

Return of Organization Exempt from Income Tax

2003

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

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.

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 9/30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. D Employer Identification Number 75-2089180. E Telephone number 214-266-2032. F Accounting method: Cash, Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.PARKLANDFOUNDATION.ORG

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

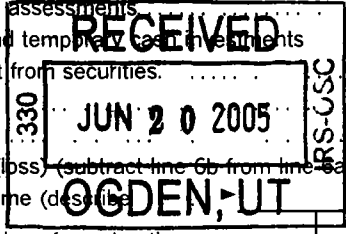
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 5,419,339.

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

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net gain or loss, Special events, Gross sales of inventory, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

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THRU 2003

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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

| 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 (att sch) (cash \$ _____ non-cash \$ _____) | 22 | | | |
| 23 | Specific assistance to individuals (att sch) | 23 | | | |
| 24 | Benefits paid to or for members (att sch) | 24 | | | |
| 25 | Compensation of officers, directors, etc | 25 | 287,967. | 287,967. | |
| 26 | Other salaries and wages | 26 | 959,900. | 307,892. | 291,826. |
| 27 | Pension plan contributions | 27 | | | 360,182. |
| 28 | Other employee benefits | 28 | | | |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 18,250. | | 18,250. |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | 781,049. | 747,409. | 3,906. |
| 34 | Telephone | 34 | | | 29,734. |
| 35 | Postage and shipping | 35 | 414. | | 404. |
| 36 | Occupancy | 36 | 133,957. | 6,457. | 127,500. |
| 37 | Equipment rental and maintenance | 37 | 844,161. | 835,457. | 6,279. |
| 38 | Printing and publications | 38 | | | 2,425. |
| 39 | Travel | 39 | 241,333. | 239,819. | 963. |
| 40 | Conferences, conventions, and meetings | 40 | | | 551. |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 28,571. | | 28,571. |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | ADVERTISING & COMM. SERI | 43a | 197,685. | 194,798. | 2,193. |
| b | CONTRACTUAL SERVICES | 43b | 678,237. | 648,650. | 139. |
| c | OTHER | 43c | 20,486. | 26,869. | -10,390. |
| d | | 43d | | | 4,007. |
| e | | 43e | | | |
| 44 | Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 4,192,010. | 3,295,318. | 469,641. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

| What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 4 | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
|---|---|
| a PATIENT SERVICES- PAYMENTS TO/ON BEHALF OF DCHD, PROVIDING MEDICAL CARE AND PATIENT CARE TO INDIGENT DALLAS COUNTY PATIENTS. (Grants and allocations \$ _____) | 54,084. |
| b PATIENT/PUBLIC EDUCATION- INCLUDES ADVERTISING, BROCHURES, VIDEOTAPES, AND MODELS AS WELL AS SALARIES OF PATIENT EDUCATION PERSONNEL OF DCHD. (Grants and allocations \$ _____) | 82,845. |
| c PATIENT ASSISTANCE-CONSISTS OF ITEMS AND SERVICES THAT ENABLE PATIENTS TO FIND AND BENEFIT FROM HEALTH CARE OR TO BE DISCHARGED SUCCESSFULLY. (Grants and allocations \$ _____) | 2,692,784. |
| 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 \$ _____) | 213,573. |
| e Other program services SEE STATEMENT 5 (Grants and allocations \$ _____) | 252,032. |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 3,295,318. |

Part V Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) | | (B) |
|---|--|---------------------|-------------|---------------------|
| | | Beginning of year | | End of year |
| ASSETS | 45 Cash – non-interest-bearing | 37,215. | 45 | 25,028. |
| | 46 Savings and temporary cash investments | 5,010,617. | 46 | 3,961,110. |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | | 47c |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | | 48c |
| | 49 Grants receivable | 1,682,496. | 49 | 1,469,653. |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes & loans receivable (attach sch) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | | 51c |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 Investments – securities (attach schedule). SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 4,039,218. | 54 | 5,089,676. |
| | 55a Investments – land, buildings, & equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | | 55c |
| | 56 Investments – other (attach schedule) | | 56 | |
| | 57a Land, buildings, and equipment basis | 57a 232,279. | | |
| | b Less: accumulated depreciation (attach schedule) | 57b 108,468. | 152,381. | 57c 123,811. |
| | 58 Other assets (describe ► SEE STATEMENT 8) | 760,790. | 58 | 240,892. |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 11,682,717. | 59 | 10,910,170. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 253,366. | 60 | 103,759. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ► SEE STATEMENT 9) | 3,120,794. | 65 | 2,909,293. |
| 66 Total liabilities (add lines 60 through 65) | 3,374,160. | 66 | 3,013,052. | |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 3,451,891. | 67 | 3,417,866. |
| | 68 Temporarily restricted | 4,856,666. | 68 | 4,479,252. |
| | 69 Permanently restricted | | 69 | |
| | 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 | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21) | 8,308,557. | 73 | 7,897,118. |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 11,682,717. | 74 | 10,910,170. |

