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# OMB No 1545-0052

Department of the Treasury Internal Revenue Service

### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For	cale	ndar year 2009	9, or tax	year beginning 01-	01-2009 , an	d en	ding 12-31-	2009			
G	Che	ck all that apply	Initial A mended r	_	eturn of a former pub			al return			
He	e the I	Name of founda		PARISH FOUNDATION	-		A Employer id	entification numb	er		
US	label.		ID DARDARA J	PARISH FOUNDATION			36-3249490				
Ot	herwi	se, Number and stre	eet (or PO bo	x number if mail is not deliver	red to street address) Ro	om/	<b>B</b> Telephone ու	mber (see page 10	of the instructions)		
	print or type	244 N ROSE S	TREET SUITE 1		su	te	(269) 343-0526	5			
Sec	e Spec	if ic		J_			C If exemption	application is pendir	a check here 🕨		
Ins	tructio	City or town, sta KALAMAZOO, MI		ae			,	ganizations, check h	<u>.                                     </u>		
							1 21. Foleigh o	gamzations, eneck n	ere <b>F</b> j		
_				n 501(c)(3) exempt priv				rganizations meeting e and attach comput			
				able trust Other tax				undation status was			
		cet value of all asse from Part II, col. (c),		J Accounting method Other (specify)	I Cash I Acc	ruai		n 507(b)(1)(A), ched			
		\$ 15,183		(Part I, column (d) mus	_ t be on cash basıs.)		I .	ation is in a 60-mont n 507(b)(1)(B), cheo	. –		
Pa	rt I	Analysis of F	Revenue	and Expenses (The	(a) Revenue and			, , , , , , ,	(d) Disbursements		
		total of amounts in	columns (b), (	c), and (d) may not column (a) (see page 11 of	expenses per books	(b) I	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1		ants, etc , rece	eived (attach schedule)	144,195						
	2			required to attach Sch B							
	3	•		orary cash investments	18		18				
	4	Dividends and inte	rest from se	ecurities							
	5a	Gross rents									
Reveilue	ь	Net rental income	or (loss)								
	6a	Net gaın or (loss)	from sale of	assets not on line 10	-858						
	ь	Gross sales price for al	l assets on line	e 6a143,337							
Φ	7	Capital gain net in	come (from	Part IV , line 2)			140,480				
~	8	Net short-term ca	pıtal gaın .								
	9	Income modification	ons								
	10a	Gross sales less returns	s and allowand	es							
	b	Less Cost of good									
	С			chedule)							
	11			e)							
	12			<del></del>			140,498				
	13			ctors, trustees, etc	0		0		0		
ψ d)	14	, ,		vages							
Š	15	• •		fits							
Expenses	16a   b	•	•		1,350		675		675		
	ן ו			h schedule)	<b>%</b> 8,000		1,600		6,400		
and Administrative	17	•	,				1,000		5, 100		
itra Stra	18	Taxes (attach schedule			<b>%</b> 4,326		0		0		
Ē	19	•		) and depletion					<u> </u>		
튜	20			, and depletion							
₹	21	·		ings							
anc	22	,	•								
	23			lule)			37		56		
Operating	24	Total operating an			_						
Ž					13,769		2,312		7,131		
Ō	25		_	ıd	129,300				129,300		
	26	Total expenses and	disbursemen	ts. Add lines 24 and 25	143,069		2,312		136,431		
	27	Subtract line 26 fr	om line 12								
	а	Excess of revenue	over expens	ses and disbursements	286						
	ь	Net investment in	come (ıf neg	atıve, enter -0-)			138,186				
	с	Adjusted net inco	<b>me</b> (ıf negatı	ve, enter - 0 - )							

