

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including fields for year (2000), organization name (Parkland Foundation), address (P O Box 45148, Dallas TX 75245), and identification numbers (75-2089180).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Main table with 21 rows detailing revenue (Total: 3,184,557) and expenses (Total: 2,173,089), resulting in a net asset increase of 1,011,468.

SCANNED MAY 01 2002

Revenue

RECEIVED APR 17 2002 OGDEN UT

16

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 1,593,685 noncash \$ )	22 1,593,685	1,593,685		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 29,697		13,743	15,954
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 6,098		6,098	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 6,365		5,474	891
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses (itemize) a	43a			
b DCHD Personnel Services	43b 465,385		319,011	146,374
c Contractual Services	43c 36,863		36,863	
d Advertising and Event/Community Support	43d 29,440		27,676	1,764
e Other Expenses	43e 5,556		4,935	621
f	43f			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,173,089	1,593,685	413,800	165,604

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
What is the organization's primary exempt purpose? To Support Dallas County Hospital District	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Patient Services-Payments to/on behalf of DCHD, the hospital that serves indigent Dallas County patients. Includes medical care and personnel to support patient care (nurses, physicians, chaplains, etc.)	
(Grants and allocations \$ 15,371	15,371
b Patient/Public Education-includes advertising, brochures, videotapes, and models, as well as salaries of patient education personnel of DCHD	
(Grants and allocations \$ 119,200	119,200
c Patient Assistance-Consists of items and services that enable patients to find and benefit from health care or to be discharged successfully. Includes transportation, rental of certain home care equipment, food, and small appliances	
(Grants and allocations \$ 915,761	915,761
d Professional Development-Includes advanced or supplemental training for staff of DCHD to help them keep abreast of developments in their fields	
(Grants and allocations \$ 343,061	343,061
e Other program services (attach schedule)	(Grants and allocations \$ 200,292
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,593,685

**Part IV Balance Sheets** (See Specific Instructions on page 23)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
<b>Assets</b>			
45	Cash - non-interest-bearing	660,160	19,851
46	Savings and temporary cash investments	7,415,254	8,526,389
47a	Accounts receivable	22,819	
b	Less allowance for doubtful accounts	62,447	22,819
48a	Pledges receivable		
b	Less allowance for doubtful accounts		
49	Grants receivable	1,030,285	2,194,221
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts		
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55a	Investments - land, buildings, and equipment basis		
b	Less accumulated depreciation (attach schedule)		
56	Investments - other (attach schedule)		
57a	Land, buildings, and equipment basis	32,280	
b	Less accumulated depreciation (attach schedule)	20,086	12,194
58	Other assets (describe)		
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	9,186,437	10,775,474
<b>Liabilities</b>			
60	Accounts payable and accrued expenses	254,800	252,405
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule)		
65	Other liabilities (describe)	3,319,363	3,899,327
66	<b>Total liabilities (add lines 60 through 65)</b>	3,574,163	4,151,732
<b>Net Assets or Fund Balances</b>			
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	1,970,830	2,629,619
68	Temporarily restricted	3,641,444	3,994,123
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, bldg, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)</b>	5,612,274	6,623,742
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	9,186,437	10,775,474

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information**

(See Specific Instructions on pages 26 )

		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes
b	If "Yes," enter the name of the organization <u>Dallas County Hospital District</u>		
	and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III )	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Part IX	88	No
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach a statement explaining each transaction	89	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		
d	Enter Amount of tax in 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed _____		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst )	90b	See Statement
91	The books are in care of <u>Joy Carson</u> Telephone no <u>(214) 590-4662</u> Located at <u>5201 Harry Hines Boulevard, Dallas TX</u> ZIP code <u>75235</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Grant indirect cost & management fees					513,572
b Seminar, study, research & other fees			3	530,467	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	453,344	
96 Dividends and interest from securities					
97 Net rental income (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))				983,811	513,572
105 TOTAL (add line 104, columns (B), (D), and (E))					1,497,383

Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I)

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	The Foundation receives grant indirect cost & management fees for administration of DCHD grants in return for fiscal programmatic oversight, as well as accounting & audit related services for specific grant programs and agency funds restricted for DCHD activities. The funds are derived solely to accomplish the Foundation's exempt purpose, to provide charitable support to DCHD, & are expended in accordance with their restrictions for patient & other care for indigents

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge

other than officer) is based on all information of which preparer has any knowledge

4/08/02 X Joy E CARSON ASSIC DIR of Grants mgmt.  
 Date Type of print name Title

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2000**

Supplementary Information - (See separate instructions)

Department of the Treasury  
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization  
Parkland Foundation

Employer identification number  
75-2089180

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are 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 & deferred compensation	(e) Expense account and other allowances
Joy Carson c/o Parkland Foundation P O Box 45148 Dallas, TX 75245	Associate Director, Grants Management	71,883		
Karen Mallowney c/o Parkland Foundation P O Box 45148 Dallas, TX 75245	Associate Director, Development	55,562		
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities**

