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

Department of the Treasury

▶ 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.lrs.gov/form

For	calen	dar year 2016 or tax year beginning $10/01/16$ ,		30/17		s.govnormssopi.	open to reality morposition
		undation			A Emplo	yer identification number	
F		ee Cancer Treatment Fund of					
		ratiot County d street (or PO box number if mail is not delivered to street address)				-3532130	
		E Warwick Drive, Suite C	] H	oom/suite		hone number (see instruction 9 - 4 6 3 - 9 3 1 9	s)
		n, state or province, country, and ZIP or foreign postal code	i		90.	9-403-9319	
	Alma MI 48801					nption application is pending.	, check here
G	Check		irn of a former public cl	harity	<b>D</b> 1. Fo	reign organizations, check hi	ere D
		Final return Amended	*			reign organizations meeting i	
		Address change Name cha	ange			% test, check here and attack	
<del></del>	hock	type of organization. X Section 501(c)(3) exempt private		1			
			le private foundation	0 /		ate foundation status was terr n 507(b)(1)(A), check here	ninated under
		rket value of all assets at J Accounting method	<del></del>	rual /	E If the f	oundation is in a 60-month te	
		rear (from Part II, col. (c), X Other (specify)	Modified o			section 507(b)(1)(B), check h	. 1 1
	ne 16)			J G D 11			
_	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		`		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	-						(cash basis only)
		Contributions, gifts, grants, etc., received (attach schedule)	307,312	· "// *			
		Check Life the foundation is <b>not</b> required to attach Sch B	970	<u> </u>	970	970	
	4	Interest on savings and temporary cash investments  Dividends and interest from securities	<del>- 370</del>	<del>                                     </del>	9/0	970	
	5a	Gross rents				<del></del>	
	Ь	Net rental income or (loss)	,			·	,
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	•				
	b	Gross sales price for all assets on-line-6a-	No. of the second secon	- , 7,1,1 -			
è	7	Capital gain net income (from Part IV Lline 2)			0		
_	8	Net short-term capital gain	-ijb			0	
	9	Net short-term capital gain Income modifications S JAN 2 2 2018					!
	10a	Gross sales less returns and allowances					
9	ь	Less Cost of goods gold					-
) )	c	Gross profit or (loss) (attach schedule) N, UT			ĺ		,
<b>'</b> ⊲	11	Other income (attach schedule)					
<u>.</u>	12	Total. Add lines 1 through 11	308,282		970	970	
۸ ر	13	Compensation of officers, directors, trustees, etc.	0				
enses	14	Other employee salaries and wages					· · · · · · · · · · · · · · · · · · ·
	15	Pension plans, employee benefits					
١ <del>٢</del>	16a	Legal fees (attach schedule)					
Operating and Administrative Exp	b	Accounting fees (attach schedule) Stmt 1	194				116
Ž₹	С	Other professional fees (attach schedule)					
tra	17	Interest					
).E	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion Stmt 2	307				
Ad	20	Occupancy					
Ď	21	Travel, conferences, and meetings					<u>, </u>
ā	22	Printing and publications Other expenses (att sch) Stmt 3	23,883				18,300
ng	23	, ,	23,003				10,300
ati	24	Total operating and administrative expenses.  Add lines 13 through 23	24,384		o	0	18,416
þe	25	Contributions, gifts, grants paid	157,648	*			157,648
Ō	26 26	Total expenses and disbursements. Add lines 24 and 25	182,032		0	0	176,064
	27	Subtract line 26 from line 12	, , ,				<u> </u>
	a a	Excess of revenue over expenses and disbursements	126,250				1
	b	Net investment income (if negative, enter -0-)			970		
	c	Adjusted net income (if negative, enter -0-)	.24	* `		970	``
For !		work Reduction Act Notice, see instructions.		·		011	Form 990-PF (2016)