		Release Shoots Attached schedules and amounts in the description column	Beginning of year		End of	of year		
261	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book	Value	(c) Faır Market Value		
	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments	14,897		15,183	15,183		
	3	Accounts receivable 🟲						
		Less allowance for doubtful accounts 🕨						
	4	Pledges receivable 🟲						
		Less allowance for doubtful accounts 🟲						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see page 15 of the						
		ınstructions)						
	7	Other notes and loans receivable (attach schedule)						
		· · · · · · · · · · · · · · · · · · ·						
اع		Less allowance for doubtful accounts 🟲						
å J	8	Inventories for sale or use						
£	9	Prepaid expenses and deferred charges						
	10a	Investments—U S and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)						
	c	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment basis 🕨				_		
		Less accumulated depreciation (attach schedule) 🕨						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment basis 🟲						
		Less accumulated depreciation (attach schedule)						
	15	Other assets (describe 🟲)						
	16	Total assets (to be completed by all filers—see the						
		instructions Also, see page 1, item I)	14,897		15,183	15,183		
	17	Accounts payable and accrued expenses						
	18	Grants payable						
& 	19	Deferred revenue						
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons						
Labilit	21	Mortgages and other notes payable (attach schedule)						
<u></u>	22	Other liabilities (describe						
		Center magnifices (descended)						
	23	Total liabilities (add lines 17 through 22)	0		0			
		Foundations that follow SFAS 117, check here 🕨 🦵						
		and complete lines 24 through 26 and lines 30 and 31.						
or Fund Balances	24	Unrestricted						
a	25	Temporarily restricted						
<u>ස</u>	26	Permanently restricted						
핃		Foundations that do not follow SFAS 117, check here 🕨 🔽						
ᇍ		and complete lines 27 through 31.						
딍	27	Capital stock, trust principal, or current funds	14,897		15,183			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	0		0			
	30	Total net assets or fund balances (see page 17 of the						
Ř		instructions)	14,897		15,183			
_	31	Total liabilities and net assets/fund balances (see page 17 of						
		the instructions)	14,897		15,183			
Da	rt II	Analysis of Changes in Not Assets or Fund Palances						
		· · · · · · · · · · · · · · · · · · ·		Т				
1		Total net assets or fund balances at beginning of year—Part II, column						
_		, , , , , , , , , , , , , , , , , , , ,		-	1	14,897		
2		Enter amount from Part I, line 27a		-	2	286		
3		Other increases not included in line 2 (itemize)			3	0		
4 =		Add lines 1, 2, and 3			4	15,183		
5 6		Decreases not included in line 2 (itemize)   Total net assets or fund balances at end of year (line 4 minus line 5)—F		—  -	6	15,183		

	ind(s) of property sold (e g , re or common stock, 200 shs M		( <b>b</b> ) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	( <b>d)</b> Date sold (mo , day, yr )
<b>1 a</b> pfizer - 3000 shs			D	1956-12-21	2009-03-03
<b>b</b> pfizer - 6000 shs			D	1956-12-21	2009-10-22
с					
d					
е					
(e) Gross sales price					or (loss) ) minus (g)
<b>a</b> 39,06	0		9.5	2	38,108
<b>b</b> 104,27	7		1,90	5	102,37
с					
d					
e					
Complete only for assets shown	ng gain in column (h) and owne	d by the foundatio	n on 12/31/69	_	(h) gaın mınus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), ıf any		less than -0-) <b>or</b> om col (h))
а					38,10
b					102,37
с					
d					
е					
2 Capital gain net income or		If gain, also enter If (loss), enter -0		2	140,480
3 Net short-term capital gair	n or (loss) as defined in section	ns 1222(5) and (6	)		
If gain, also enter in Part I	, line 8, column (c) (see pages	13 and 17 of the	instructions)	)	
If (loss), enter -0 - in Part 1				}  <sub>3</sub>	
Part V Qualification Unde	r Section 4940(e) for R	educed Tax o	n Net Investme	ent Income	
f section 4940(d)(2) applies, leave  Was the foundation liable for the sectif "Yes," the foundation does not qua	tion 4942 tax on the distributa lify under section 4940(e) Do	not complete this	part		┌ Yes ┌ No
1 Enter the appropriate amount in	each column for each year, se	ee page 18 of the i	nstructions before		
(a) Base period years Calendar year (or tax year beginning in)	(b) djusted qualifying distributions	(c Net value of noncha		<b>(d)</b> Distributio (col (b) divided	n ratio
2008	137,725		32,706		4 211001
2007	144,914		8,975		16 146407
2006	171,541		27,351		6 271836
2005	187,323		70,654		2 651272
2004	174,323		51,678		3 37 32 54
2 Total of line 1, column (d).				2	32 65377
	for the 5-year base period—div		_		
the number of years the fo	undation has been in existence	e if less than 5 yea	ars	3	6 53075
4 Enter the net value of nonc	haritable-use assets for 2009	from Part X, line	5	4	40,33
5 Multiply line 4 by line 3.				5	263,44
<b>6</b> Enter 1% of net investmen	it income (1% of Part I, line 2	7b)		6	1,38
<b>7</b> Add lines 5 and 6				7	264,82
	ns from Part XII, line 4			8	136,43
If line 8 is equal to or grea the Part VI instructions on	ter than line 7, check the box i page 18	n Part VI, line 1b,	and complete that	part using a 1% ta	x rate See

