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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

			dar year 2014 or tax year beginning $\pm 0 / 0 \pm / \pm 4$, and ending 09/	<u> </u>)/ID	A Empl	oyer identification number		
		Name of foundation Pardon Candor Troatment Fund of					A Empi	oyer identification number		
•	Pardee Cancer Treatment Fund of						3,8	-3532130		
	Plus	Gratiot County Number and street (or PO box number if mail is not delivered to street address) Room/suite					B Telephone number (see instructions)			
		Number and street (or PO box number if mail is not delivered to street address) 315 E Warwick Drive, Suite C					-	9-463-9319	•	
	City	or town	n, state or province, country, and ZIP or foreign postal code						chael base	
		lma	MI 48801	<u> </u>			C ii exe	mption application is pending,	Check here	
	GC	heck	all that apply: Initial return Initial	return of a former public	c cha	arity	D 1. Fo	oreign organizations, check he	re 🕨	
			Final return Amen	ded return			2 F	oreign organizations meeting t	he	
S			Address change Name	change			85	6% test, check here and attach	computation >	
SCANNED	н с	heck	type of organization: X Section 501(c)(3) exempt pr	ivate foundation			E If priv	ate foundation status was term	ninated under	
Ź				xable private foundation	า		section	n 507(b)(1)(A), check here	▶ [_]	
Z			rket value of all assets at J Accounting meth	od. Cash A	Accru	ual	F If the	foundation is in a 60-month te	rmination	
H			ear (from Part II, col (c), X Other (specif		C	ash	under	section 507(b)(1)(B), check h	ere 🕨 📘	
		e 16)		**						
AUG		art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	П	(b) Net inves		(a) Advested not	(d) Disbursements for charitable	
	•. •		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		(b) Net inves income		(c) Adjusted net income	purposes	
8			the amounts in column (a) (see instructions))		- 1		<u>.</u>		(cash basis only)	
6		1	Contributions, gifts, grants, etc., received (attach schedule)	198,55	24					
201E		2	Check ▶	1 .	56		166	166		
ىت		3	Interest on savings and temporary cash investments		20		100	100		
		4	Dividends and interest from securities		\dashv					
		5a	Gross rents		\dashv					
	Pe	Ь	Net rental income or (loss)	-38	20					
	ē	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1		3.5					
	Revenue	b	Gross sales price for all assets on line 6a		\dashv		0		1	
		7	Capital gain net income (from Part IV, line 2)		-			0		
		8	Net short-term capital gain		-+				,	
		9	Income modifications		十					
		10a	Gross sales less returns and allowances		十					
	٠	b	Less: Cost of goods sold Gross profit or (loss) (attach schedule)		\dashv					
		C 11	Other income (attach schedule)		\dashv				1	
		12	Total. Add lines 1 through 11	198,32	29		166	166		
	-	13	Compensation of officers, directors, trustees, etc.		0					
	penses	14	Other employee salaries and wages		T					
	ž.	15	Pension plans, employee benefits							
2	•	16a	Legal fees (attach schedule)							
20	Ü	b	Accounting fees (attach schedule) Stmt 2	2	25	· · ·		#012	15	
9	Administrative	c	Other professional fees (attach schedule)					11012		
8	rat	17	Interest RF(CEIVED	\perp			UL 0 6 2016		
=	ist	18	Taxes (attach schedule) (see instructions)	<u>() </u>	_			OL 0 0 2010		
JE J	Ē	19	Depreciation (attach schedule) and depletion as tmt. 3	0 60)2		-			
Q	퉌	20	Occupancy	U 1. 2016 191	_		Re	cv'd Entity		
3		21	Travel, conferences, and meetings		\dashv					
5	and	22	Printing and publications OGD	EN UT	_					
,		23	Other expenses (att sch)	19,38	35				15,110	
~	Ë	24	Total operating and administrative expenses.						45 405	
W	e <u>r</u> a		Add lines 13 through 23	20,01			0	0	15,125	
23241	Operating	25	Contributions, gifts, grants paid	109,98	_				109,984	
04	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	129,99	10		. 0	0	125,109	
J		27	Subtract line 26 from line 12:							
		а	Excess of revenue over expenses and disbursements	68,33	3		166			
		b	Net investment income (if negative, enter -0-)		+		166	_1_66		
		С	Adjusted net income (if negative, enter -0-)					TOO	Form 990-PF (2014)	
	For l	aper	work Reduction Act Notice, see instructions.			etolercrorrendendercried	Particular		2011 230-1-1- (2014)	