Fo	orm 990	O-PF(2016) Pardee Cancer Treatment Fund of	38-35321	30	Page 2
ļ	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
\		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	220,837	346,694	346,694
	2	Savings and temporary cash investments			
i	3	Accounts receivable >	mile commence were an extra commence and a second	***************************************	F DA HT
	_	Less allowance for doubtful accounts	( 300' 8		<del></del>
- 1	4	Pledges receivable ▶			
	_	Less allowance for doubtful accounts ▶			
	5	Grants receivable	<del></del>		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see	1		
	_	instructions)	. *		
	7	Other notes and loans receivable (att schedule)			
ļ		Less allowance for doubtful accounts ▶ 0			<del></del>
쐸	8	Inventories for sale or use	<u> </u>		
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments – U S. and state government obligations (attach schedule)			
- {	b	Investments – corporate stock (attach schedule)			
- [	C	Investments – corporate bonds (attach schedule)			<del></del>
1	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
Ī	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
1	14	Land, buildings, and equipment basis ► 5, 923		4 30-4338	
-		Less accumulated depreciation (attach sch) ► Stmt 4 4,128	1,402	1,795	1,795
-1	15	Other assets (describe ▶ )			
-	16	Total assets (to be completed by all filers – see the			
┥		Instructions. Also, see page 1, item I)	222,239	348,489	348,489
1	17	Accounts payable and accrued expenses		———— <u> </u>	1
S	18	Grants payable			
Liabilities	19	Deferred revenue			
₫	20	Loans from officers, directors, trustees, and other disqualified persons			ı
믬	21	Mortgages and other notes payable (attach schedule)			 
ı	22 23	Other liabilities (describe )	0		
+	_23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here  ► X		<del></del>	1
<u>"</u> ]		and complete lines 24 through 26 and lines 30 and 31.		]	ì
8	24	Unrestricted	222,239	348,489	1
딞	25	Temporarily restricted	222,233	340,405	
g	26	Permanently restricted			
힏	20	Foundations that do not follow SFAS 117, check here			1
퀴		and complete lines 27 through 31.			
or rund Balances	27	Capital stock, trust principal, or current funds			i
Sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			1
T AS		Total net assets or fund balances (see instructions)	222,239	348,489	İ
		Total liabilities and net assets/fund balances (see		<u> </u>	
	٠.	instructions)	222,239	348,489	
Ē	Part II				· · · · · · · · · · · · · · · · · · ·
		net assets or fund balances at beginning of year - Part II, column (a), line 30 (must	agree with		
		f-year figure reported on prior year's return)		1	222,239
2		amount from Part I, line 27a		2	126,250
		increases not included in line 2 (itemize)		3	
		nes 1, 2, and 3		4	348,489
		ases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b)	, line 30	6	348,489

	Cancer Treatment Fun nd Losses for Tax on Investme		38-3532130	)	Page
	be 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 acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
_b					
<u>c</u>					
<u>d</u>					
_e			<u> </u>		_ <u></u>
(e) Gross sales price	(f) Depreciation allowed		r other basis		ain or (loss)
	(or allowable)	pius expe	ense of sale	(e) pius	s (f) minus (g)
_a				ļ	
<u>-b</u>		<del></del>		<del> </del>	<del></del>
<u>c</u>	<del> </del>			<del></del>	<del></del>
d					<del></del>
Complete only for assets showing	gain in column (h) and owned by the fou	undation on 12/31/69	<u> </u>		
(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Exces	ss of col (ı) (j), ıf any	col (k), but n	of (h) gain minus not less than -0-) or (from col. (h))
a					
ь				·	
С		-	<del></del>	<del></del>	
d					
e					
2 Capital gain net income or (net cap	pital loss) If gain, also enter in I			2	
If gain, also enter in Part I, line 8, o	s) as defined in sections 1222(5) and (6) column (c) (see instructions). If (loss), en	_			
Part I, line 8	day Ocalian 4040(a) for Doduce			3	
·	der Section 4940(e) for Reduce			me	<del></del>
(For optional use by domestic private f	oundations subject to the section 4940(a	a) tax on net investm	nent income.)		
If section 4940(d)(2) applies, leave this	s part blank.				N/A
Was the foundation liable for the section	on 4942 tax on the distributable amount	of any vear in the ba	ase period?		☐ Yes ☐ No
	y under section 4940(e) Do not complet		,		
	ach column for each year; see the instruc		any entries	<del></del>	
(a)	(b)		(c)		(d)
Base period years Cafendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use asse	ts (col (b	stribution ratio ) divided by col (c))
2015					· · · · · · · · · · · · · · · · ·
2014					
2013					
2012					
2011					
2 Total of line 1, column (d)				2	
	year base period – divide the total on lin	e 2 by 5, or by the			
number of years the foundation ha	s been in existence if less than 5 years			3	
4 Enter the net value of noncharitable	le-use assets for 2016 from Part X, line 5	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from I				8	
If line 8 is equal to or greater than Part VI instructions	line 7, check the box in Part VI, line 1b, a	and complete that pa	art using a 1% tax rai	e. See the	5 000 PE 10110

