

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

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 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARKLAND FOUNDATION	D Employer identification number 75-2089180
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2777 N STEMMONS FREEWAY SUITE 1700	E Telephone number (214) 266-2000
	City or town, state or country, and ZIP + 4 DALLAS, TX 75207	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>
	Please use IRS label or print or type. See Specific Instructions.	

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

G Website: **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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **10,342,984.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	8,859,683.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 8,859,683. noncash \$)	1e		8,859,683.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		847,883.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		291,267.
	6a Gross rents	6a		
	b Less rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		344,151.	8a	
		NONE	8b	
		344,151.	8c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		344,151.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	
		b Less direct expenses other than fundraising expenses	9b	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
	10a Gross sales of inventory, less returns and allowances		10a	
		Less cost of goods sold	10b	
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		10,342,984.	
Expenses	13 Program services (from line 44, column (B))	13		6,046,905.
	14 Management and general (from line 44, column (C))	14		1,294,633.
	15 Fundraising (from line 44, column (D))	15		1,266,033.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		8,607,571.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,735,413.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		16,011,672.
	20 Other changes in net assets or fund balances (attach explanation) STMT. 1	20		-1,766,326.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		15,980,759.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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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 (See the Instructions)

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 3,346,330 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	3,346,330.	3,346,330.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	381,610.		381,610.	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	2,311,537.	877,164.	661,014.	773,359.
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	485,359.	307,137.	7,549.	170,673.
34	Telephone				
35	Postage and shipping				
36	Occupancy	132,680.	1,603.	49,223.	81,854.
37	Equipment rental and maintenance	605,919.	563,340.	42,579.	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	188,563.	169,792.	14,294.	4,477.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	28,573.		28,573.	
43	Other expenses not covered above (itemize)				
43a	ADVERTISING	78,013.	72,318.		5,695.
43b	BANK CHARGES				
43c	CONTRACTUAL SERVICES	618,848.	370,595.	77,053.	171,200.
43d	MISCELLANEOUS	430,139.	338,626.	32,738.	58,775.
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	8,607,571.	6,046,905.	1,294,633.	1,266,033.

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 (See the instructions)

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.

What is the organization's primary exempt purpose? SEE STATEMENT 3 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a PATIENT SERVICES: PAYMENTS TO OR ON THE BEHALF OF DALLAS COUNTY HEALTH DISTRICT (DCHD); PROVIDING MEDICAL CARE AND PATIENT CARE TO INDIGENT DALLAS COUNTY PATIENTS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	25,360.
b PATIENT/PUBLIC EDUCATION: INCLUDES ADVERTISING, BROCHURES, VIDEOTAPES, AND MODELS AS WELL AS SALARIES OF PATIENT EDUCATION PERSONNEL OF DHCD. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	82,273.
c PATIENT ASSISTANCE: CONSISTS OF ITEMS AND SERVICES THAT ENABLE PATIENTS TO FIND AND BENEFIT FROM HEALTH CARE OF TO BE DISCHARGED SUCCESSFULLY. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,516,757.
d PROFESSIONAL DEVELOPEMENT: INCLUDES ADVANCED OR SUPPLEMENTAL TRAINING FOR STAFF OR DHCD TO HELP THEM KEEP ABREAST OF DEVELOPMENTS IN THEIR FIELDS. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	76,185.
e Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$ 3,346,330.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,346,330.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,046,905.

Part IV Balance Sheets (See the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing		305,140.	45	460,887.	
	46	Savings and temporary cash investments		6,440,494.	46	7,866,180.	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b		47c		
	48a	Pledges receivable	48a	3,510,037.			
	b	Less: allowance for doubtful accounts	48b	121,236.	3,512,295.	48c	3,388,801.
	49	Grants receivable		194,085.	49	126,000.	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)			51a		
	b	Less: allowance for doubtful accounts			51b	51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54a	Investments - publicly-traded securities <input type="checkbox"/> STMT 5 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		7,134,019.	54a	6,093,114.	
	b	Investments - other securities (attach schedule)			54b		
55a	Investments - land, buildings, and equipment: basis			55a			
b	Less accumulated depreciation (attach schedule)			55b	55c		
56	Investments - other (attach schedule)			56			
57a	Land, buildings, and equipment: basis		200,000.	57a			
b	Less accumulated depreciation (attach schedule)		190,475.	57b	38,098.	57c	9,525.
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)		766,894.	58	51,806.		
59	Total assets (must equal line 74). Add lines 45 through 58		18,391,025.	59	17,996,313.		
Liabilities	60	Accounts payable and accrued expenses		925,840.	60	526,962.	
	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 <input type="checkbox"/> STMT 7)		1,453,513.	65	1,488,592.		
66	Total liabilities. Add lines 60 through 65		2,379,353.	66	2,015,554.		
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		4,313,835.	67	2,842,288.	
	68	Temporarily restricted		11,668,319.	68	12,840,502.	
	69	Permanently restricted		29,518.	69	297,969.	
	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 and column (B) must equal line 21)		16,011,672.	73	15,980,759.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		18,391,025.	74	17,996,313.		

