

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



990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DAA

▶ 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.

		dai your 2010 or tax your beginning 10/01/15	, and ending 09,	30/10					
		undation			A Emp	loyer identification number			
Pardee Cancer Treatment Fund of						2520120			
Gratiot County Number and street (or PO box number if mail is not delivered to street address) Room/suite						38-3532130			
		E Warwick Drive, Suite C		Room/suite		phone number (see instruction $19-463-9319$	is)		
		n, state or province, country, and ZIP or foreign postal code	<u>-</u> -		70	3-403-3313			
	1ma				C If ex	emption application is pending	, check here		
G	Check		urn of a former public	c charity	D 1. F	oreign organizations, check h	ere 🕨		
		Final return Amende	•		ŀ	oreign organizations meeting			
		Address change Name ch				5% test, check here and attack			
H (heck	type of organization: X Section 501(c)(3) exempt private			- - - -				
			te foundation ble private foundation			vate foundation status was teri on 507(b)(1)(A), check here	minated under		
		rket value of all assets at J Accounting method.		ccrual					
		rear (from Part II, col. (c), X Other (specify)	Modified		i i	e foundation is in a 60-month te er section 507(b)(1)(B), check h			
	ne 16)			Casii					
Pa		Analysis of Revenue and Expenses (The total of				Γ	(d) Disbursements		
i s		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		et investment income	(c) Adjusted net income	for charitable		
		the amounts in column (a) (see instructions))	books		TICOTTO	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	227,86			*	*		
	2	Check ▶ if the foundation is not required to attach Sch. B		(3 %, 8	*	¥.	-		
	3	Interest on savings and temporary cash investments	23	38	238	238			
	4	Dividends and interest from securities							
	5a	Gross rents					* ` .		
힏	b	Net rental income or (loss)	, 80		3 3.	<i>*</i> ,× , , , ,	* *		
ĭ	6a	Net gain or (loss) from sale of assets not on line 10				7	* '		
Revenue	b	Gross sales price for all assets on line 6a		*	1>4.3				
ď	7	Capital gain net income (from Part IV, line 2)	* *		C				
	8	Net short-term capital gain	***	,	*,*,*	0			
	9	Income modifications	33.43.	<i>i.</i> * * 53	*		*		
	10a	Gross sales less returns and allowances	* /	7 , 1	\$ *	*			
	b	Less. Cost of goods sold	ζ.v.		* 2×	* (
	C	Gross profit or (loss) (attach schedule)			* ' +		> *		
	11	Other income (attach schedule)	220 00	\ <u>\</u>	020	000	}		
<u>-</u>	12	Total. Add lines 1 through 11	228,09		238	238	<u> </u>		
₹ ₹ % ₹Ω xpenses	13 14	Compensation of officers, directors, trustees, etc.		0			 		
e Si	15	Other employee salaries and wages		-					
~გ.	16a	Pension plans, employee benefits Legal fees (attach schedule)			P	7-11/-7			
<u>~</u> Õ	b	Accounting fees (attach schedule) Stmt 1		4	40	100	20		
Z e	C	Other professional fees (attach schedule)		, =	· つ		20		
a E	17	Interest	<u> </u>	 	- FE	9 0 7 2017			
Operating and Administrative E	18	Taxes (attach schedule) (see instructions)			C The same of the		 		
Z . E	19	Depreciation (attach schedule) and depletion Stmt 2	33	2	1	The second secon			
ĶΕ	20	Occupancy		- -					
'n₹	21	Travel, conferences, and meetings		+					
ק	22	Printing and publications	14	.0			84		
g D	23	Other expenses (att sch) Stmt 3	23,12				17,970		
Ë	24	Total operating and administrative expenses.		1					
ra		Add lines 13 through 23	23,63	5	0	l 0	18,074		
be	25	Contributions, gifts, grants paid	141,02		. ,	,**	141,020		
0	26	Total expenses and disbursements. Add lines 24 and 25	164,65		0	0	159,094		
	27	Subtract line 26 from line 12		Ţ	. ,		. *,		
	а	Excess of revenue over expenses and disbursements	63,44	3					
	b	Net investment income (if negative, enter -0-)	× ,		238		, , , , , , , , , , , , , , , , , , ,		
	С	Adjusted net income (if negative, enter -0-)	*, 3 , , , .			238			
For F	aper	work Reduction Act Notice, see instructions.				210 0	Form 990-PF (2015)		