	990-PF (2009)			age <b>4</b>			
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	st ruct i	ons)				
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			2,764			
	here Fand enter 1% of Part I, line 27b						
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
3	Add lines 1 and 2			2,764			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			2,764			
6	C redits / P ay ments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 <b>6a</b> 2,920						
b	Exempt foreign organizations—tax withheld at source 6b						
с	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d			2,920			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here T if Form 2220 is attached.						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>b</b>			156			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax F 156 Refunded F 11			0			
Par	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No			
	It participate or intervene in any political campaign?	. 1a		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of						
	the instructions for definition)?	. 1b		No			
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities.	1c		No			
с	c Did the foundation file Form 1120-POL for this year?						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
_	(1) On the foundation \$\bigs \bigs 0 (2) On foundation managers \$\bigs \bigs 0						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$\blue{\text{P}} \\$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No			
2	If "Yes," attach a detailed description of the activities.	+		140			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
,	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No			
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		110			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No			
_	If "Yes," attach the statement required by General Instruction T.	<u> </u>		<b>.</b>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions						
	that conflict with the state law remain in the governing instrument?	. 6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	ınstructions) ►MI						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)						
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on						
	page 27)? If "Yes," complete Part XIV	. 9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No			

Form	990-PF (2009)		Р	age <b>5</b>
Pai	t VIII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶PRESTON S PARISH Telephone no ▶(269	) 343-	0526	
	Located at ▶244 N ROSE STREET SUITE 100 kalamazoo MI ZIP+4 ▶49007	•		
45				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		'	
Do	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ι	Yes	No
1_			163	110
та	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes V No			
ь	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2009?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u> </u>		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
<b>u</b>	and 6e, Part XIII) for tax year(s) beginning before 2009? Yes V No			
	If "Yes," list the years > 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
Ja	enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
U	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2009.).	3ь		
A				NI
4a 	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			NI-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	1	No

5 <b>a</b>	During the year did the foundatio	n pay	or incur any amount	to							
	(1) Carry on propaganda, or othe	rwise	attempt to influence	eleg	ıslatıon (section 494	45(e)	)) <sup>?</sup>	No			
	(2) Influence the outcome of any	spec	ıfıc publıc electıon (	see	section 4955), or to	carr	у				
	on, directly or indirectly, any	vote	registration drive?.				<b>⊤</b> Yes <b>▽</b>	No			
	(3) Provide a grant to an individu	ıal for	travel, study, or oth	ers	mılar purposes?		┌ Yes ┌	No			
	(4) Provide a grant to an organiz in section 509(a)(1), (2), or				· -			No			
	(5) Provide for any purpose othe					struc	tions) , res p	NO			
	educational purposes, or for						□ vos □	- No			
h	If any answer is "Yes" to 5a(1)-(							140			
b	Regulations section 53 4945 or							nc \2	5b		
	•		_	_			_	_	30		
_	Organizations relying on a currer If the answer is "Yes" to question										
C	tax because it maintained expen						□ vaa □	- No			
						•	<sub>.</sub> res <sub> </sub>	140			
6-	If "Yes," attach the statement requ										
6a	Did the foundation, during the ye premiums on a personal benefit of						□ vos □	- No			
h	Did the foundation, during the ye								6b		No
ь		аг, ра	y premiums, anectry	011	ndirectly, on a perso	ıllal L	deneni contract	•	ОВ		МО
7-	If "Yes" to 6b, file Form 8870.						ansaction? <b>TYes</b> 🔽	- N-			
7а ь	At any time during the tax year,						,		76		
<u>_</u>	If yes, did the foundation receive								7b		
Pa	and Contractors	t OII	icers, Directors	, 11	ustees, rounda	LIOI	n Managers, Highly	Palu	EIIIP	loye	es,
1	List all officers, directors, trustee	s, fou	ındat ion managers a	nd t	heir compensation (s	see p	age 22 of the instruction	ıs).			
		(b)	Title, and average	(	c) Compensation		(d) Contributions to	(a) E	vnanc	se acco	ount
	(a) Name and address		hours per week	(	If not paid, enter		mployee benefit plans			owanc	
PRES	TON S PARISH	+	evoted to position SIDENT/SEC		<b>-0-)</b>	and	deferred compensation 0				0
	S ROSE STREET SUITE 100	1 00	· ·		O		o l				U
KAL	AMAZOO,MI 49007										
	ARA J PARISH	VIC 1 00	E-PRESIDENT		0		0				0
	S ROSE STREET SUITE 100 AMAZOO,MI 49007	1 00	)								
KATH	Y ROSCHEK		ASURER		0		0				0
	S ROSE STREET SUITE 100	1 00	)								
	AMAZOO,MI 49007	<u>.                                    </u>		Ļ							
	Compensation of five highest-pair If none, enter "NONE."	d emp	loyees (other than t	hose	e included on line 1—	see		ns).			
(a'	Name and address of each emplo	vee	(b) Title, and avera	-			(d) Contributions to employee benefit	(e) E	xpens	se acco	ount.
	paid more than \$50,000	,	hours per week devoted to position		(c) Compensatio	n	plans and deferred			owanc	
			devoted to positiv				compensation				
NON	E										
			1								

