

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

OMB No 1545-0052

	rom								_		<i>\(\OM\)</i>	2018	j
60			of the Treasury enue Service		ot enter social secur to <i>www.irs.gov/For</i> n							Open to Public Insp	ection
					ning 0/01/18,		_		-				
CANNED		me of for			20/01/10/	3 0 0 7	<del>5</del> 0 7		A Empl	oyer ic	lentification number		
Z	P	ard	ee Cance	r Treatme	ent Fund								
			idland C						38	-60	21194		
-					vered to street address)		Room/su	uite			umber (see instruction	ns)	
	4	201	Campus	Ridge Dri	ive, Ste 12	75			989	9-8	39-3929		
MAY	-			ountry, and ZIP or foreig		1			C If exe	mntinn	application is pending	check here	<b>▶</b> □
=	<u>M</u>	<u>idl</u>	<u>and</u>		<u>MI 48640</u>				] " ""	po	application to porter to	,	
1	G C	Check a	all that apply	Initial return	n 🗓 Initial retu	ırn of a former publi	c charı	ty	D 1. Fo	oreign o	organizations, check h	ere	٠ 📙
00				Final return	Amended	l return			2 Fc	oreign o	organizations meeting	the	_
2				- Address ch	ange 🔲 Name ch	ange			85	5% test	, check here and attac	h computation	▶ 📙
202	H C	heck 1	vpe of organizat	ion X Section 5	01(c)(3) exempt priva	ite foundation	$\exists \Box$	N.	E If pnv	ate fou	ndation status was ter	minated under	
				exempt charitable		ole private foundatio	n [],	<b>X</b>	1 '		b)(1)(A), check here	•	▶ 📙
		_	ket value of all a		Accounting method		ccrual		F If the	founda	tion is in a 60-month t	ermination	
			ear (from Part II,	i i	Other (specify)				1		n 507(b)(1)(B), check		<b>▶</b> ∐
		ne 16)			Part I, column (d) mus	t be on cash basis )							
		art I		evenue and Exp		(a) Revenue and			<u> </u>	Ī		(d) Disbursemen	ıts
<i>γ</i> 3		<del></del>	amounts in columns	s (b), (c), and (d) may n	not necessarily equal	expenses per	0	b) Net in	vestment me	(	c) Adjusted net income	for charitable purposes	
$JI_{r}$			the amounts in colu	ımn (a) (see instruction:	s))	books	_ \ hillime	is «	1 35. <b>1 1</b> 1 1 1 1 1	atlanti r	a Ministrative Tree difference - History	(cash basis only	/)
/		1		-	ved (attach schedule)	426,72	Z E -1			F			
10		2	Check ▶ ☐ If t	the foundation is <b>no</b> f	t required to attach Sch				<u> </u>				
١Y		3	Interest on savi	ngs and temporar	ry cash investments	53,14	4		<u>53,144</u>		53,144	# ./ 1 T	
•		4	Dividends and i	interest from secu	ırıtıes								2
		5a	Gross rents							The second second	and the same of th		
يد	ā	b	Net rental incor	ne or (loss)			F 29591111F	3 1999	E	#### "·			
Add Mappe	Revenue	6a	Net gain or (loss) from	n sale of assets not on lin	ne 10		91						
	Ž	b	Gross sales price for a	all assets on line 6a				1		Description 1	nific a barran iii.		1.+
7	æ	7	Capital gain net	t income (from Pa	rt IV, line 2)				0				1 1
		8	Net short-term	capital gain					er sa transpirite s to		0	n	
=		9	Income modific	ations					interested binishints				
3		10a	Gross sales less retu	ıms and allowances									<u> </u>
		b	Less Cost of ge	oods sold			, 100 m	3.0					
		С	Gross profit or (	(loss) (attach sche	edule)			T T					
		11	Other income (a	attach schedule)	Stmt 1	106,02	_			ļ			
		12	Total. Add lines	s 1 through 11	~- ···-	585,89	4		53,144		159,172		<b>#</b> '.
	enses	13	Compensation	of officers, directo	ors, trustees, etc		0						
	Ĕ	14	Other employee	e salaries and wa	ges	139,26					25,067	114,	
	ğ	15	Pension plans,	employee benefit	ts	10,55	2			L,	1,899	8,	<u>653</u>
	ш	16a	Legal fees (atta	ch schedule)					<u> 182-020</u>				
,	Ve.	b	Accounting fees	s (attach schedule	e) Stmt 2	10,13	0						
2020 NA	ati	С	Other professiona	i fees (attach schedu	ule)				2020	لظ			
3	ž	17	Interest					Ш	_2_				
0	Ξ̈́	18	Taxes (attach sch	edule) (see instruction	ons)			$ \geq $	<u>&amp;</u>	Z			
<u>ر</u> ک	Έ	19	Depreciation (atta	ch schedule) and de	pletion Stmt 3	51	4	Ш	Ó				-
41,	þ	20	Occupancy					121	N N	9			
<sup>7</sup>	9	21	Travel, confere	nces, and meeting	gs			吊	ηſ	lŏ	_		
	Operating and Administrative Exp	22	Printing and put	blications									
NC:	5	23	Other expenses (att s		Stmt 4	10,09	8		B944		1,488	6,	783
Z	tin	24		g and administra				L	7700	_			
<b>M</b>	ra E		Add lines 13 thi	_	•	170,55			0	L	28,454	129,	<u>63</u> 1
PA CO	ğ	25	Contributions, gifts, gi	-		250,88				Ę <b>P</b>		250,	
رب روي	0	26			s. Add lines 24 and 25	421,43			0		28,454	380,	
1		27	Subtract line 26										
9		a			and disbursements	164,45	6						
~,,		b		t income (if nega					53,144				
		C		ncome (if negativ	•								

