

Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2017Department of the Treasury
Internal Revenue Service▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning 01/01/17, and ending 09/30/18

Name of foundation
Pardee Cancer Treatment Fund of Gratiot County

Number and street (or P.O. box number if mail is not delivered to street address)
315 E Warwick Drive, Suite C

City or town, state or province, country, and ZIP or foreign postal code
Alma MI 48801

Room/suite
6

Employer identification number
38-3532130

Telephone number (see instructions)
989-463-9319

G Check all that apply:

☐ Initial return	☐ Initial return of a former public charity
☐ Final return	☐ Amended return
☐ Address change	☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **297,273**

J Accounting method: ☐ Cash ☐ Accrual
☒ Other (specify) **Modified cash**

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	215,696			
	2 Check ☐ if the foundation is not required to attach Schedule D				
	3 Interest on savings and investments	641	641	641	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or loss				
	6a Net gain or (loss) from sale of assets not on line 40				
	b Gross sales price for all assets on line 40				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
Operating and Administrative Expenses	10 Gross sales less returns and allowances				
	Less: Cost of goods sold				
	Gross profit or (loss) (attach schedule)				
	Other income (attach schedule) Stmt 1	3,335	3,335	3,335	
	Total. Add lines 1 through 11	219,672	3,976	3,976	
	12 Compensation of officers, directors, trustees, etc.	0			
	Other employee salaries and wages				
	Pension plans, employee benefits				
	13a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) Stmt 2	1,208			725
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion Stmt 3	436			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses (att. sch.) Stmt 4	-21,343	3,031	3,031	-31,436	
24 Total operating and administrative expenses. Add lines 13 through 23	-19,699	3,031	3,031	-30,711	
25 Contributions, gifts, grants paid	224,847			224,847	
26 Total expenses and disbursements. Add lines 24 and 25	205,148	3,031	3,031	194,136	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	14,524				
b Net investment income (if negative, enter -0-)		945			
c Adjusted net income (if negative, enter -0-)			945		

For Paperwork Reduction Act Notice, see instructions.

DAA

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Page **2****Part I****Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	346,694	291,350	291,350
	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 disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att schedule) ▶ Less allowance for doubtful accounts ▶	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	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) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 5,923 Less accumulated depreciation (attach sch) ▶ Stmt 5 4,564	1,795	1,359	5,923
15 Other assets (describe ▶ See Statement 6)		70,304		
16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	348,489	363,013	297,273	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ ☒			
	24 Unrestricted	348,489	363,013	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ ☐			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	348,489	363,013		
31 Total liabilities and net assets/fund balances (see instructions)	348,489	363,013		

Part III**Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	348,489
2 Enter amount from Part I, line 27a	2	14,524
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	363,013
5 Decreases 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, column (b), line 30	6	363,013

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(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, 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 <u>N/A</u>				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) 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 Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

N/A

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016			
2015			
2014			
2013			
2012			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	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 Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	

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1a	Exempt operating foundations described in section 4940(d)(2), check here ☒ and enter "N/A" on line 1. Date of ruling or determination letter <u>11/03/05</u> (attach copy of letter if necessary—see instructions)	1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		N/A
c	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	
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		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations – tax withheld at source	6b	
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	Enter the amount of line 10 to be Credited to 2018 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the Instructions for the definition. 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		X
c Did the foundation file Form 1120-POL for this year?		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 ☐ \$ _____		
e 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? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions ☐ MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes," complete Part XIV	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Form 990-PF (2017) Pardee Cancer Treatment Fund of ** - *** 2130Page **5****Part 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
- 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
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

	Yes	No
11		X
12		X
13	X	

Website address ► www.pardeefoundation.org14 The books are in care of ► Renu Maslovich
315 E Warwick DriveTelephone no ► 989-463-9319Located at ► Alma

MI

ZIP+4 ► 48801

- 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here and enter the amount of tax-exempt interest received or accrued during the year

► 15

- 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

	Yes	No
16		X

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ►

Part 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.

- 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? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No
- (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No
- (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 ☒ 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 section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions

N/A

1b		
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- c 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 2017?

N/A

1c		
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- 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))

- a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?