Fo	rm 990	o-PF (2014) Pardee Cancer Treatment Fund of	E	38-35321	.30	Page 2		
	Part I	Ralance Chaots Attached schedules and amounts in the description column		Beginning of year		End of year		
	-art i	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Т	ì	Cash – non-interest-bearing		89,091	158,03	2 158,032		
	2	Savings and temporary cash investments						
	3	Accounts receivable ▶						
1		Less allowance for doubtful accounts ▶				 		
	4	Pledges receivable ▶			· ·	** M ** *** *** ***		
		Less allowance for doubtful accounts ▶						
	5	Grants receivable		<u> </u>				
	6	Receivables due from officers, directors, trustees, and other		1				
		disqualified persons (attach schedule) (see						
	_	instructions)						
	7	Other notes and loans receivable (att schedule)	0					
		Less: allowance for doubtful accounts ▶	U			 		
Assets	8 9	Inventories for sale or use Prepaid expenses and deferred charges				 		
ISS	9 10a	Investments – U.S and state government obligations (attach schedule)						
~	b	Investments – corporate stock (attach schedule)		-		 		
	c	Investments – corporate bonds (attach schedule)						
	11	Investments – land, buildings, and equipment basis		» ^				
-	••	Less accumulated depreciation (attach sch)		·		· Maria and and an experience of		
-	12	Investments – mortgage loans						
	13	Investments – other (attach schedule)						
-	14	Land, buildings, and equipment basis > 4,53						
		Less accumulated depreciation (attach sch) ► Stmt 5 3,70	56	1,372	764	764		
	15	Other assets (describe ▶)					
	16	Total assets (to be completed by all filers – see the						
\downarrow		instructions. Also, see page 1, item I)		90,463	158,796	158,796		
	17	Accounts payable and accrued expenses				* ·		
(6)	18	Grants payable				· j		
ţį	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			<u>-</u>	-		
Lia	21	Mortgages and other notes payable (attach schedule)		-		- !		
	22	Other liabilities (describe)	0		╣ ;		
+	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	X			4		
S		and complete lines 24 through 26 and lines 30 and 31.	22					
9	24	Unrestricted		90,463	158,796	5		
Net Assets or Fund Balances	25	Temporarily restricted		30,100		1		
ä	26	Permanently restricted				1		
		Foundations that do not follow SFAS 117, check here						
딘		and complete lines 27 through 31.				•		
0 8	27	Capital stock, trust principal, or current funds				<u> </u>		
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund				,		
Ass	29	Retained earnings, accumulated income, endowment, or other funds				ĺ		
et	30	Total net assets or fund balances (see instructions)		90,463	158,796	<u> </u>		
Z	31	Total liabilities and net assets/fund balances (see						
\perp	_	instructions)		90,463	158,796	<u> </u>		
_	Part				· · · · · · · · · · · · · · · · · · ·			
1		I net assets or fund balances at beginning of year – Part II, column (a), line 3	u (mu	ist agree with		00 463		
_		of-year figure reported on prior year's return)			1 2	90,463		
_		r amount from Part I, line 27a			3	68,333		
3		er increases not included in line 2 (itemize)			4	158,796		
_		lines 1, 2, and 3 reases not included in line 2 (itemize) ▶			5	1,0,790		
5 6		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) – Part II, coli	umn /	(b). line 30	6	158,796		
_0	iola	Thet assets of fund balanoss at end of year time 4 fillings line of that it, con		-,,	1 0	Form 990-PF (2014)		