<u>F</u>	orm 99	0-PF(2015) Pardee Cancer Treatment Fund	of	38-35321	30	Page 2
	Part			Beginning of year	End	of year
_	rait	should be for end-of-year amounts only (See instructions)	_	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		158,032	220,83	7 220,837
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
	•	Less ⁻ allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less. allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	<u> </u>	disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)			-	• •
		Less: allowance for doubtful accounts ▶	0			
şţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments land, buildings, and equipment basis ►		*	*	* *
		Less accumulated depreciation (attach sch)				
	12	Investments - mortgage loans		·		
	13	Investments – other (attach schedule)			······	
	14	•	224		-	
			822	764	1,40	1,402
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the		450 506		
_	17	instructions. Also, see page 1, item I)		158,796	222,23	222,239
	17	Accounts payable and accrued expenses			 ,	-
တ္သ	18	Grants payable			<u>-</u>	- ``
itie	19 20	Deferred revenue			<u>_</u> .	-
Liabilities	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule)				-
ڐ	22	Other liabilities (describe	,			4
	23	Total liabilities (add lines 17 through 22))	0		<u> </u>
\exists	-23		▶ X	<u> </u>	 '	7
S		and complete lines 24 through 26 and lines 30 and 31.				
ည	24	Unrestricted		158,796	222,239	
쿌	25	Temporarily restricted		1307130		4' -
ĕ	26	Permanently restricted	i			†
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	► □ l		 	┪ .
띡		and complete lines 27 through 31.	· □			
ō	27	Capital stock, trust principal, or current funds				,
둟	28	Paid-in or capital surplus, or land, bldg, and equipment fund				1
SS	29	Retained earnings, accumulated income, endowment, or other funds	Ì			1 / .
7	30	Total net assets or fund balances (see instructions)	ı	158,796	222,239	
ž	31	Total liabilities and net assets/fund balances (see	l		· · · · · · · · · · · · · · · · · · ·	7
		instructions)		158,796	222,239	9
	Part I	II Analysis of Changes in Net Assets or Fund Balanc	es		· · · · · · · · · · · · · · · · · · ·	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		st agree with		
		of-year figure reported on prior year's return)	`	-	1	158,796
2		r amount from Part I, line 27a			2	63,443
		r increases not included in line 2 (itemize) ▶			3	, , , , , , , , , , , , , , , , , , , ,
4		lines 1, 2, and 3			4	222,239
5		eases not included in line 2 (itemize) ▶			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	<u>olumn (</u> b	o), line 30	6	222,239

	<u>Cancer Treatment Fu</u>		<u>38-3532130</u>	<u> </u>	Page_
Part IV Capital Gains a	<u>nd Losses for Tax on Investn</u>	nent Income	T	, 	
	ibe the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acqui (mo , day, yr	
1a N/A		 	5 Donation		
b		-			
C					
				1	
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		h) Gain or (loss)) plus (f) minus (g)
a					
b	-				
с					
d					
е					
Complete only for assets showing	g gain in column (h) and owned by the	foundation on 12/31/	69	(I) Gaii	ns (Col. (h) gain minus
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	col (k),	but not less than -0-) or sses (from col (h))
a					
b					
_c					
d					
e					
2 Capital gain net income or (net ca	apital loss) If gain, also enter of the first specific form of the first s			2	
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and	_			
If gain, also enter in Part I, line 8,	column (c) (see instructions). If (loss)	, enter -0- in			
Part I, line 8				3	
Part V Qualification Ur	nder Section 4940(e) for Redu	uced Tax on Net	Investment Inco	ome	
(For optional use by domestic private	foundations subject to the section 494	40(a) tax on net invest	tment income.)		
If section 4940(d)(2) applies, leave th	is part blank.				N/A
	tion 4942 tax on the distributable amou		base period?		∐ Yes ∐ No
	ify under section 4940(e). Do not com	· · · · · · · · · · · · · · · · · · ·			
	each column for each year; see the ins	structions before maki	ng any entries		(4)
(a) Base period years	(b) Adjusted qualifying distribution	ns Net value	(c) e of noncharitable-use asse	te .	(d) Distribution ratio
Calendar year (or tax year beginning in)	rejused qualifying definition	1101 7414	C Of Horional Habit 230 2350		col (b) divided by col (c))
2014					
2013 2012					
2012					· · · · · · · · · · · · · · · · · · ·
2010					
					