Part VI Other Information (continued)

		Yes	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?	X	
	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 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 <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b 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) 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	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	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) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	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.)	N/A	
88a	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
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
89b	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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>NONE</u>		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>NONE</u>		
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	17	
91a	The books are in care of <u>MARILYN BARNES</u> Telephone no <u>214-266-2000</u> Located at <u>2777 N STEMMONS FWY STE 1700 DALLAS, TX</u> ZIP + 4 <u>75207</u>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income, 98 Net rental income 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, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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). Row 1: STMT 14

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

Table with 5 columns: (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 the instructions.)

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here 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.

Signature of officer: *Bruce E. Bernstien* Date: *7/30/09*

Type or print name and title: *President/CEO*

Paid Preparer's Use Only

Preparer's signature: *Bruce E. Bernstien* Date: *7/29/09* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *BRUCE E BERNSTIEN & ASSOC, PC* EIN: *P00146088*

10440 N CENTRAL EXPRESSWAY STE 1040 Phone no.: *214-706-0840*

DALLAS, TX 75231

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **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 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
SEE STATEMENT 15				
Total number of other employees paid over \$50,000 . . . ▶		7		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 16		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships...; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions under section 4966...; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts...; g. Enter the aggregate value of assets held in all funds or accounts...

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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)
- 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.)
- 11 a 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.)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
DALLAS COUNTY HOSITAL DISTRICT	75-6004221	07	X		6,046,905.
Total					6,046,905.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 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. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 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 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: 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"; 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.

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	1,766,326. -----
TOTAL	1,766,326. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

DALLAS COUNTY HOSPITAL DISTRICT
2777 N STEMMON FWY STE 1700
DALLAS, TX 75207

NONE
SUPPORT ORGANIZATION

ADVANCE CLINICAL, EDUCATIONAL AND RESEARCH
QUESTS OF PHHS

3,346,330.

TOTAL CONTRIBUTIONS PAID

3,346,330.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROVIDE SUPPORT TO THE DALLAS COUNTY HOSPITAL DISTRICT.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)
=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
GRANT MANAGEMENT: AS AGENT FOR DCHD THE FNDTN MAINTAINS A RECORDKEEPING SYSTEM FOR ONGOING GRANTS OF DCHD AND COORDINATES EXTERNAL & INTERNAL FINANCIAL AUDITS OF GRANTS ACCOUNTED FOR ON THE FOUNDATION AS DCHD MANAGED FUNDS (AGENCY).	3,346,330.	3,346,330.
TOTALS	3,346,330.	3,346,330.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE EQUITY STOCKS	3,830,237.	FMV
FIXED INCOME FUNDS	2,262,877.	FMV
TOTALS	6,093,114.	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
RECEIVABLES OTHER	51,806.
TOTALS	----- 51,806. =====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO DALLAS COUNTY HOSPITAL DISTRICT (PARKLAND)	238,592.
SIMMONS FOUNDATION CONTINGENT LIABILITY	1,250,000.
TOTALS	----- 1,488,592. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID E KRAUSE 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	PRESIDENT AND CEO 1.00	198,807.	34,650.	2,257.
VELETTA FORSYTHE LILL 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	CHAIRPERSON 1.00	NONE	NONE	NONE
BARBARA LORD WATKINS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	PRESIDENT EMERITUS 1.00	NONE	NONE	NONE
BILL MONTGOMERY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VICE CHAIRMAN 1.00	NONE	NONE	NONE
ROBERT H THOMAS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VICE CHAIR, FINANCE 1.00	NONE	NONE	NONE
NANCY JUDY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	SECRETARY 1.00	NONE	NONE	NONE
W LAMAR LOVVORN	TREASURER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207				
RON J ANDERSON MD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
KRISTI BARE 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
CLIFF P BOYD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
ROBERTO DE LA CRUZ MD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
NANCY STRAUSS HALBREICH 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
BETSY HEALY JD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARRY HENRY 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
ROD JONES 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
ERIC KRUEGER 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
DALTON LOTT 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
LAUREN McDONALD MD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
REGINA MONTOYA 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARY BLAKE MEADOWS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
MIKE A MYERS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
MARCOS RONQUILLO 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
ANDRES RUZO 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
VICKY C TEHERANI 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
KATHRYN WALDREP MD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
KAREN WATSON	BD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207				
FRITZI WOODS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
MARGIE BANKHEAD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	EX-OFFICIO 1.00	NONE	NONE	NONE
MICHAEL DARROUZET 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	EX-OFFICIO 1.00	NONE	NONE	NONE
KATIE ROBBINS 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	EX-OFFICIO 1.00	NONE	NONE	NONE
SYLVIA SOTELO KIDD 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
ED RAMIREZ 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE