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b>	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

**Part IV Reason for Non-Private Foundation Status**

(See pages 2 through 4 of the instructions)

The organization is not a private foundation because it is (please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule below)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
Dallas County Hospital District	8

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

**NOTE** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26</b> Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b>
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
d Add Amounts from column (e) for lines 18 _____ 19 _____					<b>26d</b>
22 _____ 26b _____					<b>26e</b>
e Public support (line 26c minus line 26d total)					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year				
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____					<b>27c</b>
17 _____ 20 _____ 21 _____					<b>27d</b>
d Add Line 27a total _____ and line 27b total _____					<b>27e</b>
e Public support (line 27c minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>

**28 Unusual Grants** For an organization described in line 10, 11 or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

**Part V Private School Questionnaire**

(See page 5 of the instructions )

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
.....		
.....		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
.....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement )		
.....		
.....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(See page 7 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here  a If the organization belongs to an affiliated group

Check here  b If you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, file Form 4720

**4 - Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization  
Parkland Foundation

Employer identification number  
75-2089180

Organization type (check one)-Section  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below )

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization  
Parkland Foundation

Employer identification number  
75-2089180

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED LIST OF CONTRIBUTORS ..... ..... .....	\$ SEE ATTACHED LIST .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	..... ..... .....	\$ .....	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

**Parkland Foundation**  
**Attachment to Form 990**  
**Donors Greater Than 2% of Form 990, Line 1d (Rounded to \$30,000)**  
**Year Ended September 30, 2001**

<u>DONOR NAME &amp; ADDRESS</u>	<u>FUND</u>	<u>AMOUNT</u>
		\$250,000 00
		\$50,000 00
		\$60,000 00
		\$50,538 00
		\$107,000 00
		\$80,000 00
		\$30,000 00
	y	\$49,105 00
		\$175,000 00
		\$275,000 00
		\$30,000 00
		<hr/>
<b>Total Donors Greater Than/Equal To \$30,000</b>		<b><u><u>\$1,156,643 00</u></u></b>

**Line 65 (Form 990) - Other Liabilities**

		Beginning	End
1	DUE TO DCHD	3,319,363	3,899,327
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	3,319,363	3,899,327

**Line 83a for 990**

**Total:**

1	Parkland Foundation occupies office space leased by DCHD, and certain operating costs of the Foundation,	1	
2	such as furniture and equipment, telephone, supplies and other recurring maintenance costs are provided	2	
3	by DCHD at no charge to Parkland Foundation. No amount has been calculated for the value of the rent,	3	
4	equipment used, or other supplies and services provided to the Foundation by DCHD without charge	4	
5		5	

**Other Program Services**

**Total:**

200,292

1	Grants Management-As agent for DCHD, the Foundation maintains a recordkeeping system for ongoing	1	
2	grants of DCHD, and coordinates external and internal financial audits of grants accounted for on the books	2	
3	of the Foundation as DCHD managed funds (agency)	3	200,292
4		4	
5		5	

**Grants and Allocations-Cash**

**Total:**

1,593,685

1	Grants and allocations consist entirely of direct support to/on behalf of Dallas County Hospital District (DCHD)	1	
2	for the program services described in Part III. Further detail is provided in the attached statement of functional	2	
3	expenses, which is extracted from the audit of the Foundation	3	1,593,685
4		4	
5		5	

**Line 90b for 990**

**Total:**

1	All personnel services performed for the Foundation are provided by employees of Dallas County Hospital	1	
2	District, which is responsible for all payroll reporting, including annual W-2's and 1099's. The Foundation	2	
3	reimburses DCHD for payroll costs associated with DCHD employees providing services for Parkland	3	
4	Foundation. Accordingly, no payroll reports are filed by the Foundation, and reimbursements paid to DCHD	4	
5	personnel are reported DCHD Personnel Services on Form 990, Part II # of Personnel on 3/12/00-11	5	

PARKLAND FOUNDATION  
ATTACHMENT TO FORM 990 – EIN#75-2089180  
STATEMENT OF FUNCTIONAL EXPENSES  
YEAR ENDED SEPTEMBER 30, 2001