Form 990-PF (2014) Pardee Car Part IV Capital Gains and L	ncer Treatment Fun		38-3532130		Page
	kind(s) of property sold (e g , real estate, e, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)
1a N/A					
b					
<u>c</u>					
d				- · · · -	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) lus (f) minus (g)
<u>a</u>	· -				
<u>b</u>					
C					
d e					
Complete only for assets showing gair	n in column (b) and owned by the fou	indation on 12/31/	69		
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col (k), bu	(Col (h) gain minus t not less than -0-) or es (from col (h))
a					
b					
С		. <u>-</u>			
<u>d</u>					
е					
2 Capital gain net income or (net capital	loss) If gain, also enter in P			2	
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colu	* * * * * * * * * * * * * * * * * * * *	_			
Part I, line 8 Part V Qualification Under	Section 4940(e) for Reduce	ad Tay on Net	Investment Inco	3	
(For optional use by domestic private foun				1116	
•		a) tax on net inves	unent income.		
If section 4940(d)(2) applies, leave this pa	rt blank.				N/A
Was the foundation liable for the section 4 If "Yes," the foundation does not qualify ur			base period?		Yes No
1 Enter the appropriate amount in each	column for each year; see the instruc	ctions before maki	ng any entries		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	e of noncharitable-use asset	s (col	Distribution ratio (b) divided by col (c))
2013					
2012					
2011					
2010					·
2009					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5-year number of years the foundation has be	-	ne 2 by 5, or by the	•	3	
		_			
4 Enter the net value of noncharitable-u	se assets for 2014 from Part X, line t	b		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income (1	% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from Par				8	
If line 8 is equal to or greater than line Part VI instructions.	7, check the box in Part VI, line 1b,	and complete that	part using a 1% tax r	ate. See the	
					- 000 DE

<u>Form</u>	990-PF(2014) Pardee Cancer Treatment Fund of 38-3532130				F	age 4
	rt VI 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 ▶ 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	1				
	here ▶ and enter 1% of Part I, line 27b	i				
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-)	2				0
3	Add lines 1 and 2	3				<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0
6	Credits/Payments.	į		/		
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					,
b	Exempt foreign organizations – tax withheld at source					3
C	Tax paid with application for extension of time to file (Form 8868)					*
d	Backup withholding erroneously withheld 6d 6d		-	٠		_
7	Total credits and payments Add lines 6a through 6d	7				
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	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be. Credited to 2015 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					
	Instructions for the 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			_		
C	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
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	_		5		1
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.				4	4
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>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					r
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			i		
	By language in the governing instrument, or		1	i		•
	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	Х	
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	ΧV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					1
	MI			i		;
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			[
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-		
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (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				l	
	names and addresses]	10		<u>X</u>
			_	no	$\Lambda_{-}DE$	

Form	990-PF(2014) Pardee Cancer Treatment Fund of 38-3532130		F	age 5
Pa	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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			I
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ www.pardeefoundation.org			
14	The books are in care of ▶ Renu Maslovich Telephone no. ▶ 989-	-463-	-931	L9
	315 E Warwick Drive			
	Located at ▶ Alma MI ZIP+4 ▶ 488	01		
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			
16	At any time during calendar year 2014, 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	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			
	"Yes," enter the name of the foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):			:
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Ì	l	1 :
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	disqualified person? Yes \overline{X} No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	ŀ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	- 1		ī
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1 ;
	the benefit or use of a disqualified person)? $oxed{X}$ No	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	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.)		`	,
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1 <u>b</u>	ļ	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			'
_	were not corrected before the first day of the tax year beginning in 2014? N/A	. <u>1c</u>		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			1
				1
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		i
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ŀ		· '
	all years listed, answer "No" and attach statement – see instructions.) N/A		-	
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 , 20			1 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ŀ		
Ja	at any time during the year?	1		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
-	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	,		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			,
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			1
	foundation had excess business holdings in 2014) N/A	. 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
•	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X
		Form 99	0-PF	