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<u>Pa</u>	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					!
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					ل
	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				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments·	- 1				
а	2016 estimated tax payments and 2015 overpayment credited to 2016  6a					į
b	Exempt foreign organizations – tax withheld at source	ļ				
C	Tax paid with application for extension of time to file (Form 8868)  6c					!
d	Backup withholding erroneously withheld 6d	}				
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 Do	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	11				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
Ia	participate or intervene in any political campaign?			1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
-	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		ļ			
	published or distributed by the foundation in connection with the activities.		ļ			
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	•				
_	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-				
	on foundation managers. > \$					·
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		.	2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1		n na	-
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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.		1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			.		
	By language in the governing instrument, or		1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				х	
_	conflict with the state law remain in the governing instrument?	17	ł	7	X	<del></del>
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 X	•			<del>^</del>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MI		į	. (	- 1	
<b>.</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		J	. !		
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	$\mathbf{x}$	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"		ļ			
	complete Part XIV			9	x	i
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	•	Ì			
. •	names and addresses Stmt 5	i	J	10	$\mathbf{x}$	
				- 00	η_DE	. (00.40)

Form 990-PF (2016)

	1990-Pr (2016) Faidee Cancer Treatment Fund Of 30-333213	0					aye v
Pa	art VII-A Statements Regarding Activities (continued)			T		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					163	"
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			1	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified						
	person had advisory privileges? If "Yes," attach statement (see instructions)			1	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	ion?			13	X	
	Website address ▶ www.pardeefoundation.org						
14	The books are in care of ▶ Renu Maslovich Tele	ohone no	▶ 989	-46	3 -	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	<b>&gt;</b>	15		1		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority			_		Yes	No
	over a bank, securities, or other financial account in a foreign country?			-	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			Ì			1
	the foreign country					-	<u>.</u>
Pé	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>				·
	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).		<b>.</b>				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	s X N	lo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ ,,	<b>.</b>				
	disqualified person?	Yes	: (설 N	lo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	<del></del>	lo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	S A N	lo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	Yes	x X N	ю			
	the benefit or use of a disqualified person)?  (6) Agree to pay money or property to a government official? (Exception, Check "No" if the		• 25 "	'			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after						
	termination of government service, if terminating within 90 days)	Yes	x X N	ю			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulation		٠٠ ت	`	i		
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/	′A   1	ıb		
	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		٠ ر	<b>-</b>			
•	were not corrected before the first day of the tax year beginning in 2016?		N/	'A   1	lc		
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 2016, did the foundation have any undistributed income (lines 6d and						
-	6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X X	0			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	_					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			_			
	all years listed, answer "No" and attach statement – see instructions)		N/	'A 2	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				- 1		
	<b>▶</b> 20 , 20 , 20 , 20						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_					
	at any time during the year?	Yes	: X N	lo			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or				İ		
	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			.			
	foundation had excess business holdings in 2016.)		N/	'A   3	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	?		<u>  4</u>	la		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 20	16?		4	\$b		X