2 Total of line 1, column (d)				2	
, ,	5-year base period – divide the total or	line 2 by 5, or by the			
_	as been in existence if less than 5 year			3	
number of years the loungation in	as been in existence in less than 5 year				
4 Enter the net value of noncharitat	ole-use assets for 2015 from Part X, lir	ne 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	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from				8	
_	line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax i	rate See the	
Part VI instructions.					

Forn	990-PF(2015) Pardee Cancer Treatment Fund of 38-3532130				F	Page 4
_P	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.					
	Date of ruling or determination letter: 11/03/05 (attach copy of letter if necessary—see instructions)		1			
b						
	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	_	1			
	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				
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:	>				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	·	` `	~	٠	
b	Exempt foreign organizations – tax withheld at source	- 1				ž,
С	Tax paid with application for extension of time to file (Form 8868) 6c				*	
d	Backup withholding erroneously withheld 6d		i			_
7	Total credits and payments Add lines 6a through 6d	7	L			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	L			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	L			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	L			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11				
	art 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		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				*	ļ
	published or distributed by the foundation in connection with the activities		ŀ	_		_
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.				i	
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_			i	
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?		1	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					
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_3		X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,		4a		X
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1	N/A	4b		<u> </u>
3	If "Yes," attach the statement required by General Instruction T.			5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		-	i		, '
•	By language in the governing instrument, or			٠ ا		
	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?				· •	~_)
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	W	}	6	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	ΧV	-	7		
Ju	MI			. 1		,
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			_	Ţ,	w - i
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		ŀ	8b	Х	*
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			_	v l	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		ŀ	9	X	
-	names and addresses			10		v
				10	0. DE	X

Forn	m 990-PF (2015) Pardee Cancer Treatment Fund of 38-3532130			P	age 5
_ <u>P</u>	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			Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			1	
	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	<u> </u>
	Website address ▶ www.pardeefoundation.org		عنا		٠
14	The books are in care of ▶ Renu Maslovich Telephone no	▶ 989	-463-	-931	9
	315 E Warwick Drive				_
	Located at ▶ Alma MI ZIP+4	▶ 488	301		
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 2015, 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	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			1	
	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.			Yes	No
1a	During the year did the foundation (either directly or indirectly):			1.03	 '''
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	s X No	o 🚶 🤇		5, 7,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	, 41			,
	disqualified person?	s X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	=			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<u> </u>			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	, 21 144	٠ .		
	the benefit or use of a disqualified person)?	x X No	, l		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	, 11			
	foundation agreed to make a grant to or to employ the official for a period after		3.5		,
	termination of government service, if terminating within 90 days.)	s X No	, `	,	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	, 22 140	١ ١	* *	3
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/.	A 16	~	* .
	Organizations relying on a current notice regarding disaster assistance check here		f ''	\vdash	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_ <u> </u>	1	·
	were not corrected before the first day of the tax year beginning in 2015?	N/.	A l 1c	-	-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	14/.		٧,	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		3, 3	, **, ,	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			1	
_	6e, Part XIII) for tax year(s) beginning before 2015?	X No	, .	l	\
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	21 100			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		× . 1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1		
	all years listed, answer "No" and attach statement – see instructions)	N/	A 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	147	*		· · · · · ;
	► 20 , 20 , 20 , 20		**		1 2 3 3
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			***	, * * **
	at any time during the year?	X No	、 .* *	*	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	22 140			[: ` ` ` .
~	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		1,3	/.* <u></u>	,,,
	foundation had excess business holdings in 2015.)	N/	A.	100	3
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	14 / 1			X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		4a	\vdash	- 1
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		1 å Å		X_
	organization purpose that ridd not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b		Λ