☐ Yes ☒ NoIf "Yes," list the years ► 20 , 20 , 20 , 20

- b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions)

N/A

2b		
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- c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
► 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 ☒ No

- b If "Yes," did it have excess business holdings in 2017 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 foundation had excess business holdings in 2017)

N/A

3b		
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- 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 2017?

4b		X
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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here N/A ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A ☐
If "Yes" to 6b, file Form 8870
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A ☐

5b		
6b	X	
7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 7				

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2017) Pardee Cancer Treatment Fund of **-***2130Page **7****Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶**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 as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Assists individuals with cancer related expenses	-
	194,398
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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	
Total. Add lines 1 through 3 ▶	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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 78,088
c	Fair market value of all other assets (see instructions)	1c 0
d	Total (add lines 1a, b, and c)	1d 78,088
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0
2	Acquisition indebtedness applicable to line 1 assets	2 0
3	Subtract line 2 from line 1d	3 78,088
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4 1,171
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 76,917
6	Minimum investment return. Enter 5% of line 5	6 3,846

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2017 from Part VI, line 5	2a
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b
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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a 194,136
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	4 194,136
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	6 194,136

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.

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Page **9****Part XIII** **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>194,136</u>				
a Applied to 2016, 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 2017 distributable amount				
e Remaining amount distributed out of corpus	194,136			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	194,136			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
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)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 11/03/05

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	945	970	238	166	2,319
b 85% of line 2a	803	825	202	141	1,971
c Qualifying distributions from Part XII, line 4 for each year listed	194,136	176,064	159,094	125,109	654,403
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities					
Subtract line 2d from line 2c	194,136	176,064	159,094	125,109	654,403
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test – enter					
(1) Value of all assets	363,013	348,489	222,239	158,796	1,092,537
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	363,013	348,489	222,239	158,796	1,092,537
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) <u>N/A</u>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) <u>N/A</u>					
(3) Largest amount of support from an exempt organization <u>N/A</u>					
(4) Gross investment income <u>N/A</u>					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed 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 (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed
Renu Maslovich 989-463-9319
Gratiot Community Hospital Alma MI 48801

b The form in which applications should be submitted and information and materials they should include
N/A

c Any submission deadlines
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
N/A

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Gratiot Comm. Hosp Various Alma MI 48801	N/A	NC	Medical Expense	78,643
MidMi Med Ctr - Gratiot Various Alma MI 48801	N/A	NC	Medical Expense	3,794
Other hospitals Various None MI 48801	N/A	NC	Medical Expense	32,358
Doctors Various None MI 48801	N/A	NC	Medical Expenses	77,109
Pharmacies Various None MI 48801	N/A	NC	Medical Expense	3,061
Patient reimbursements Various None MI 48801	N/A	NC	Medical Expense	14,682
Patient Insurance Premium Various None MI 48801	N/A	NC	Medical Expense	12,744
Other medical expenses Various None MI 48801	N/A	NC	Medical Expense	2,456
Total			3a	224,847
b Approved for future payment N/A				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	641		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						3,335
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0		641		3,335
13 Total. Add line 12, columns (b), (d), and (e)				13		3,976

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash
- (2) Other assets
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

- b If "Yes," complete the following schedule**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

May the IRS discuss this return with the preparer shown below?

See instructions ☐ Yes ☐ No

Signature of officer or trustee

Date _____

Title

Print/Type preparer's name

Preparers signature

Date _____

Check ☐ if self-employed

Paid
Preparer
Use Only

Brian R. Dixon

Firm's name ▶ Yeo & Yeo, P.C.

Firm's address ► P.O. Box 3275
Saginaw, MI 48605

PTIN

★ ★ ★ ★ ★ ★ ★ ★ ★

Firm's EIN ▶ ** - *** 6146

Phone no 989-793-9830

Form **990-PF** (2017)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Name of the organization**Pardee Cancer Treatment Fund of
Gratiot County**Employer identification number**

-*2130

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For 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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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. Don't 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. ▶ \$

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

Name of organization

Employer identification number

Pardee Cancer Treatment Fund of

-*2130

**Part II Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(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	\$ 200,000	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)
(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)
(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)