,	urt VII-B Statements Regarding Activities for Which Form		3532130	·			Page (
5a	Trivil-B Statements Regarding Activities for Which Form 4  During the year did the foundation pay or incur any amount to.	1/20 May be H	equirea (cont	inuea)	т		Т
Ju	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	045(0)\2		Yes X No			1
	(2) Influence the outcome of any specific public election (see section 4955), or to			Yes X No			
	directly or indirectly, any voter registration drive?	carry on,		vas 🔽 Na	1	ļ	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		_	Yes $X$ No		l	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		Yes X No	1		
	section 4945(d)(4)(A)? (see instructions)	uescribed in		Yes X No	İ		İ
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		Yes X No			
	purposes, or for the prevention of cruelty to children or animals?	educational		Yes X No			}
ь	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify unde	r the exceptions de		res A NO			
	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 her	,		▶'∺	35		$\vdash$
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			, _			
	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	y premiums				1	
	on a personal benefit contract?			Yes X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal transfer of the foundation of t	onal benefit contra	act?	_	6b		X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	Iter transaction?		Yes 🗓 No		l	
b	If "Yes," did the foundation receive any proceeds or have any net income attribute	able to the transact	ion?	N/A	7b		
Pa	rt VIII Information About Officers, Directors, Trustees, Foundation	undation Mana	igers, Highly I	Paid Employe	es,		
	and Contractors						
1 L	st all officers, directors, trustees, foundation managers and their compensa	tion (see instructi	ons).	<del>,</del>			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred		pense ac	
		devoted to position		compensation	<b>↓</b>		
Se	e Statement 6	•					
				<del> </del> -	├—		
					1		
					+		
					┼─		
2	Compensation of five highest-paid employees (other than those included on "NONE."	line 1 – see instr	uctions). If none,	enter		<u> </u>	
				(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		pense ad r allowar	
NOI	IE.				<del>                                     </del>		
				.1			
otal	number of other employees paid over \$50,000			•			

Form 990-PR (2016) Pardee Cancer Treatment Fund 6:		Page /
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional services (see i	Instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(4, 1, 1, 1, 1)	(0,000,000,000
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year include relevant statistical infor organizations and other beneficianes served, conferences convened, research papers produced, etc	rmation such as the number of	Expenses
1 Assists individuals with cancer related	1 expenses	<del>                                     </del>
1 hbbibeb individuals with cancel letated	1 expenses	
		157,648
2		
3		
_ <del></del>		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1 N/A		
		<del></del>
2		
All other program-related investments. See instructions		<del>                                     </del>
3		
		<del> </del>
Total. Add lines 1 through 3		1

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

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 (2016)

176,064

176,064

4

6

Pa	<u>art XIII 📒 Undistributed Income</u>	(see instructions	)			
			(a)	(b)	(c)	(d) ,
1	Distributable amount for 2016 from Part 2	XI,	Corpus	Years prior to 2015	2015	2016
	line 7		, and it is the	** .		
2	Undistributed income, if any, as of the en	nd of 2016	Marine Commence of the Commenc			
а	Enter amount for 2015 only					,
b	Total for prior years 20 , 20	, 20	No. 1 Marie Carlo			
3	Excess distributions carryover, if any, to 2	2016:				
а	From 2011		and the second of the second o	Ang h		
b	From 2012					
C	From 2013		*** ***	,		
d	From 2014					
е	From 2015					
f	Total of lines 3a through e		A	**		
4	Qualifying distributions for 2016 from Par	t XII,	**************************************			
	line 4 ▶ \$ 176,064		1.00	*		
	Applied to 2015, but not more than line 2		2.00			
b	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)					
C	Treated as distributions out of corpus (El	ection	Į	<u></u>	<b>[</b> ,	
	required – see instructions)			· · · · · · · · · · · · · · · · · · ·	<i>f</i>	
	Applied to 2016 distributable amount				<del></del>	
_ е _	Remaining amount distributed out of corp		176,064	*****		
5	Excess distributions carryover applied to		ļ <del>-</del> -	<del> /</del>		<del></del>
	(If an amount appears in column (d), the	same		* /		
_	amount must be shown in column (a) )		***	1		
6	Enter the net total of each column as		Later Later San	, · /		
	indicated below:		176.064	~ /		
a	Corpus. Add lines 3f, 4c, and 4e Subtrac		176,064	<del></del>		
D	Prior years' undistributed income Subtraction line 4b from line 2b	Cl		/		
	Enter the amount of prior years' undistribi	utod		<del>                                     </del>		
C	income for which a notice of deficiency ha			/		
	been issued, or on which the section 494			<i>j</i>		
	tax has been previously assessed	<b>2</b> (u)	in militare.	/		
ч	Subtract line 6c from line 6b. Taxable		Target and the same of			
-	amount – see instructions		/			
e	Undistributed income for 2015 Subtract I	ine	1 State of the Sta	* ·	_	-
•	4a from line 2a. Taxable amount – see		//*			
	ınstructions		And the second s			
f	Undistributed income for 2016 Subtract li	ines	1 .39	*	-	
-	4d and 5 from line 1 This amount must b	e		<i>→</i> "		
	distributed in 2017			*		
7	Amounts treated as distributions out of co	orpus	/			
	to satisfy requirements imposed by section	n	/	***,		
	170(b)(1)(F) or 4942(g)(3) (Election may		/	``		
	required—see instructions)					
8	Excess distributions carryover from 2011	not				
	applied on line 5 or line 7 (see instruction	s)	/			
9	Excess distributions carryover to 2017			٠		
	Subtract lines 7 and 8 from line 6a		/			
0	Analysis of line 9:		/	,		
а	Excess from 2012			<u>'</u>	l	
b	Excess from 2013	/		* *	ļ	
С	Excess from 2014	/	Acco			,
d	Excess from 2015			l l	ļ	
e	Excess from 2016		34.66.44.7			