Form:	<u> 990-PF(2015) Pardee Cancer Treatment Fund of</u>	<u> </u>	<u> </u>			Pag	ge 6
	art VII-B Statements Regarding Activities for Which Form	1720 May Be R	Required (con	tinued)			
5a							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes X No		- 1	;
	(2) Influence the outcome of any specific public election (see section 4955); or t					- 1	
	directly or indirectly, any voter registration drive?	, ,		Yes X No		*	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	LJ			İ	,
	section 4945(d)(4)(A)? (see instructions)	accombac iii		Yes X No		İ	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		100 11 110			
	purposes, or for the prevention of cruelty to children or animals?	Coucationar		Yes X No			
		or the exceptions d		163 21 110			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under			N/A	5b	. [
	Regulations section 53.4945 or in a current notice regarding disaster assistance		·	N/A	30		
	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	N/A	Yes No			
	because it maintained expenditure responsibility for the grant?		N/A	Yes No			
_	If "Yes," attach the statement required by Regulations section 53.4945–5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums		v., 📆			
	on a personal benefit contract?			Yes X No	ا ا		v
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit conti	ract?		6b	\dashv	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 sh			Yes X No		j.	1
<u>b</u>	If "Yes," did the foundation receive any proceeds or have any net income attribut	table to the transac	ction?	N/A	7b	L	
Pá	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						
1	list all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Fy	pense acc	ount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowand	
		devoted to position	criter-0-y	compensation	ļ		
Se	ee Statement 5	ļ.		1			
					<u> </u>		
					↓		
		Į.			1		
							
			_				
2	Compensation of five highest-paid employees (other than those included of	n line 1 – see ins	tructions). If nor	ne, enter			
	"NONE."		_				
		(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense acc er allowanc	
		devoted to position		compensation	""		,,,,
NO	ONE			ľ			
							
		•		•			
		-					
		1					
					1		
					\vdash		
		}					
_	1	<u> </u>	I	1	┸		
Tota	I number of other employees paid over \$50,000						0
				F	orm 99	90-PF	(2015)

Form 990-PF (2015) Pardee Cancer Treatment Fund of	38-3532130	
Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid Em	ployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruction	ons). If none, enter "NONE."	_
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		1
		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 Assists individuals with cancer related exp	enses	
		141,020
2		
1		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3	1	
Total, Add lines 1 through 3		

<u>Forn</u>	1990-PF(2015) Pardee Cancer Treatment Fund of 38-3532130		Page 8
_ Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n fou	ndations,
	see instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	209,739
¢	Fair market value of all other assets (see instructions)	1c	0
þ	Total (add lines 1a, b, and c)	1d	209,739
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	209,739
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	3,146
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	206,593
6	Minimum investment return. Enter 5% of line 5	6	10,330
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	
•	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 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)	,	
C	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	, X	
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	159,094
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		
a	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	159,094
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	n
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	159,094
-	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		

	n 990-PF (2015) Pardee Cancer Treatmen art XIII Undistributed Income (see instructions	t Fund of	38-35321	.30	Page 9
	oridistributed income (see instructions	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
2	line 7				<u> </u>
∠ a	Undistributed income, if any, as of the end of 2015. Enter amount for 2014 only				
b			·		<u> </u>
3	Excess distributions carryover, if any, to 2015.			<u> </u>	
а					
b	From 2011	1			
c	From 2012				
d	From 2013	1			
е	From 2014	1		,	
f	Total of lines 3a through e	1		У	
4	Qualifying distributions for 2015 from Part XII,				*
	line 4 ▶ \$159,094	٠.			
а	Applied to 2014, but not more than line 2a			,	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election		,* `		
	required – see instructions)		* *		*
d	Applied to 2015 distributable amount			,	
е	Remaining amount distributed out of corpus	159,094	,		
5	Excess distributions carryover applied to 2015			*	<u> </u>
	(If an amount appears in column (d), the same	٠	• .		
	amount must be shown in column (a).)	\$			
6	Enter the net total of each column as	* ,	, ,		ŧ.
	indicated below:	x		,	* .
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	159,094		*	· \
ь	•	;			**
	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				
А	Subtract line 6c from line 6b Taxable			*	*
u	amount – see instructions	·			* *
e	Undistributed income for 2014. Subtract line			<u></u> _	
·	4a from line 2a Taxable amount – see	· *	*		
	instructions	٠			
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1. This amount must be	*	y		
	distributed in 2016		, ,		
7	Amounts treated as distributions out of corpus				,
	to satisfy requirements imposed by section		,		
	170(b)(1)(F) or 4942(g)(3) (Election may be			*.	
	required—see instructions)			<i>`</i>	
8	Excess distributions carryover from 2010 not			,	
	applied on line 5 or line 7 (see instructions)		*		
9	Excess distributions carryover to 2016.			-	8
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				*
а	Excess from 2011			,	*
b	Excess from 2012	[*	
C	Excess from 2013	<u> </u>		×	
d	Excess from 2014	l ,	· .	*	
е	Excess from 2015	1 ' 1	*		

