\$	\$
Statement 4 - Fo	Statement 4 - Form 990-PF, Part II, Line 14	1 2	- Land, Building, and Equipment	
	Beginning Net Book		End Accumulated	d FMV
Furniture & Equipment Total	\$ 2,653	\$ 5,31	\[ \dots \  \dots \	w w
Statement 5 - Form 990-PF, Part VI	90-PF, Part VIII, Line 1	- List of Officers, I	III, Line 1 - List of Officers, Directors, Trustees, Etc.	
Name and Address	Title	Average Hours Comp	Compensation Benefits	Expenses
Kathleen Crumbaugh 315 E Warwick Drive, Suite C Alma MI 48801	Chair		0	0
Chuck Fortino 315 E Warwick Drive, Suite C Alma MI 48801	Vice Chair	1.00	0	0
Nancy Fenn 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0
				3-5

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2013	Federal S	Federal Statements	S	11//	11/25/2013 3:20 PM
Statement 5 - Form 990-PF, Part	)-PF, Part VIII, Lir Etc. (co	ne 1 - List of (	VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
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
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 Hirschman 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
					ιc

50-5552 155 FYE: 9/30/2013					•
Statement 5 - Form 990-PF,	Part	ine 1 - List of continued)	VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	s, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Bernard Siler 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0		
					5