P	art XIV Private Operating Fou	<u>ındations (see instr</u>	ructions and Part	VII-A, question 9)		
1a	. If the foundation has received a ruling or			ng		1 (02 (05
	foundation, and the ruling is effective for		-	▶		1/03/05
b	Check box to indicate whether the founda		g foundation describe		42(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year (a) 2016	<b>(b)</b> 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2010	(6) 2013	(0) 2014	(u) 2013	
	each year listed	970	238	166	148	1 50
ь	85% of line 2a	825	202	141	126	1,522
C	Qualifying distributions from Part XII,	- 023		7.4.7	120	1,29
	line 4 for each year listed	176,064	159,094	125,109	182,515	642,782
d	Amounts included in line 2c not used directly	1707001	133,031	123/103	102,515	042,702
•	for active conduct of exempt activities					
е	Qualifying distributions made directly			<del></del>		<del>-</del>
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	176,064	159,094	125,109	182,515	642,782
3	Complete 3a, b, or c for the					3127.31
-	alternative test relied upon		1			1
а	"Assets" alternative test – enter:					
	(1) Value of all assets	348,489	222,239	158,796	90,463	819,987
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	348,489	222,239	158,796	90,463	819,987
ь	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					· 
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) $N/A$					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III) N/A					
	(3) Largest amount of support from an exempt organization N/A					
	an exempt organization $N/A$ (4) Gross investment income $N/A$			<del></del> ,		
	art XV Supplementary Inform	ation (Complete th	is part only if th	e foundation had	L\$5,000 or more	in assets at
	any time during the ye			ic roundation nac	1 40,000 01 111010	iii asseis ai
<del>1</del>	Information Regarding Foundation Mar					
a	List any managers of the foundation who	-	an 2% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only			-		
	N/A	•	, ,			
	List any managers of the foundation who	own 10% or more of the	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, G	raпt, Gift, Loan, Scholai	rship, etc., Program	s:		
	Check here ► X if the foundation only	makes contributions to p	reselected charitable	e organizations and do	es not accept	
	unsolicited requests for funds If the found	lation makes gifts, grants	s, etc (see instruction	ns) to individuals or org	anizations under	
	other conditions, complete items 2a, b, c,			<del></del>	· · · · · · · · · · · · · · · · · · ·	
а	The name, address, and telephone number		ne person to whom ap	oplications should be a	ddressed.	
	Renu Maslovich 989-4					
	Gratiot Community Ho					
b	The form in which applications should be	submitted and informatio	n and materials they	should include.		
	N/A		<del></del>			
C	Any submission deadlines					
	N/A		_			
d	Any restrictions or limitations on awards, s	such as by geographical	areas, charitable field	ds, kinds of institutions,	or other	
	factors:					
	N/A			<del></del> -		5 990-PE (0010