<u> </u>	art XIV Private Operating Fou	ndations (see instr	ructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or foundation, and the ruling is effective for 2	determination letter that	ıt ıs a prıvate operatıı		11	/03/05
b	Check box to indicate whether the founda	tion is a private operatin	ng foundation describ	ed in section X 494	2(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Totai
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	investment return from Part X for					
	each year listed	238	166	148	205	757
b	85% of line 2a	202	141	126	174	643
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	159,094	125,109	182,515	248,645	715,363
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	159,094	125,109	182,515	248,645	715,363
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets	222,239	158,796	90,463	95,741	567,239
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	222,239	158,796	90,463	9 <u>5</u> ,7 <u>4</u> 1	567,239
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"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				İ	
	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		Ī			
	an exempt organization N/A					
	(4) Gross investment income N/A					
Pá	art XV Supplementary Inform	ation (Complete th	nis part only if th	ne foundation had	\$5,000 or more i	n assets at
	any time during the ye	<u>ar – see instructio</u>	ns.)			
1	Information Regarding Foundation Mar	nagers:				
а	List any managers of the foundation who I	nave contributed more th	nan 2% of the total co	ontributions received by	the foundation	
	before the close of any tax year (but only	f they have contributed i	more than \$5,000). (\$	See section 507(d)(2))		
	N/A					
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	n (or an equally large p	ortion of the	·
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greate	r interest		
	N/A					
2	Information Regarding Contribution, Ga					
	Check here \blacktriangleright X if the foundation only	makes contributions to p	preselected charitable	e organizations and doe	es not accept	
	unsolicited requests for funds. If the found	ation makes gifts, grant	s, etc (see instruction	ns) to individuals or org	anizations under	
	other conditions, complete items 2a, b, c,	and d		_		
а	The name, address, and telephone number	er or e-mail address of the	ne person to whom a	pplications should be a	ddressed	
	Renu Maslovich 989-4	63-9319		•		
	Gratiot Community Ho		MI 48801			
b	The form in which applications should be s			should include.		
	N/A			· · - · - • ·		
С	Any submission deadlines.			<u> </u>		
•	N/A					
	Any restrictions or limitations on awards, s	uch as by geographical	areas charitable field	ds kinds of institutions	or other	
-	factors.	as ay goograpinoar	a. Jao, Jilantable liel	ao, mindo of montunolis,	or onto	
	N/A					
DAA						Form 990-PF (2015)

Part XV Supplementary Information (co. 3 Grants and Contributions Paid During the		Future	Payment		- Tage 11
Recipient	If recipient is an individual, 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	- 1	recipient	Contribution	
a Paid during the year Gratiot Comm. Hosp Various Alma MI 48801	N/A	NC	Medica	l Expense	75,546
MidMi Med Ctr - Gratiot Various Alma MI 48801	N/A	NC	Medica	l Expense	915
Other hospitals Various None MI 48801	N/A	NC	Medical	l Expense	14,462
Doctors Various None MI 48801	N/A	NC	Medical	Expenses	22,111
Pharmacies Various None MI 48801	N/A	NC	Medica)	L Expense	6,878
Patient reimbursements Various None MI 48801	N/A	NC	Medical	l Expense	13,884
Patient Insurance Premium Various None MI 48801	N/A	иС	Medica	l Expense	4,677
Other medical expenses Various None MI 48801	N/A	NC	Medica:	l Expense	2,547
	<u> </u>				1.41 020
b Approved for future payment N/A				▶ 3a	141,020
Total	L			▶ 3b	
10141					