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Pa	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be R	equired (cont	ınued)			_
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 4	945(e))?		∕es X No			1
	(2) Influence the outcome of any specific public election (see section 4955), or to	o carry on,					ŧ
	directly or indirectly, any voter registration drive?		<u> </u>	∕es X No			,
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		<u> </u>	∕es ∑ No			Į.
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 4945(d)(4)(A)? (see instructions)		<u> </u>	∕es ∑ No			٠ :
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational					
	purposes, or for the prevention of cruelty to children or animals?			∕es ∑ No			į
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under						ا
	Regulations section 53 4945 or in a current notice regarding disaster assistance		•	N/A	5b		_
	Organizations relying on a current notice regarding disaster assistance check he			▶ [_]			!
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax				`	İ
	because it maintained expenditure responsibility for the grant?		N/A 📙 🕦	res No	l		•
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						į
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums		. 🕶			;
	on a personal benefit contract?			res X No		l- <u>-</u>	t
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr	act?		6b	<u> </u>	_
	If "Yes" to 6b, file Form 8870			. 🖼	l		1
	At any time during the tax year, was the foundation a party to a prohibited tax shi			res X No			. !
	If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transac	tion?	N/A	7b		_
Pā	Information About Officers, Directors, Trustees, Fo	unuation man	agers, nighty	raiu Ellipioy	ees,		
1 1	and Contractors .ist all officers, directors, trustees, foundation managers and their compensation.	ation (see instruc	tions).				-
	ist all officers, directors, trustees, foundation managers and titel compense			(d) Contributions to			_
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense account,	
	(a) Hamb and address	devoted to position	`enter -0-)	plans and deferred compensation	otne	r allowances	
Se	e Statement 6					-	_
56	e beacement v						
							_
							_
		_					
							_
2	Compensation of five highest-paid employees (other than those included o "NONE."	n line 1 – see ins	tructions). If non	e, enter			_
		(b) Title, and average		(d) Contributions to	ļ , -		
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		ense account, rallowances	
		devoted to position		compensation			_
NC	NE						
		_			<u> </u>		_
			1				
				-	-		_
					-		_
		}					
							_
		ŀ					
	Learning of the complete on part over \$50,000	L		l		1 /	7
Tota	I number of other employees paid over \$50,000					<u> </u>	<u>_</u>

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Part VIII	Information About Officers, Directors, Trustees, Found	dation Managers, Highly Paid I	Employees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE."	··-
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			-
	South and a south OFO 000 for professional consists		
lotal number of	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
List the foundation organizations and	's four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 Assis	sts individuals with cancer related e	expenses	
		•	
			109,985
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		·	
2			
All other program-	related investments. See instructions		
3			
Total. Add lines	1 through 3	<u></u>	1

-orn	n 990-PF (2014) Pardee Cancer Treatment Fund of 38-3532130		Page 8
Pa	art X: Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın fou	ındations,
	see 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	206,970
¢	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	206,970
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	206,970
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	3,105
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	203,865
6	Minimum investment return. Enter 5% of line 5	6	10,193
Pi	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	dations
	and certain foreign organizations check here ▶X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (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 instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
_Pa	art XII Qualifying Distributions (see 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	125,109
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	125,109
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	125,109
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2014)

Excess from 2010 Excess from 2011 Excess from 2012 Excess from 2013 Excess from 2014