Part XV Supplementary Information (a 3 Grants and Contributions Paid During the	e Year or Approved for	Future	Payment		
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		recipient		
a Paid during the year Gratiot Comm. Hosp Various Alma MI 48801	N/A	NC	Medical	Expense	45,555
MidMi Med Ctr - Gratiot Various Alma MI 48801	N/A	NC	Medical	Expense	10,257
Other hospitals Various None MI 48801	N/A	NC	Medical	Expense	12,521
Doctors Various None MI 48801	N/A	NC	Medical	Expenses	41,165
Pharmacies Various None MI 48801	N/A	NC	Medical	Expense	4,745
Patient reimbursements Various None MI 48801	N/A	NC	Medical	Expense	16,717
Patient Insurance Premium Various None MI 48801	N/A	NC	Medical	Expense	19,606
Other medical expenses Various None MI 48801	N/A	NC	Medical	Expense	7,082
Total b Approved for future payment		1	<del></del> 1	<u>▶</u> 3a	157,648
N/A		1-1			
Total				<b>▶</b> 3b	

Enter gross amounts u		ivities				
	nless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program service re	evenue					(See instructions )
		<del>                                     </del>		- <del> </del>		
		<del></del>	<del></del>			<del></del>
c		<del></del>		+-+		
a		<del></del>		+		
		<del>                                     </del>		<del>                                     </del>		
f	_ <del></del>			+		
=	racts from government agencies	<del></del>		<del> </del>		
2 Membership dues		<del></del>		+		
	and temporary cash investments	<del>                                     </del>		14	970	
4 Dividends and inte		2000		<del>  </del>		
	or (loss) from real estate.			<u> </u>		
a Debt-financed		<b> </b>		<del> </del>		
b Not debt-finance						
	or (loss) from personal property	<u> </u>	<del></del>			
7 Other investment in				+		- <u></u>
	sales of assets other than inventory	<b> </b>		+-+		
9 Net income or (loss				+		
•	s) from sales of inventory	<del> </del>		<del> </del>		
				+ -+		
		<del>                                     </del>		++		
		<del></del>		+		<del></del>
		<u> </u>	<del></del>	+-+		
e				++		
12 Subtotal Add colu		ing;		0	970	0
	columns (b), (d), and (e)				13	970
	13 instructions to verify calculations.)				····	· · · · · · · · · · · · · · · · · · ·
	Relationship of Activities to the Ac					
	ain below how each activity for which income				ed importantly to the	
▼   acco	malichment of the foundation's exempt nurse	cee (other than h	u providina funde fo	r euch nurr		ne )
	mplishment of the foundation's exempt purpo	ses (other than b	y providing funds for	r such purp		ns.)
N/A	mplishment of the foundation's exempt purpo	ses (other than b	y providing funds fo	r such purp		ns.)
	mplishment of the foundation's exempt purpo	ses (other than b	y providing funds fo	r such purp		ns.)
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	implishment of the foundation's exempt purpo	ses (other than b	y providing funds for	r such purp		ns.)