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | |
|----------|---|----------|------------|
| a | Total revenue, gains, and other support per audited financial statements. | a | 3,780,571. |
| b | Amounts included on line a but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments \$ 175,914. | | |
| (2) | Donated services and use of facilities \$ | | |
| (3) | Recoveries of prior year grants . . . \$ | | |
| (4) | Other (specify): | | |
| | ----- \$ | | |
| | Add amounts on lines (1) through (4) | b | 175,914. |
| c | Line a minus line b | c | 3,604,657. |
| d | Amounts included on line 12, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): | | |
| | ----- \$ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 3,604,657. |

| | | | |
|----------|--|----------|------------|
| a | Total expenses and losses per audited financial statements | a | 4,192,010. |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities \$ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 . . . \$ | | |
| (3) | Losses reported on line 20, Form 990 . . . \$ | | |
| (4) | Other (specify): | | |
| | ----- \$ | | |
| | Add amounts on lines (1) through (4) | b | |
| c | Line a minus line b | c | 4,192,010. |
| d | Amounts included on line 17, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): | | |
| | ----- \$ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 4,192,010. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; 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 and other allowances |
|--|--|---|---|--|
| SEE ATTACHED EXHIBIT A | NONE | 0. | 0. | 0. |
| BARBARA J WATKINS 2777 STEMMONS FRWY, LB 69 DALLAS, TX 75207 | PRESIDENT & CEO 40+ | 106,862. | 21,479. | 0. |
| DENISE MILLER 2777 STEMMONS FRWY, LB 69 DALLAS, TX 75207 | VICE PRESIDENT 40+ | 95,659. | 19,228. | 0. |
| JOY CARSON 2777 STEMMONS FRWY, LB 69 DALLAS, TX 75207 | CFO 40+ | 85,446. | 17,175. | 0. |
| | | | | |
| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule — see instructions.

Part IV Other Information (See instructions.)

| | | Yes | No |
|-----|---|-----|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. | | X |
| 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. | X | |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 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? | X | |
| 80b | 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 direct and indirect political expenditures. See line 81 instructions | 81a | 0. |
| 81b | Did the organization file Form 1120-POL for this year? | | X |
| 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? | X | |
| 82b | 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 in Part III) | 82b | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A |
| 85a | 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members? | | N/A |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered 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. | | N/A |
| 85c | Dues, assessments, and similar amounts from members | 85c | N/A |
| 85d | Section 162(e) lobbying and political expenditures. | 85d | N/A |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86a | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| 86b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87a | 501(c)(12) organizations. Enter a Gross income from members or shareholders | 87a | N/A |
| 87b | 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. | | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| 89b | 501(c)(3) and 501(c)(4) organizations. 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 | | X |
| | c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0. |
| | d Enter: Amount of tax on line 89c, above, reimbursed by the organization | | 0. |
| 90a | List the states with which a copy of this return is filed <u>NONE</u> | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2003 (See instructions) | 90b | 12 |
| 91 | The books are in care of <u>THE ORGANIZATION</u> Telephone number <u>214-266-2032</u> Located at <u>2777 STEMMONS FREEWAY, DALLAS, TEXAS</u> ZIP + 4 <u>75207</u> | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> | | N/A |

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a PROGRAM SERVICE FEES | | | | | 918,345. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts. | | | 14 | 40,939. | |
| 96 Dividends & interest from securities | | | 14 | 96,621. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory... | | | 18 | 26,021. | |
| 101 Net income or (loss) from special events | | | 1 | 39,322. | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 202,903. | 918,345. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 1,121,248. |