c Adjusted net income (if negative, enter -0-)

38-6021194 Form 990-PF (2018) Pardee Cancer Treatment Fund Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part (c) Fair Market Value (a) Book Value (b) Book Value 869 869 869 Cash - non-interest-bearing 4,115,192 4,279,202 4,279,202 2 Savings and temporary cash investments 2,710 Accounts receivable ▶ 3,460 2,710 Less allowance for doubtful accounts ▶ 2,710 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (att. schedule) 0 Less allowance for doubtful accounts ▶ Inventories for sale or use Prepaid expenses and deferred charges 9 10a Investments – U.S. and state government obligations (attach schedule) Investments - corporate stock (attach schedule) b 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) 18,454 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.)  $\blacktriangleright$  Stmt 5 16,364 864 2,090 15 Other assets (describe > 16 Total assets (to be completed by all filers - see the 4,120,385 4,284,871 instructions Also, see page 1, item I) 12,632 12,662 17 Accounts payable and accrued expenses 18 Grants payable Liabilities 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule) 21 22 Other liabilities (describe ) 12,662 12,632 Total liabilities (add lines 17 through 22)  $\triangleright |X|$ Foundations that follow SFAS 117, check here Net Assets or Fund Balances and complete lines 24 through 26, and lines 30 and 31. 3,930,934 3,566,478 24 Unrestricted 341,275 541,275 25 Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 4,107,753 4,272,209 30 / Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see 4,120,385 4,284,871 instructions) 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 4,107,753 end-of-year figure reported on prior year's return) 164,456 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶ 3 4,272,209 Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) 5 6 4,272,209 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2018)