Part XVII	Information Rega Exempt Organiza		nsfers To and	d Transactio	ns and Relationships Wi	th Noncharitable	е		
1 Did the ord			in any of the foll	owing with any	other organization described			Yes	No
	·		-		ection 527, relating to political		1	103	100
organizatio		Tulaii Section	301(c)(d) organ	izations) of in se	ection 527, relating to political				1
•	from the reporting found	ation to a none	charitable exemi	nt organization o	f·		1		1 !
(1) Cash	mon we repending realis	2	onaniasio ononi,	or organization o	•		1a(1)		X
(2) Other a	assets						1a(2)		X
<b>b</b> Other trans							1912/		
	of assets to a noncharita	able exempt or	rganization				16(1)		X
• •	ases of assets from a no	•	-	on		•	1b(2)		Х
•	of facilities, equipment,						1b(3)	_	X
(4) Reimb	ursement arrangements	i					1b(4)		X
(5) Loans	or loan guarantees						1b(5)		X
(6) Perforr	mance of services or me	mbership or fu	undraising solicit	tations			1b(6)		X
c Sharing of	facilities, equipment, ma	ailing lists, othe	er assets, or paid	d employees		•	1c		X
d If the answ	er to any of the above is	"Yes," comple	ete the following	schedule. Colur	nn (b) should always show the fa	ir market			
value of the	e goods, other assets, o	r services gıve	en by the reportir	ng foundation If	the foundation received less than	fair market			
value in an	y transaction or sharing	arrangement,	show in column	(d) the value of	the goods, other assets, or service	ces received.			
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable exem	pt organization	(d) Description of transfers, t	ransactions, and shanng a	rangemen	nts	
N/A									
	<b></b>	ļ	<del></del>	<u></u>					
	<u> </u>	ļ	<del> </del>			<del></del>			
	<del> </del>	<u> </u>	<del></del>	<del></del>	<del> </del>				
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	dation directly or indirect	•			• -			. ਓ	
	n section 501(c) of the C		an section 501(c	(3)) or in section	n 52/7	•	Ye	s 🔼	NO
	mplete the following sch (a) Name of organization	edule.	(b) Type of o	raan zation	(a) Docore	ption of relationship			
N/A	(a) Name of Organización		(b) Type or c	organization	(c) besch	ption or relationship			
iv/					<u> </u>				
		<del></del>							
	_ <del></del>	<del> </del>							
· · · · · ·		<del></del>			<del> </del>				
Under pe	naities of penury I declare that	I have examined	this return, including	accompanying sched	lules and statements, and to the best of my	knowledge and belief, it is	true,		
correct, a	ind complete. Declaration of pr	eparer (other than	taxpayer) is based o	n all information of w	hich preparer has any knowledge	May the IRS disc	ice thic rati	ım	$\neg$
ian l	(N)					with the preparer			_ [
Sign lere	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				/	(see instructions)	?   \	/es	No
iere				11/	) / /K Chai	r			
Sign	nature of officer or trustee			Date	<del></del>	- <del>-</del> _			
<del></del> -				Preparer's sygnath	ure	Date	T		
Print	ype preparer's name			1 Toparor 3 Signatu		_ Oald		Check   self-emp	If
aid Bria	n R. Dixon				1 1 1 5 To 1 5 T	01/0:			
rongret		Yeo, P	P. C.	•			1321	580	
se Only		Eastman					2706		
Finis.	Midla		48640-2	2518			-631		
	MIGIA				······································		om 99		

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, 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) (2016)

2016

Pardee Cancer	Treatment Fund of	, ,
<u>Gratiot Cou</u>		38-3532130
Organization type (check one		30 3332130
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,0 roperty) from any one contributor. Complete Parts I and II See instructions for determining butions.	
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed in section $501(c)(3)$ filing Form $990$ or $990$ -EZ that met the $33^{1/3}$ % support test of ons $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form $990$ or $990$ -EZ), Part at received from any one contributor, during the year, total contributions of the greater of amount on (i) Form $990$ , Part VIII, line $1h$ , or (ii) Form $990$ -EZ, line $1$ Complete Parts I a	II, line (1)
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific burposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and	,
contributor, during the y contributions totaled mo during the year for an <i>e</i>	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any rear, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the organization because it received nonexclusively religious, charitable, etc., contributed during the year.	od
90-EZ, or 990-PF), but it <b>must</b>	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form sanswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990	0-EZ or on its

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

Name of organization
Pardee Cancer Treatment Fund of

Employer identification number 38-3532130

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Patient Equipment Locker Person 1022 Michigan Ave Payroll 80,387 \$ Noncash Alma MI 48801 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 Elsa U. Pardee Foundation Person 812 West Main Street Payroll 200,000 Noncash Midland MI 48640 (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution McCune Centennial Farm 3 Person 3312 S. Coleman Rd Payroll 6,250 Noncash St. Louis MI 48880 (Complete Part II for noncash contributions) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