Federal Statements

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FYE: 9/30/2018

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
Endowment fund income	\$ 3,335	\$ 3,335	\$ 3,335
Total	\$ 3,335	\$ 3,335	\$ 3,335

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$ 1,208	\$	\$	\$ 725
Total	\$ 1,208	\$ 0	\$ 0	\$ 725

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

Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Storage Cabinet 2/09/01	\$ 226	226	S/L	10	\$	\$	\$
File Cabinet (2) 8/09/00	300	300	S/L	10			
Office Equipment (Chair & Desk) 7/12/00	1,255	1,255	S/L	10			
Lateral File 8/15/02	395	395	S/L	10			
HP Probook Computer 6/15/11	1,442	1,442	S/L	5			
Vertical File Cabinet 10/12/11	253	152	S/L	10	25		
HP Printer 9/16/15	383	153	S/L	5	77		
2016 Peachtree Software 9/30/16	970	194	S/L	5	194		

Federal Statements

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

Date Acquired	Description	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
8/31/17	Peachtree - Software Upgrade	700	12	S/L	5	140	\$	\$
Total		\$ 5,924	\$ 4,129			\$ 436	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses		\$	\$	
Contracted services	20,112			16,090
Insurance	1,363			818
Postage	490			294
Transportation	5,114			3,068
Printing & Stationary	633			380
Write off's	-52,086			-52,086
Endowment Expense	3,031	3,031	3,031	
Total	\$ -21,343	\$ 3,031	\$ 3,031	\$ -31,436

Statement 5 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
Furniture & Equipment	\$ 1,795	\$ 5,923	\$ 4,564	\$ 5,923
Total	\$ 1,795	\$ 5,923	\$ 4,564	\$ 5,923

Federal Statements

FYE: 9/30/2018

Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
Beneficial Interest	\$	\$ 70,304	\$
Total	\$ 0	\$ 70,304	\$ 0

Federal Statements

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FYE: 9/30/2018

Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, 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
Shelly Betancourt 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
Tom Steere 315 E Warwick Drive, Suite C Alma MI 48801	Vice Chair	1.00	0	0	0
Robin Whitmore 315 E Warwick Drive, Suite C Alma MI 48801	Director	1.00	0	0	0
Topher Goggln 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

Federal Statements

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FYE: 9/30/2018

Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,**Etc. (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
315 E Warwick Drive, Suite C Alma MI 48801					
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
Renu Maslovich 315 E Warwick Drive, Suite C Alma MI 48801	Client Coord	1.00	0	0	0

Form **990PF****Two Year Comparison Report**

For calendar year 2017, or tax year beginning 01/17, ending 09/30/18

2016 & 2017

Name **Pardee Cancer Treatment Fund of Gratiot County** Taxpayer Identification Number ****-***2130**

	2016			2017			Differences	
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
Revenue								
1. Contributions, gifts, grants, and similar amounts received	307,312		215,696		-91,616			
2. Interest on savings and temporary cash investments	970	970	641	641	-329			-329
3. Dividends and interest from securities								
4. Gross rents								
5. Net gain or (loss) from sale of assets								
6. Capital gain net income								
7. Gross profit or (loss)								
8. Other income								
9. Total. Add lines 1 through 8	308,282	970	219,672	3,335	-88,610	3,335		3,006
Expenses								
10. Compensation of officers, directors, trustees, etc								
11. Other employee salaries and wages								
12. Pension plans, employee benefits								
13. Professional fees	194		1,208		1,014			
14. Interest								
15. Taxes								
16. Depreciation and depletion	307		436		129			
17. Occupancy								
18. Other expenses	23,883		-21,343	3,031	-45,226	3,031		
19. Contributions, gifts, grants paid	157,648		224,847		67,199			
20. Total expenses and disbursements. Add lines 10 through 19	182,032		205,148	3,031	23,116	3,031		
21. Net income (if negative investment activity, enter -0-)	126,250	970	14,524	945	-111,726	-25		
Taxes								
22. Excise Tax								
23. Section 511 Tax								
24. Subtitle A income tax								
25. Total Taxes								
Due / Refund								
26. Estimates and overpayments credited								
27. Foreign tax withheld								
28. Other Payments								
29. Total payments and credits								
30. Balance due / (Overpayment)		0		0				
31. Overpayment credited to next year								
32. Penalty								
33. Net due / (Refund)		0		0				
Other								
34. Total assets	348,489		363,013		0			
35. Total liabilities	0		0		0			
36. Net assets	348,489		363,013		0			