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 instructions.)

| 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) |
|----------|--|
| 1 | SEE STATEMENT 10 |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

| (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 |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please *[Signature]* Date 6/06/05

[Signature] Date MAY 05 2005 Check if Preparer's SSN or PTIN (see General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

2003

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

Employer identification number

PARKLAND FOUNDATION

75-2089180

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

(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| MARILYN BARNES ----- 2777 STEMMONS FRWY, DALLAS TX 75207 | GEN. LEDGER MGR 40+ | 64,688. | 13,002. | 0. |
| KAREN MULLOWNEY ----- 2777 STEMMONS FRWY, DALLAS TX 75207 | ASSOC. DIR. 40+ | 64,542. | 12,973. | 0. |
| JENNIE WALSH ----- 2777 STEMMONS FRWY, DALLAS TX 75207 | SR. GRANT DEV. 40+ | 57,075. | 11,472. | 0. |
| ANGELA BRUNSON ----- 2777 STEMMONS FRWY, DALLAS TX 75207 | GRANT DEVELOP 40+ | 51,756. | 10,403. | 0. |
| Total number of other employees paid over \$50,000 ▶ | | 0 | | |

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

(See 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 ▶ | | 0 |

Part VII 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) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | N/A | | | | |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 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 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 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 | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | | | | | |
| 24 Line 23 minus line 17 | | | | | |
| 25 Enter 1% of line 23 | | | | | |

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26 a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26 b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26 c**

d Add: Amounts from column (e) for lines: **18** _____ **19** _____
22 _____ **26 b** _____ ▶ **26 d**

e Public support (line 26c minus line 26d total) ▶ **26 e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26 f** %

27 Organizations described on line 12: **N/A**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.
 (2002) _____ (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add: Amounts from column (e) for lines: **15** _____ **16** _____
17 _____ **20** _____ **21** _____ ▶ **27 c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27 d**

e Public support (line 27c total minus line 27d total) ▶ **27 e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27 f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27 g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27 h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 **N/A**

Part IV Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|------|---|-----|----|
| 29 | 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? | | |
| 30 | 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? | | |
| 31 | 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.) | | |
| 32 | Does the organization maintain the following: | | |
| 32 a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| 32 b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| 32 c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 32 d | 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.) | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| 33 a | Students' rights or privileges? | | |
| 33 b | Admissions policies? | | |
| 33 c | Employment of faculty or administrative staff? | | |
| 33 d | Scholarships or other financial assistance? | | |
| 33 e | Educational policies? | | |
| 33 f | Use of facilities? | | |
| 33 g | Athletic programs? | | |
| 33 h | Other extracurricular activities? | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 34 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 | | |
| 35 | 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 instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **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 — | | | |
| If the amount on line 40 is — The lobbying nontaxable amount is — | | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$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, you must 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.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable 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 only by organizations that did not complete Part VI-A) (See 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:

| | Yes | No | Amount |
|---|-----|----|--------|
| 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) | | | |

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



Board of Directors 2004

Robert H. Thomas, Esq.
Chairman
901 Main St. #4300
Dallas, TX 75202
Average hours devoted weekly to the board: 8 hours

Barbara Lord Watkins
President & CEO
Parkland Foundation
2777 Stemmons Frwy Suite 1700
Dallas, TX 75207
*Paid employee

Ron J. Anderson, M.D.
Vice Chair, Operations
Parkland Health & Hospital System
5201 Harry Hines Blvd.
Dallas, TX 75235
*Paid employee
Average hours devoted weekly to the board: 6 hours

Vicky C. Teherani, COO
PAJ
2930 Stemmons Frwy
Dallas, TX 75248
Average hours devoted weekly to the board: between 1-2 hours

Veletta Forsythe Lill
City Councilwoman
City of Dallas
1500 Marilla 5FS
Dallas, TX 75201
Average hours devoted weekly to the board: between 2-5 hours

Mike A. Myers
President & Chairman of the Board
Myers Financial Corporation
6310 Lemmon Ave. Suite 200
Dallas, TX 75209
Average hours devoted weekly to the board: less than an hour

EXHIBIT

A

**Board of Directors 2004
continued**

Cliff P. Boyd
President
Cash Flow Management
P O Box 380789
Duncanville, TX 75138-0789
Average hours devoted weekly to the board: less than an hour