### 051744730 Pardee Cancer Treatment Fund of

38-3532130 FVE: 0/00/0017

FYE: 9/30/2017

### Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$ 116	\$ 116	
Adjusted Net	· v	w.	
Net Investment	w	w.	
Total	\$ 194	\$ 194	
Description	Indirect Accounting Fees	Total	

## Statement 2 - Form 990-PF, Part I, Line 19 - Depreciation

	Adineted Net	Income																			0
	Net Investment	Income		v.																	\$ 0
	Current Year	Depreciation		₹V.	<b>.</b>										1	76		194	1 7 1	12	307
		Life		10		10	)	10	ì	10	ì	ľ	)	1.0	) I	ď	)	r	)	5	` <b>•</b>
		Method		S/L		T/S		S/L		I/S		S/L		S/L		S/L		S/L		/L	
uo	Prior Year	Depreciation		226		300		1,255	•	395 S		1,442 S		127 S		77 S		Q		S	3,822
Description	Cost	Basis	1	226 \$		300	(Chair & De	1,255		395	er	1,442		253		383	oftware	970	vare Upgrade	700	5,924 \$
	Date	Acquired	Storage Cabinet	2/09/01 \$	File Cabinet (2)	00/60/8	Office Equipment (Chair & Desk)	7/12/00	Lateral File	8/15/02	HP Probook Computer	6/15/11	Vertical File Cabinet	10/12/11	HP Printer	9/16/15	2016 Peachtree Software	9/30/16	Peachtree - Software Upgrade	8/31/17	Total \$

## 051744730 Pardee Cancer Treatment Fund of **Eodor**

38-3532130 FYE: 9/30/2017

### Federal Statements

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

Charitable Purpose		Net FMV \$	\$ 1,795
Adjusted Net	w w	Equipment End Accumulated Depreciation \$ 4,128	4,128
Adj	w w	uilding, and Equ 3 Sasis D 5, 923 \$	5,923 \$
Net Investment	w w	End Cost/Basis	٠٠ د
Total	\$ 19,854 930 392 255 255 2,320 \$ 23,883	Statement 4 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment  Beginning End Accumi Net Book Cost / Basis Depreciat	\$ 1,402
Description	Expenses Contracted services Insurance Postage Miscellaneous Office Expenses Transportation Total	Description & Equipment	Total

# Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

	Box 2767
Foundation	PO 1
Pardee	
Ü.	
Elsa	

Name

Address

Midland MI 48641

City, State, Zip

φ
pun
nt F
tme
Trea
cer
Car
rdee
Pa
1730
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051744730 Parde 38-3532130 FYE: 9/30/2017

**Federal Statements** 

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Statement 6 - Form 990		1 - List of O	PF, Part VIII, Line 1 - List of Officers, Directors,	Trustees, Etc.	
Name and Address	<u>H</u>	Average	Compensation	Ropofite	
ick Beracv	Director		Composition	Delicilis	Expells

Name and Address	Title	Average Hours	Compensation	Benefits	Fynoncoc
Rick Beracy 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	O CONTRACTOR OF THE CONTRACTOR
Chuck Fortino 315 E Warwick Drive, Suite C Alma MI 48801	Chair	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 315 E Warwick Drive, Suite C Alma MI 48801	Treasurer	1.00	0	0	0
Mick Koutz	Director	1.00	0	0	0

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#### Federal Statements

38-3532130 FYE: 9/30/2017

	Д 2000 2000 2000 2000 2000 2000 2000 20	00000	0	0	0
Trustees,	Benefits		0	0	0
Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Compensation		0	0	0
VIII, Line 1 - List of Etc. (continued)	Average Hours		1.00	1.00	1.00
m 990-PF, Part VIII, <u>Etc.</u>	Title		Director	Director	Director
Statement 6 - Fori	Name and Address	315 E Warwick Drive, Suite C Alma MI 48801	Brad Vibber 315 E Warwick Drive, Suite C Alma MI 48801	Tawny Smith 315 E Warwick Drive, Suite C Alma MI 48801	Greg Varner 315 E Warwick Drive, Suite C Alma MI 48801