Form 990-PF (2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Gratiot County

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, or 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) (2015)

38-3532130

2015

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						
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See						
General Rule							
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a attributions.						
Special Rules							
regulations under sec 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III.						
contributor, during the contributions totaled during the year for ar 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 mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, ust 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Page 1 of 1

Employer identification number Name of organization Pardee Cancer Treatment Fund of 38-3532130 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution Total contributions No. 1 Elsa U. Pardee Foundation Person 812 West Main Street Payroli 200,000 Noncash Midland MI 48640 (Complete Part II for noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Pavroll \$ Noncash (Complete Part II for noncash contributions.)

051744730 Pardee 38-3532130 FYE: 9/30/2016	Pardee Cancer Treatment Fund of 016	nt Fund of	Federal Statements	ements		12/	12/6/2016 4:03 PM
		Form	Form 990-PF, Part I, Line	Part I, Line 6a - Sale of Assets	<u>ssets</u>		•
	Description		How Received				
Whom	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
Peachtree Software Total		9/30/16 \$	Purchase \$	276 \$	0	\$ 276	0 o
	SI SI	Statement 1 - F	Form 990-PF, Part I,	Line 16b -	Accounting Fees		
Description	iption		Total	Net Investment	Adju	Adjusted Net	Charitable Purpose
Indirect Accounting	ing Fees	\\[\]	1 1			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.0
Total		₩.	34 \$	0	₩.	\$	20
		Statement 2	- Form 990-PF, Part I, Line 19	t I, Line 19 - D	- Depreciation		
	Description						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
art .	226 \$	226	Л/S	10 \$		₩	₩
#11e Cabinet (2) 8/09/00	300	300	S/L	10			
Office Equipment 7/12/00	(Chair & Desk) 1,255	t) 1,255	$\mathrm{S/\Gamma}$	10			
Lateral File 8/15/02	395	395	S/L	10			
nr riodok comput 6/15/11 Pozobtroo softwar	rer 1,442	1,250	S/L	5	192		
reachiree Solumare 6/15/11	276	239	S/L	വ	37		
							1-2

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2016

Federal Statements

Statement 2 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Adjusted Net Income	30			O
	Net Investment Income	ŧo.			\$
	Current Year Depreciation	26 36	77		332
	Life	10 \$		Ŋ	' •ኍ"
	Method				
		S/L		S/L	
	Prior Year Depreciation	101			3,766
Description	t S	et 253 \$		vare 970	\$ 2,500 \$
	Om	Cabine		Soft	
	Date Acquired	Vertical File Cabinet 10/12/11 \$	HP Printer 9/16/15	2016 Peachtree Software 9/30/16	Total \$

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

sted Charitable et Purpose	৵		16,370	810	176	169	445	0 \$ 17,970
Adjusted Net	\$							₩
Net Investment								0
Inve	₩							ψ
Total			20,463	1,350	294	281	741	23,129
	₩							ψ
Description		Expenses	Contracted services	Insurance	Postage	Miscellaneous	Office Expenses	Total

Statement 4 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

mulated Net FMV	3,822 \$ 1,402	3,822 \$ 1,402
End Accumulate Depreciation	❖	Ω
End t / Basis	5,224	5,224
Cos	₩	Ω÷
Beginning Vet Book	764	764
Be	₩	Ω
Description	Furniture & Equipment	Total

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2016		Federal Statements	S	12/	12/6/2016 4:03 PM
Statement 5 - Form 990-PF, Part	_	e 1 - List of O	VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	ees, 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
					5

051744730 Pardee Cancer Treatment Fund of 38-3532130 FYE: 9/30/2016	Federal Statements	atements		121	12/6/2016 4:03 PM
Statement 5 - Form 990-PF,	Part	1 - List of O	VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
315 E Warwick Drive, Suite C Alma MI 48801					
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
Tawny Smith 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Greg Varner 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
					ια

. |-

i

. Į