William E. Cooper
President
W E Cooper Investments
2700 Stemmons Frwy Suite 901
Dallas, TX 75207
Average hours devoted weekly to the board: less than an hour

Travis Dewey Dickey, Jr.
Chairman of the Board
Dickey's Barbecue Pit, Inc.
7770 Forest Ln.
Dallas, TX 75230-2502
Average hours devoted weekly to the board: less than an hour

Sharon Freeman
PHHS Auxiliary Representative
6475 Lone Grove Ct
Frisco, TX 75034
Average hours devoted weekly to the board: less than an hour

Nancy Strauss Halbreich
9700 Inwood Rd.
Dallas, TX 75220
Average hours devoted weekly to the board: between 1-2 hours

Nancy E. Judy
9401 Shady Valley Dr.
Dallas, TX 75238-1431
Average hours devoted weekly to the board: less than an hour

Dalton Lott
411 Hwy 67
Duncanville, TX 75137
Average hours devoted weekly to the board: less than an hour

W. Lamar Lovvorn
P O Box 45562
Dallas, TX 75245
Average hours devoted weekly to the board: less than an hour

Lauren McDonald, M.D.
Dallas Nephrology Associates
1420 Viceroy Dr.
Dallas, TX 75235-2208
Average hours devoted weekly to the board: less than an hour

EXHIBIT

A pg. 2

**Board of Directors 2004
continued**

Bill Montgomery
5008 Briar Tree Ln.
Dallas, TX 75248
Average hours devoted weekly to the board: less than an hour

Chris V. Semos (deceased June 14, 2004)
1939 W. Colorado
Dallas, TX 75208

Curtis Wallace, Esq.
Chief Operating Officer
T D Jakes Enterprises, Inc.
5125 Voager Dr. LB35
Dallas, TX 75237
Average hours devoted weekly to the board: less than an hour

Betsy Cullum
Crystal Charity Ball Representative
4940 Mangold Circle
Dallas, TX 75229-4343
Average hours devoted weekly to the board: less than an hour

Melinda Schmidt (term expired May 31, 2004)
Junior League Representative
2915 S. Fielder Rd.
Arlington, TX 75015
Average hours devoted weekly to the board: less than an hour

Penelope Logan (appointed June 1, 2004)
Junior League Representative
4026 Windhaven Ln.
Dallas, TX 75287
Average hours devoted weekly to the board: less than an hour

EXHIBIT

A pg 3


STATEMENT OF CHANGE
OF
REGISTERED OFFICE AND REGISTERED AGENT
OF
PARKLAND FOUNDATION

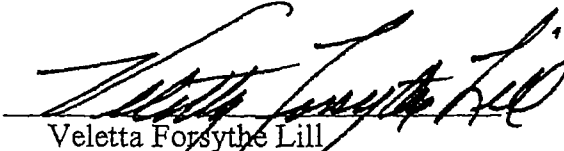
Pursuant to the provisions of Article 1396-2.06 of the Texas Non-Profit Corporation Act, the undersigned corporation hereby changes its Registered Office and Registered Agent as follows:

- 1 The name of the corporation is Parkland Foundation, charter number 781080.
- 2 The Post Office address of the current Registered Office is 5201 Harry Hines Boulevard, Dallas, Texas 75235, and its Registered Agent at such office is Thomas L. Cox, Jr.
- 3 The Post Office address of its new Registered Office is 2777 Stemmons Freeway, Suite 1700, Dallas, Texas 75207.
- 4 The name of the new Registered Agent at such address is Barbara L. Watkins.
- 5 The foregoing change was authorized by unanimous vote of the Board of Directors of the Corporation held at the regular quarterly meeting of the Board on May 13, 2003.

Dated: May 13, 2003.