	<u>Cancer Treatment</u>		<u> 38-6021194</u>	<u> </u>	Page 3
Part IV Capital Gains a	and Losses for Tax on Inves	stment Income	<del>,</del>	r	<del></del>
	the kind(s) of property sold (for example, real est	tate,	(b) How acquired P – Purchase	(c) Date acquire (mo , day, yr )	d (d) Date sold (mo , day, yr )
<u> </u>	rehouse, or common stock, 200 shs MLC Co )		D - Donation	(IIIO, day, yr)	(IIIO , day, yi )
1a N/A		<del></del>			-
b			<del> </del>	-	-
<u> </u>					<del> </del>
					<del></del>
е	(f) Description allowed	(-) ()	- ethor hoos	(5)	Gain or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		lus (f) minus (g))
a			•		· · · · · · · · · · · · · · · · · · ·
b				···-	
C					
d			•		
e					
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12	/31/69	(I) Gains	(Col (h) gain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (i) I (j), if any	col (k), bu	nt not less than -0-) or es (from col (h))
а					
b					
С					
d			· · · · · · · · · · · · · · · · · · ·		
е					
2 Capital gain net income or (net		r in Part I, line 7			
	If (loss), enter -0-	- in Part I, line 7 _		2	
	oss) as defined in sections 1222(5) a				
*	8, column (c) See instructions If (lo	oss), enter -0- in			
Part I, line 8	Index Cookies 4040(a) for De		lat lavaataaant	3	
	Inder Section 4940(e) for Re			income	
	ite foundations subject to the section	1 4940(a) tax on net ir	ivestment income )		
If section 4940(d)(2) applies, leave	this part blank				N/A
Was the foundation liable for the se	ection 4942 tax on the distributable a	mount of any year in	the base period?		Yes No
If "Yes," the foundation doesn't qua	ilify under section 4940(e). Do not co	omplete this part			
1 Enter the appropriate amount in	n each column for each year, see the	e instructions before r	naking any entries		
(a)	(b)		(c)		(d) Distribution ratio
Base period years Calendar year (or tax year beginning i	in) Adjusted qualifying distributi	ions Net valu	e of noncharitable-use ass	ets (col	(b) divided by col (c))
2017					
2016					
2015					· <del></del>
2014					
2013	<u>l,</u>			<del></del>	<del></del>
				1 _ 1	
2 Total of line 1, column (d)				2	
	e 5-year base period – divide the total		by		
the number of years the founda	ation has been in existence if less tha	an 5 years		3	
4 Fatastha astualisa of assaham	table was assets for 2018 from Dark	V 1 E			
4 Enter the net value of nonchari	table-use assets for 2018 from Part 2	X, line 5		4	
E. Mulhimli, line 4 his line 2				5	
5 Multiply line 4 by line 3				-	
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6	<u> </u>
7 Add lines 5 and 6				7	
8 Enter qualifying distributions fro	om Part XII. line 4			8	
If line 8 is equal to or greater th	nan line 7, check the box in Part VI, li	ine 1b, and complete	that part using a 1%		he
Part VI instructions					

Form	990-PF (2018) Pardee Cancer Treatment Fund 38-6021194		Page <b>4</b>
<b>⊯</b> Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ons)	
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 (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	1,063
	here ▶ ☐ and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		
	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	1,063
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	1,063
6	Credits/Payments		
а	2018 estimated tax payments and 2017 overpayment credited to 2018		
b	Exempt foreign organizations – tax withheld at source 6b		
С	Tax paid with application for extension of time to file (Form 8868)  6c 1,063		
d	Backup withholding erroneously withheld 6d		
7	Total credits and payments Add lines 6a through 6d	7	1,063
8	Enter any penalty for underpayment of estimated tax. Check her 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 2019 estimated tax ▶ Refunded ▶	11	
Pa	REVILAR Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes No
	participate or intervene in any political campaign?		1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		
	instructions for the definition		1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		
	published or distributed by the foundation in connection with the activities		
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 ▶ \$	<del></del>	
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		The second secon
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 X 4a X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4a X 4b
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	IV/ A	5 X
3	If "Yes," attach the statement required by General Instruction T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		
•	By language in the governing instrument, or		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		
	conflict with the state law remain in the governing instrument?		6 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), an	d Part XV	7 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		8b 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 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"		
	complete Part XIV		9 X \
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		
	names and addresses Stmt		10 X
	<del></del>	F	om 990-PF (2018)

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<b>#Pa</b>	Statements Regarding Activities (continued)			
			₩ Ye	s No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	<u>1                                    </u>	X
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:	2	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:		
13	Website address www.pardeefoundation.org			
	The books are in care of ▶ Deb McGill  Telephone no ▶ 98	30_830	1_3C	129
14		19-033	, , ,	, 2 5
	4201 Campus Ridge Dr.	0640		
		8640		~ m
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	_	Ye	
	over a bank, securities, or other financial account in a foreign country?	10	3	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	i i		
	the foreign country >			<u> </u>
Pa	art VILB: 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.	T 34	∰ Ye	s No
1a		E-17		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No 📗		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	F. (7		
		No P		
	disqualified person? Yes $\overline{X}$ (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes $\overline{X}$	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
		10		
	(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 X	No 🏢	<b>#</b>   <b>       </b>	
		HO LL		4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	foundation agreed to make a grant to or to employ the official for a period after	L.		
_	termination of government service, if terminating within 90 days )	No		
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	· ·	N/A 1	3	
	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	. 7 / 7		
	, , , ,	N/A 1	C P	- E E - 7-50
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 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	No		
	If "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 2	D	that trails
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			<b>-     -  </b>
	at any time during the year? Yes X	No 📗		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			<b>##</b> -
	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			
		N/A 3	b _	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	a	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	13		
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4	ь	X
	Commission Period and the new poet to motor and the poet of the motor and or me tow look and mining in Follow			PF (2018