P	art XIV Private Operating Fou	ındations (see ins	structions and Par	t VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ing		
	foundation, and the ruling is effective for	2014, enter the date o	f the ruling	•		N/
b	Check box to indicate whether the foundation	ation is a private opera	ting foundation descri	bed in section X 49	942(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for					
	each year listed	166	148	205	595	1,11
ь	85% of line 2a	141	126	174	506	94
С	Qualifying distributions from Part XII,	,				
	line 4 for each year listed	125,109	182,515	248,645	202,575	758,84
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	125,109	182,515	248,645	202,575	758,84
3	Complete 3a, b, or c for the		102,515	210,013	2027373	730,04
3	alternative test relied upon					
_	"Assets" alternative test – enter:					
а	(1) Value of all assets	158,796	90,463	95,741	171,090	516,09
	`'	130,730	J0, 1 03		171,000	
	(2) Value of assets qualifying under	158,796	90,463	95,741	171,090	516,09
	section 4942(j)(3)(B)(i)	138,730	50,405	73,741	171,090	310,09
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 , , , , , ,					
	(3) Largest amount of support from an exempt organization N/A					
	(4) Gross investment income N/A art XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5 000 or more	in accete et
i.	any time during the ye	• •	•	ine roundation n	ad \$5,000 or inore	III assets at
1	Information Regarding Foundation Ma		10113.7			
	List any managers of the foundation who		a than 2% of the total (contributions recoved	by the foundation	
а	before the close of any tax year (but only				-	
	N/A	ii tiley have continuate	ed more man \$5,000).	(See Section 507(d)(2)	,	
	List any managers of the foundation who	own 10% or more of the	he stock of a corporati	on (or an equally large	portion of the	
b	ownership of a partnership or other entity		•	, , , ,	portion of the	
	N/A) or winch the loundari	on mas a 10% or great	er interest.		
2	Information Regarding Contribution, G	rant Gift Loan Sch	olarchin etc. Progra	me:		
2	Check here $\triangleright \overline{X} $ if the foundation only				one not appent	
	unsolicited requests for funds. If the found		-	-	•	
			anis, etc. (see instructi	ons) to individuals of C	nganizations under	
	other conditions, complete items 2a, b, c. The name, address, and telephone numb		f the person to whom	annivertions should be	addraga ad	
а			or the person to whom	applications should be	addressed.	
	Renu Maslovich 989-4		MT 40001			
	Gratiot Community Ho					
b	The form in which applications should be	submitted and informa	ation and materials the	ey should include.		
	N/A		<u>-</u>			
С	Any submission deadlines					
_	N/A		<u> </u>	-		
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fie	elds, kınds of ınstitutior	ns, or other	
	factors:					
	N/A					

Form 990-PF (2014) Pardee Cancer Treatment Fund of 38-3532130 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Gratiot Comm. Hosp Various N/A NC Alma MI 48801 Medical Expense 40,271 MidMi Med Ctr - Gratiot NC N/AVarious Medical Expense Alma MI 48801 458 Other hospitals NC N/A Various Medica1 None MI 48801 Expense 9,040 Doctors NC N/A Various Medical|Expenses None MI 48801 43,368 Pharmacies N/A NC Various None MI 48801 Medical Expense 2,743 Patient reimbursements Various N/A NC None MI 48801 Medica1 Expense 9,460 Patient Insurance Premium N/A INCVarious None MI 48801 Medica1 Expense 991 Other medical expenses NC N/AVarious Medica1 None MI 48801 Expense 3,653 ▶ 3a 109,984 Total **b** Approved for future payment

N/A

Total

▶ 3b

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)
N/A	
,	
<u> </u>	
-	
	
	
	

48640-2518

Midland,

MI

989-<u>631-6060</u>

Phone no

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

Department of the Treasury Internal Revenue Service

Name of the organization

Pardee Cancer Treatment Fund of

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

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

2014

Gratiot Co	ounty	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						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the Gener	al Rule and a Special Rule. See					
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Se ontributions.						
Special Rules							
regulations under se	described in section 501(c)(3) filing Form 990 or 990-EZ that me ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A d that received from any one contributor, during the year, total co the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)					
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 he year, total contributions of more than \$1,000 exclusively for renal purposes, or for the prevention of cruelty to children or animal	eligious, charitable, scientific,					
contributor, during the contributions totaled during the year for a General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it m	ution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 0-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 its rm 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Page 1 of 1