Form **990PF****Tax Return History**

Use the 2Yr Report for more recent historical information

Name

Pardee Cancer Treatment Fund of
Gratiot County

Taxpayer Identification Number

-*2130

	2013			2014			2015		
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income			
1. Contributions, gifts, grants, and similar amounts received	195,865		198,552		227,860				
2. Interest on savings and temporary cash investments	148	148	166	166	238	238			
3. Dividends and interest from securities									
4. Gross rents									
5. Net gain or (loss) from sale of assets			-389						
6. Capital gain net income									
7. Gross profit or (loss)									
8. Other income									
9. Total. Add lines 1 through 8	196,013	148	198,329	166	228,098	238			
10. Compensation of officers, directors, trustees, etc.									
11. Other employee salaries and wages									
12. Pension plans, employee benefits			25		34				
13. Professional fees	20								
14. Interest									
15. Taxes									
16. Depreciation and depletion	911		602		332				
17. Occupancy									
18. Other expenses	17,845		19,385		23,269				
19. Contributions, gifts, grants paid	182,515		109,984		141,020				
20. Total expenses and disbursements. Add lines 10 through 19	201,291		129,996		164,655				
21. Net income (if negative investment activity, enter -021)	-5,278	148	68,333	166	63,443	238			
22. Excise Tax									
23. Section 511 Tax									
24. Subtitle A income tax									
25. Total Taxes									
26. Estimates and overpayments credited									
27. Foreign tax withheld									
28. Other Payments									
29. Total payments and credits									
30. Balance due / (Overpayment)		0		0		0			
31. Overpayment credited to next year									
32. Penalty									
33. Net due / (Refund)		0		0		0			
34. Total assets	90,463		158,796		222,239				
35. Total liabilities	0		0		0				
36. Net assets	90,463		158,796		222,239				

Form 990-PF Return Summary

For calendar year 2017, or tax year beginning 10/01/17 , and ending 09/30/18

Pardee Cancer Treatment Fund of **-***2130
Gratiot County**Investment Income**

Interest	<u>641</u>
Dividends	<u> </u>
Gross rents	<u> </u>
Capital gain net income	<u> </u>
Other income	<u>3,335</u>

Total investment income3,976**Expenses**

Officer compensation	<u> </u>
Salaries / employee benefits	<u> </u>
Other expenses	<u>3,031</u>

Total expenses3,031**Net investment income**945**Taxes / Credits**

Regular tax	<u> </u>
Section 511 tax	<u> </u>
Subtitle A tax	<u> </u>
Total tax	<u> </u>

Payments / Penalties / Application

Estimated tax payments	<u> </u>
Tax withheld	<u> </u>
Other payments	<u> </u>
Estimated tax penalty	<u> </u>
Overpayment applied to next year's tax	<u> </u>

Payments / penalty / application**Net tax due**

Interest on late payments	<u> </u>
Failure to file penalty	<u> </u>
Failure to pay penalty	<u> </u>

Additions to tax**Balance due****Refund****Revenue / Expenses per Books Adjusted Net Income**

Total contributions	<u>215,696</u>	
Interest	<u>641</u>	<u>641</u>
Dividends	<u> </u>	<u> </u>
Capital gains / losses	<u> </u>	<u> </u>
Income modifications	<u> </u>	<u> </u>
Sale of inventory	<u> </u>	<u> </u>
Other income	<u>3,335</u>	<u>3,335</u>
Total revenue	<u>219,672</u>	<u>3,976</u>
Total expenses	<u>205,148</u>	<u>3,031</u>
Excess / ANI	<u>14,524</u>	<u>945</u>

Next Year's Estimates

1st quarter	<u> </u>
2nd quarter	<u> </u>
3rd quarter	<u> </u>
4th quarter	<u> </u>
Total	<u><u> </u></u>

Miscellaneous Information

Amended return

Return / extended due date 08/15/19**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>348,489</u>	<u>363,013</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u>348,489</u>	<u>363,013</u>	<u>14,524</u>