PARKLAND FOUNDATION

By: 
Robert H. Thomas
Vice Chairman

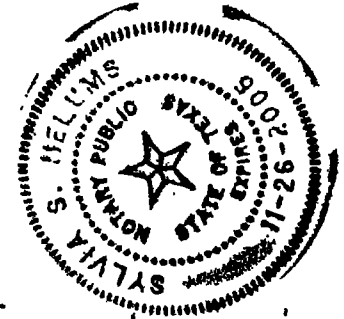
By: 
Veletta Forsythe Lill
Secretary

STATE OF TEXAS §
 §
COUNTY OF DALLAS §

BEFORE ME, a notary public, on this day personally appeared Robert H. Thomas, Vice Chairman, and Veletta Forsythe Lill, Secretary, known to me to be the persons whose names are subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct

Given under my hand and seal of office this 13th day of May, 2003.

Sylvia S. Helms
Notary Public in and for the State of Texas



*My Commission expires
11/26/05*

PARKLAND FOUNDATION

75-2089180

**STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 1,811,891.
COST OR OTHER BASIS: 1,785,870.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 26,021.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 26,021.

**STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

| <u>SPECIAL EVENTS</u> | <u>GROSS RECEIPTS</u> | <u>LESS CONTRI- BUTIONS</u> | <u>GROSS REVENUE</u> | <u>LESS DIRECT EXPENSES</u> | <u>NET INCOME (LOSS)</u> |
|---|-----------------------|---------------------------------|----------------------|---------------------------------|------------------------------|
| CAMP-I-THONKA-CHI GOLF TOURNAMENT | 65,894. | 0. | 65,894. | 27,382. | 38,512. |
| BLUITT-FLOWERS/OAK WEST GOLF TOURNAMENT | 2,240. | 0. | 2,240. | 1,430. | 810. |
| TOTAL | <u>\$ 68,134.</u> | <u>\$ 0.</u> | <u>\$ 68,134.</u> | <u>\$ 28,812.</u> | <u>\$ 39,322.</u> |

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN ON INVESTMENTS..... \$ 175,914.
TOTAL \$ 175,914.

**STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO SUPPORT DALLAS COUNTY HOSPITAL DISTRICT

PARKLAND FOUNDATION

75-2089180

**STATEMENT 5
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|---|------------------------|--------------------------|
| GRANT MANAGEMENT- AS AGENT FOR DCHD THE FOUNDATION MAINTAINS A RECORDINGKEEPING SYSTEM FOR ONGOING GRANTS OF DCHD AND COORDINATES EXTERNAL AND INTERNAL FINANCIAL AUDITS OF GRANTS ACCOUNTED FOR ON THE BOOKS OF THE FOUNDATION AS DCHD MANAGED FUNDS (AGENCY). | | 252,032. |
| TOTAL | \$ 0. | \$ 252,032. |

**STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

| CORPORATE STOCKS | VALUATION METHOD | AMOUNT |
|--------------------------------|------------------|---------------|
| EQUITIES | MARKET VALUE | \$ 3,021,259. |
| | TOTAL | \$ 3,021,259. |
| OTHER SECURITIES | VALUATION METHOD | AMOUNT |
| FIXED INCOME FUNDS | MARKET VALUE | 2,068,417. |
| | TOTAL | \$ 2,068,417. |
| TOTAL INVESTMENTS - SECURITIES | | \$ 5,089,676. |

**STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|------------------------|-------------|----------------|-------------|
| FURNITURE AND FIXTURES | \$ 232,279. | \$ 108,468. | \$ 123,811. |
| TOTAL | \$ 232,279. | \$ 108,468. | \$ 123,811. |

**STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS**

| | | |
|-------------------|-------|-------------|
| OTHER RECEIVABLES | TOTAL | \$ 240,892. |
| | | \$ 240,892. |

PARKLAND FOUNDATION

75-2089180

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

| | | |
|-------------|-------|----------------------|
| DUE TO DCHD | | \$ 2,909,293. |
| | TOTAL | <u>\$ 2,909,293.</u> |

STATEMENT 10
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE # | EXPLANATION OF ACTIVITIES |
|--------|--|
| 93A | THE FOUNDATION RECEIVES INDIRECT COSTS, MANAGEMENT FEES, SEMINAR AND OTHER FEES FOR ADMINISTRATION OF DCHD GRANTS IN RETURN FOR FISCAL PROGRAMMATIC OVERSIGHT, AS WELL AS ACCOUNTING AND 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 FOR DCHD AND ARE EXPENDED IN ACCORDANCE WITH THEIR RESTRICTIONS FOR PATIENT AND OTHER CARE FOR INDIGENTS. |