PARKLAND FOUNDATION

75-2089180

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOY CARSON 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	VP, CFO 40.00	95,472.	21,446.	28,977.
ROSLYN DAWSON THOMPSON 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	BD MEMBER 1.00	NONE	NONE	NONE
GRAND TOTALS		294,279.	56,096.	31,234.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
-------------	--

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 RESTRICTED FOR DCHD ACTIVITIES. THE FUNDS ARE DERIVED SOLELY TO ACCOMPLISH THE FOUNDATION'S EXEMPT PURPOSE, TO PROVIDE CHARITABLE SUPPORT FOR DHCD AND ARE EXPENDED IN ACCORDANCE WITH THEIR RESTRICTIONS FOR PATIENT AND OTHER CARE FOR INDIGENTS.
-----	--

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
ANNE LEARY 2777 STEMMONS FWY STE 1700 DALLAS, TX 75207	VP DEVELOPMENT 40.00	131,666.	21,462.	NONE
JILL HASSMANN 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	DIRECTOR 40.00	85,767.	14,015.	NONE
MELISSA ATKINSON 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	VP COMM STRATEGIES 40.00	113,403.	17,790.	NONE
DEIDRE DOWD 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	DIRECTOR 40.00	92,483.	15,016.	NONE
MARILYN BARNES 2777 N STEMMONS FWY STE 1700 DALLAS, TX 75207	DIRECTOR OF ACCTG 40.00	88,170.	14,659.	NONE
TOTAL COMPENSATION		511,489.	82,942.	NONE

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
DANILLER & CO 3724 JEFFERSON STE 302 AUSTIN, TX 78731	MAILING HOUSE	144,247.
MARTS AND LUNDY 1200 WALL ST WEST LYNDHURST, NJ 07071	CONSULTING	197,176.
RICHARDS PARTNER 8750 N. CENTRAL EXPWY, SUITE 100 DALLAS, TX 75231-6437	CONSULTING	224,602.
TLCONTRACT, INC 4043 N RAVENSWOOD AVE, SUITE 301 CHICAGO, IL 60613	CARE PAGES SERVICES	102,900.
TOTAL COMPENSATION		----- 668,925. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V.

EIN: 75-2089180
FYE: 09/30/2008

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	200,000.	28,573.	161,902.	9,525.
Equipment				
Furniture & Fixtures				
Property, Plant & Equipment	<u>200,000.</u>	<u>28,573.</u>	<u>161,902.</u>	<u>9,525.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>200,000.</u>		<u>161,902.</u>	<u>9,525.</u>
Total Depreciation Expense, line 42		<u>28,573.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- 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). 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization PARKLAND FOUNDATION	Employer Identification number 75-2089180
	Number, street, and room or suite no. If a P.O. box, see instructions. 2777 N STEMMONS FREEWAY SUITE 1700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75207	
	File by the due date for filing your return. See instructions.	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ MARILYN BARNES

Telephone No. ▶ 214 266-2000 FAX No. ▶ 214 266-2050

- 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) . If this is 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 months for a corporation required to file Form 990-T) extension of time until 05/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year or
- ▶ tax year beginning 10/01, 2007, and ending 09/30, 2008.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c 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 (Electronic Federal Tax Payment System). See Instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: PARKLAND FOUNDATION
Employer Identification number: 75-2089180
Number, street, and room or suite no.: 2777 N STEMMONS FREEWAY SUITE 1700
City, town or post office, state, and ZIP code: DALLAS, TX 75207

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

Form 990 (checked), Form 990-PF, 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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of MARILYN BARNES
Telephone No. 214 266-2000 FAX No. 214 266-2050
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)

I request an additional 3-month extension of time until 08/15/2009
For calendar year, or other tax year beginning 10/01/2007 and ending 09/30/2008
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO FILE IN ORDER TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows: 8a (tentative tax), 8b (refundable credits), 8c (Balance Due). All amounts are \$0.

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: Bruce E. Bernstein Title: CPA Date: 5/14/09
BRUCE E BERNSTIEN & ASSOC, PC
10440 N CENTRAL EXPRESSWAY STE 1040
DALLAS, TX 75231