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Pe	Statements Regarding Activities for Which Forn	<u>n 4720 May B</u>	<u>e Required (</u>	continued)	r
5a	During the year did the foundation pay or incur any amount to				Yes No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 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	on described in		ETT.	
	section 4945(d)(4)(A)? See instructions		□ ,	Yes 🗓 No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational	<u></u>		
	purposes, or for the prevention of cruelty to children or animals?			Yes 🛚 No	
þ				37 / D	
	Regulations section 53 4945 or in a current notice regarding disaster assistant		ons	N/A	5b
	Organizations relying on a current notice regarding disaster assistance, chec				
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax	N7 /7 [] .		
	because it maintained expenditure responsibility for the grant?		N/A ∐'	Yes No	أغنى إننا الأنب
_	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	Г-,	Yes X No	
	on a personal benefit contract?	norconal banafit a		Yes X No	Eb Y
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870	personal benefit (	Julia GLY		6b X
7a	At any time during the tax year, was the foundation a party to a prohibited tax	shelter transactio	n2	Yes X No	
b	If "Yes," did the foundation receive any proceeds or have any net income attr			N/A	7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than			,	
•	remuneration or excess parachute payment(s) during the year?			Yes 🔀 No	
P	Information About Officers, Directors, Trustees,	Foundation M	anagers, Hig	hly Paid Em	ployees,
	and Contractors				
1 i	ist all officers, directors, trustees, and foundation managers and their co	ompensation. Se	e instructions.		<del>, </del>
	(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	(e) Expense account, other allowances
	01.15.00.15.2		<u> </u>	compensation	<del> </del>
Se	e Statement 7	1			
					<del> </del>
		1			
	_	1			
				]	<u></u>
2	Compensation of five highest-paid employees (other than those include "NONE."	ed on line 1 – see	instructions). I	f none, enter	
		(b) Title, and average	_	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	
				compensation	<del> </del>
NC	NE				
					<del>                                     </del>
		1			
			-	<u> </u>	<del>                                     </del>
		1			
		1			
		1			
					T
		<u> </u>		<u> </u>	
Tota	I number of other employees paid over \$50,000	···			<del></del>
				F	orm 990-PF (2018)

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Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	dation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional services. See instr	ructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services		
CONTRACTOR OF THE PROPERTY OF		
Partile A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable 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 Assist individuals with cancer related ex	kpenses	
		260,133
2		
3	· · · · · · · · · · · · · · · · · · ·	
3		
4		
Part X:B Summary of Program-Related Investments (see instru	uctions)	
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	<b>&gt;</b>	
		Form <b>990-PF</b> (2018)

Form	990-PF(2018) Pardee Cancer Treatment Fund 38-6021194	Page 8
	Minimum Investment Return (All domestic foundations must complete this part	
111111111111111111111111111111111111111	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	
	purposes	
а	Average monthly fair market value of securities	1a 4,276,310
b	Average of monthly cash balances	<b>1b</b> 104,910
С	Fair market value of all other assets (see instructions)	1c 0
d	Total (add lines 1a, b, and c)	1d 4,381,220
е	Reduction claimed for blockage or other factors reported on lines 1a and	
	1c (attach detailed explanation)	
2	Acquisition indebtedness applicable to line 1 assets	2 0
3	Subtract line 2 from line 1d	<b>3</b> 4,381,220
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	1 1
	instructions)	4 65,718
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b> 4,315,502
6	Minimum investment return. Enter 5% of line 5	<u>6</u> 215,775
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private open	erating foundations
	and certain foreign organizations, check here $ \overline{X} $ and do not complete this part.)	
1	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2018 from Part VI, line 5	
b	Income tax for 2018 (This does not include the tax from Part VI )	<b>工、文庫</b>
С	Add lines 2a and 2b	2c
3	Distributable amount before adjustments Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	
	line 1	
Ψp:	Qualifying Distributions (see instructions)	
		Table 1
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	200 510
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a 380,513
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	11 22 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
а	Suitability test (prior IRS approval required)	3a
b	Cash distribution test (attach the required schedule)	3b
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 380,513
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	6 380,513
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether t	ne toundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