Name of organization

Employer identification number 38-3532130

Paru	ee Cancer Freachenc Fund Or		-3332130
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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 for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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051744730 Pardee Cancer Treatment Fund of 38-3532130

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	ı	
FYE: 9/30/20		
E: 9/30/2(
2015		
	ı	

•	Net Gain / Loss	-389	-389
	i	ᡐ	\.\.\
	Depreciation	778	778
		↔	l ∿ I
	Expense		0
		↔	\ ∿
	Cost	1,167	1,167
How Received	Sale Price	Purchase \$	\$ 0
	Date Sold	9/30/15 \$	
Description	Date Acquired	6/15/11 9/30/15	
	Whom Sold	Color Laserjet	Total

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Net Adjusted Charitable Investment Net Purpose	\$ \$	\$ 0 \$ 5
Total	\$ 25	\$ 25
Description	Indirect Accounting Fees	Total

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	10					
	Net Investment Adjusted Net Income	٠ ٠					
	Current Year Depreciation	\$				289	233
	Life	10 \$	10	10	10	ιO	Ŋ
:	Method	S/L	S/L	S/L	S/L	S/L	S/L
	Prior Year Depreciation	226	300	1,255	395	961	545
Description	Cost Basis D	226 \$	300	(Chalr & Desk) 1,255	395	cer 1,442	1,167
	Date Acquired	Storage Cabinet 2/09/01 \$	#11e Cabinet (2) 8/09/00	UIIICE Equipment 7/12/00	Lateral File 8/15/02	HP Probook Computer 6/15/11	6/15/11

051744730 Pardee Cancer Treatment Fund of

1

Federal Statements

38-3532130 FYE: 9/30/2015

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	₩			0
	Net Investment Adjusted Net Income	❖			\$
	Current Year Depreciation	\$ 55	25		\$ 602 \$
	Life	ις	10	2	
	Method				
		$\mathrm{S/L}$	S/L	S/L	
	Prior Year Depreciation	184	16		3,942
Description	 	276 \$	253	383	5,697 \$
_	Cost Basis	tware	cabinet		\$\frac{1}{2}
	Date Acquired	Peachtree Software 6/15/11 \$	Vertical File 10/12/11	HP Printer 9/16/15	Total

Charitable Purpose	\$ 13,916 914 59 221	\$ 15,110
Adjusted Net	₩	\oldsymbol{o}
Net Investment	\$	٠ ٠
Total	\$ 17,395 1,524 98 368	\$ 19,385
Description	Expenses Contracted services Insurance Postage Miscellaneous	Total

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Statement 5 - Form 990-P	990-PF,	Part II, Line	I, Line 14 - Land	d, Building, a	ınd Equip	<u>ment</u>		
Description	₩Ž	ginning et Book	Ö	End Cost / Basis	End Ac Dep	End Accumulated Depreciation		Net FMV
Furniture & Equipment	❖	1,372	❖	4,530	\$	3,766	৵	764
Total	₩.	1,372	w.	4,530	w	3,766	ψ	764

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2015	Fe	deral Statements	S	1/6	1/6/2016 12:42 PM
Statement 6 - Form 990-PF,	n 990-PF, Part VIII, Line	1 - List of O	Part VIII, Line 1 - List of Officers, Directors, Trustees,	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Rick Beracy 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Chuck Fortino 315 E Warwick Drive, Suite C Alma MI 48801	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	Vice Chair	1.00	0	0	0
Shelly Betancourt 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
Topher Goggin 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
Dr. Dale Nester 315 E Warwick Drive, Suite C Alma MI 48801	Secretary	1.00	0	0	0
Becky Hirschman	Treasurer	1.00	0	0	0
					9