Program Services - Support to DCHD									
	Patient Services	Patient/ Public Education	Patient Assistance	Professional Development	Grants Management	Total Program Services	Management and General Fundraising	2001 Total Expenses	
Foundation salaries and benefits					\$ 194,195	\$ 194,195	\$ 319,011	\$ 146,374	\$ 659,580
DCHD reimbursed salaries and benefits	\$ 15,371	\$ 95,819	\$ 175,343	\$ 20,172		306,705			306,705
Supplies		4,074	177,355	33,471		214,900	13,743	15,954	244,597
Equipment (Note 1)		219	297,380			297,599	6,098		303,697
Travel, education and conferences		2,697	45,821	251,801		300,319	5,474	891	306,684
Contractual Services		855	13,106	8,030		21,991	36,863		58,854
Advertising and community support			39,602	16,155		55,757	27,676	1,764	85,197
Transfer to DCHD for Neonatal center			140,388			140,388			140,388
Other		15,536	26,766	13,432		55,734	4,935	621	61,290
<b>Total expenses before depreciation</b>	<b>15,371</b>	<b>119,200</b>	<b>915,761</b>	<b>343,061</b>	<b>194,195</b>	<b>1,587,588</b>	<b>413,800</b>	<b>165,604</b>	<b>2,166,992</b>
Depreciation					6,097	6,097			6,097
<b>TOTAL EXPENSES</b>	<b>\$15,371</b>	<b>\$119,200</b>	<b>\$915,761</b>	<b>\$343,061</b>	<b>\$200,292</b>	<b>\$1,593,685</b>	<b>\$413,800</b>	<b>\$165,604</b>	<b>\$2,173,089</b>

**PARKLAND FOUNDATION BOARD OF DIRECTORS  
2000-2001**

MEMBER NAME	TITLE	MAIL/FED EXP/OTHER COURIER ADDRESS
Mr E Carlyle Smith	Chairman	Mail Smith & Warder, Inc PO Box 531288 Grand Prairie, Texas 75053
Mrs Barbara Lord Watkins	President and CEO	Mail Parkland Foundation 5201 Harry Hines Boulevard Dallas, Texas 75235
Ron J Anderson, MD	Vice Chair, Operations	Mail President and Chief Exec Officer Parkland Health & Hospital Syste 5201 Harry Hines Boulevard Dallas, Texas 75235
Mr W Lamar Lovvorn	Vice Chair, Finance	Mail PO Box 45562 Dallas, Texas 75245
Mr Mark Teresi	Treasurer	Mail Senior Vice President & CFO Parkland Health & Hospital Syste 5201 Harry Hines Blvd Dallas, TX 75235
Mrs Maryann S Mihalopoulos	Secretary	Mail Brousseau & Associates 3838 Oak Lawn, Suite 900 Dallas, Texas 75219-4510
Mr Cliff P Boyd	Member	Mail President, Cash Flow Management PO Box 380789 Duncanville, Texas 75138-0789
Mr William E Cooper	Member	Mail President W E Cooper Investments 2700 Stemmons Frwy , Suite 901 Dallas, Texas 75207
Mrs Maurine Dickey	Member	Mail PO Box 609001-422 Dallas, Texas 75360

## PARKLAND FOUNDATION BOARD OF DIRECTORS

MEMBER NAME	TITLE	MAIL FEED EX. or COURIER ADDRESS
Mr Mike A Myers	Member	Mail President & Chairman of the Board Myers Financial Corporation 6310 Lemmon Avenue, Suite 200 Dallas, Texas 75209
Mr Chris V Semos	Member	Mail 1939 W Colorado Dallas, Texas 75208
Mr Robert (Bob) H Thomas	Member	Mail Strasburger & Price Senior Partner 901 Main St #4300 Dallas, TX 75202
Mr E P Feldman	Member	Mail 8612 Cherry Hill Drive Dallas, Texas 75243
Dr Elgin W Ware	Member	Mail Baylor Medical Center 1205 Barnett Tower 3600 Gaston Avenue Dallas, Texas 75246
Mr J Dennis Weitzel	Member	Mail Weitzel & Howell, L L P 2414 N Akard, Suite 700 Dallas, Texas 75201
Ms Elise McVeigh	Ex Officio	Mail 6338 McCommas Blvd Dallas, Texas 75214
Ms Virginia Zimmerly	Beneficial Liaison	Mail 3816 Purdue Dallas TX 75225

Mr Travis Dewey (T D) Dickey, Jr	Member	Mail	Chairman of the Board Dickey's Barbecue Pit, Inc 7770 Forest Lane Dallas, Texas 75230-2502
The Honorable Helen Giddings, - State Representa- tive	Member	Mail	State Representative Texas House of Representatives 1510 N Hampton Road, #220 De Soto, Texas 75115
Mrs Nancy E Judy	Member	Mail	9401 Shady Valley Drive Dallas, Texas 75238-1431
Ms Veletta Forsythe Lill - City Councilwoman	Member	Mail	City Councilwoman City of Dallas 1500 Marilla, 5FS Dallas, Texas 75201
Mr Dalton Lott	Member	Mail	411 Hwy 67 Duncanville, TX 75137

8868

Form (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: Parkland Foundation, P O Box 45148, Dallas, TX 75245.

Check type of return to be filed (file a separate application for each return)

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 5/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for tax year beginning 10/1/2000 and ending 9/30/2001.

2 If this tax year is for less than 12 months, check reason. 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form.

Signature: Ducey Shun, Title: CPA, Date: 2/15/02. For Paperwork Reduction Act Notice, see Instruction (HTA) Form 8868 (12-2000)