Form	<u> 1990-PF (2018) Pardee Canc</u>			<u> 38-60211</u>			Page <b>10</b>
Pa	irt XIV Private Operating Fo	undations (see	instructions and F	Part VII-A, questic	on 9)		
1a	If the foundation has received a ruling	or determination lette	that it is a private op	erating			
	foundation, and the ruling is effective for			•			N/A
b	Check box to indicate whether the four	idation is a private op	erating foundation de	scribed in sectiX 4	942(j)(3) or	4942	2(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	5	(e) Total
	investment return from Part X for						
	each year listed	130,718			ļ	l	130,718
ь	85% of line 2a	111,110					111,110
c	Qualifying distributions from Part XII,						
•	line 4 for each year listed	380,513					380,513
d	Amounts included in line 2c not used directly						
•	for active conduct of exempt activities						
е	Qualifying distributions made directly	·					
·	for active conduct of exempt activities						
	Subtract line 2d from line 2c	380,513					380,513
3	Complete 3a, b, or c for the	300,013				$\overline{}$	
3	alternative test relied upon						
_	"Assets" alternative test – enter						
а	(1) Value of all assets						
	` '				<u> </u>		
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)  "Endowment" alternative test – enter 2	3			<del> </del>		
b							
	of minimum investment return shown in	143,850			$\downarrow$		143,850
	Part X, line 6 for each year listed	143,630			<del>\</del>	$\longrightarrow$	143,030
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)						
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(iii)					<del></del>	
	(3) Largest amount of support from						
	an exempt organization				ļ		
	(4) Gross investment income	<u> </u>			<u> </u>		
Pa	Supplementary Info			if the foundatio	n had \$5,00	)0 or n	nore in assets at
	any time during the		ıctions.)				
1	Information Regarding Foundation						
а	List any managers of the foundation wi					indation	
	before the close of any tax year (but or	nly if they have contrib	outed more than \$5,0	00) (See section 507	(d)(2))		
	N/A						
b	List any managers of the foundation w	ho own 10% or more	of the stock of a corp	oration (or an equally	large portion o	f the	
	ownership of a partnership or other ent	tity) of which the foun	dation has a 10% or g	greater interest			
	N/A						
2	Information Regarding Contribution	, Grant, Gift, Loan, S	Scholarship, etc., Pro	ograms:			_
	Check here ► X if the foundation on	ly makes contribution	s to preselected char	itable organizations a	nd does not ac	cept	
	unsolicited requests for funds. If the for						S,
	complete items 2a, b, c, and d See ins	structions					
	The name, address, and telephone nu		s of the person to who	om applications shoul	ld be addresse	d	
	Deb McGill 989-839-		•				
	4201 Campus Ridge [		MT 48640				
<u> </u>	The form in which applications should			s they should include	·		
-	See Statement 7	Jo Jabiiiii.	suon and material	,			
	Any submission deadlines	··					
L	N/A						
	Any restrictions or limitations on award	le euch se by soosse	nhical areas charitah	ale fields kinds of inst	itutions or other		
u	•	is, such as by geogra	pinoai aicas, Gialilab	no neius, kinus Ui MSL	addons, or othe	<b>.</b> ,	
	factors						
	See Statement 8						Form 990-PF (2018)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Doctor Fees Various None 29,620 Medical expenses None MI 48640 Hospital Fees Various None Ι Medical expenses 172,916 None MI 48640 Medical Expenses Ι None Various Medical expenses 9,964 None MI 48640 Patient Support I None Various 29,737 None MI 48640 Medical expenses Prescriptions ΙI Various None None MI 48640 Medical expenses 8,645 ▶ 3a 250,882 **b** Approved for future payment N/A **▶** 3b **Total** 

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

Pardee Cancer of Midland Co	Treatment Fund	38-6021194
Organization type (check or		130 0021131
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	∑ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Spe	icial Rule See
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions to property) from any one contributor. Complete Parts I and II. See instructions for d stributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supportions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-that received from any one contributor, during the year, total contributions of the game the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete	-EZ), Part II, line greater of (1)
contributor, during the literary, or educations	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e year, total contributions of more than \$1,000 exclusively for religious, charitable all purposes, or for the prevention of cruelty to children or animals. Complete Parts is stead of the contributor name and address), II, and III	e, scientific,
contributor, during the contributions totaled during the year for an	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e year, contributions exclusively for religious, charitable, etc., purposes, but no sumore than \$1,000. If this box is checked, enter here the total contributions that we nexclusively religious, charitable, etc., purpose. Don't complete any of the parts us to this organization because it received nonexclusively religious, charitable, etc. are during the year.	uch ere received inless the
990-EZ, or 990-PF), but it mi	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedul ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of i o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990	its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Pardee Cancer Treatment Fund

Page 1 of 1 Page 2

Employer identification number

38-6021194

Parti	Contributors (see instructions) Use duplicate copies of	Part I if additional space is	s needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Elsa U. Pardee Foundation Grant P.O. Box 2767 Midland MI 48641-2767	\$ 400,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Midland Gymnastics Training Center 1111 E. Wackerly Midland MI 48642	<b>\$</b> 7,500	Person X 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)

2/26/2020 10:02 AM Adjusted Net <del>1.</del>3 Income 106,028 106,028 Adjusted Net Charitable Purpose Income Net Investment Income Net Investment Adjusted Income 514 Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Current Year Depreciation 514 Statement 1 - Form 990-PF, Part I, Line 11 - Other Income Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation 106,028 106,028 Revenue per Investment Life **Federal Statements** Books Method 10,130 10,130 Total Depreciation **Prior Year** 051514730 Pardee Cancer Treatment Fund Description Description Indirect Accounting Fees Cost Basis Description FYE: 9/30/2019 Depreciation Acquired Total Total Write offs Total 38-6021194

2/26/2020 10:02 AM

051514730 Pardee Cancer Treatment Fund

# Federal Statements

38-6021194 · FYE: 9/30/2019

	Statement 4 - Forr	n 990-PF, P	it 4 - Form 990-PF, Part I, Line 23 - Other Expenses	3 - Other E	xpenses	<b>401</b>		
Description		Total	Net Investment	t nent	Ă	Adjusted Net	ნ•	Charitable Purpose
	ςŷ		৵		⟨γ-		s٠	
Expenses								
Office expense		6,963				1,253		5,710
Insurance		1,827						
Copier Lease		1,308				235		1,073
Total	w	10,098	\$	0	\$	1,488	ς	6,783

Description	Be	eginning Vet Book	ပိ	End Cost / Basis	End A Dep	1 Accumulated Depreciation	Net
	ς	864	တ	18,454	ഗ	16,364	φ.
Total	\$	864	ς,	18,454	ς	16,364	\$

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

10 - Substantial Contributors		City, State, Zip
Statement 6 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributo	Name	Address

Midland MI 48641-2767

Elsa U. Pardee Foundation P.O. Box 2767

F, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	nsation Benefits Expenses	0 0	0 0 0
1 - List of Officers, Di	Average Compensation	1.00	1.00
990-PF, Part VIII, Line	Title	President	Vice Preside
Statement 7 - Form 990-PI	Name and Address	William Lauderbach 4321 James Drive Midland MI 48640	Dr. Daniel Sorenson

051514730 Pardee Cancer Treatment Fund 38-6021194 FYE: 9/30/2019	Federal	Federal Statements	S	2/26	2/26/2020 10:02 AM	
Statement 7 - Form 990-PF		VIII, Line 1 - List of Etc. (continued)	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Trustees,		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses	
2605 Walden Woods Court Midland MI 48640			:			
Thane Wernette 2306 E. Sugnet Mıdland MI 48642	Treasurer	1.00	0	0	0	<del> </del>
Marilyn Bott 1213 Wallen Midland MI 48642	Director	0.25	0	0	0	
Carole Dennings 777 W. Cedar Avenue Gladwın MI 48624	Director	0.25	0	0	0	-
Joan Herbert 3804 Leonard Lane Midland MI 48640	Director	0.25	0	0	0	
Mary Jane Hoshaw 206 Harrison Street Midland MI 48640	Director	0.25	0	0	0	
Rev. Wallace Mayton, III 1903 Dilloway Mıdland MI 48640	Director	0.25	0	0	0	
Mary Neely 4302 Cruz Drive Midland MI 48642	Director	0.25	0	0	0	
Steven Perry 706 Honeysuckle Circle Midland MI 48642	Director	0.25	0	0	0	<u> </u>
					,	

ι.

2/26/2020 10:02 AM Expenses 0 Benefits Statement 7 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued) Compensation **Federal Statements** Average Hours 0.25 Title Director 051514730 Pardee Cancer Treatment Fund Name and Address Pat Wilson 5108 Plainfield Midland MI 48642 FYE: 9/30/2019 38-6021194

051514730 Pardee Cancer Treatment Fund 38-6021194 Federal Statements

FYE: 9/30/2019

38-6021194

2/26/2020 10:02 AM

## Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

See Statement 7

# Statement 8 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

### Description

Patients need to fill out an application form. In addition, each patient is required to submit insurance information, personal financial statements, and sign a consent form.