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Part VIII Information About Officers, Directors, To and Contractors (continued)	rustees, Foundation Managers, Highly	Paid Employees,						
3 Five highest-paid independent contractors for professional serv	vices (see page 23 of the instructions). If none, e	nter "NONE".						
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation						
NONE								
Total number of others receiving over \$50,000 for professional serv	ıces	0						
Part IX-A Summary of Direct Charitable Activities								
·								
List the foundation's four largest direct charitable activities during the tax year. Incluorganizations and other beneficiaries served, conferences convened, research paper	ude relevant statistical information such as the number of rs produced, etc	Expenses						
1								
2								
_								
3								
4								
•								
Part IX-B Summary of Program-Related Investme	<b>nts</b> (see page 23 of the instructions)							
Describe the two largest program-related investments made by the foundation of		A mount						
1								
2								
-								
All other program-related investments See page 24 of the instru-	ctions							
3								
Total. Add lines 1 through 3		0						
		Form <b>990-PF</b> (2009)						

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

	see page 24 of the instructions.)		T
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	3,078
b	A verage of monthly cash balances	1b	37,875
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	40,953
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	40,953
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	614
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	40,339
6	Minimum investment return. Enter 5% of line 5	6	2,017
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5)		
	foundations and certain foreign organizations check here 🕨 📗 and do not complete t	nis pa	
1	Minimum investment return from Part X, line 6	1	2,017
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	2,764
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Dar	XII Qualifying Distributions (see page 25 of the instructions)		
	- · · · · · · · · · · · · · · · · · · ·		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	136,431
Ь	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	136,431
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	136,431
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Forr	n 990-PF (2009)					Page <b>9</b>
P	art XIII Undistributed	Income (see page	26 of the instruct	ons)		
		•	(a) Corpus	(b) Years prior to 2008	( <b>c</b> ) 2008	( <b>d)</b> 2009
1	Distributable amount for 2009	from Part XI, line 7	·	·		0
2	Undistributed income, if any, as	of the end of 2008				
а	Enter amount for 2008 only.				0	
Ь	Total for prior years 20	, 20, 20		0		
3	Excess distributions carryover,					
а	From 2004	175,059				
b	From 2005	188,762				
c	From 2006	172,401				
d	From 2007	146,375				
e	From 2008	137,725				
f	<b>Total</b> of lines 3a through e		820,322			
4	Qualifying distributions for 2009	9 from Part				
	XII, line 4 🕨 \$	136,431				
а	Applied to 2008, but not more t	han line 2a			0	
b	Applied to undistributed income	' '		0		
	(Election required—see page 26	-		0		
С	Treated as distributions out of o	' '	0			
	required—see page 26 of the in:	·				0
	Applied to 2009 distributable a		136,431			0
	Remaining amount distributed o		130,431			0
5	Excess distributions carryover	• •	0			
	(If an amount appears in column same amount must be shown in a	column (a).)				
6	Enter the net total of each coluindicated below:	ımn as				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	956,753			
b	Prior years' undistributed incom	e Subtract				
	line 4b from line 2b			0		
C	Enter the amount of prior years'					
	income for which a notice of defi been issued, or on which the sec	•				
	tax has been previously assess			0		
d	Subtract line 6c from line 6b Ta					
	amount—see page 27 of the ins	tructions		0		
e	Undistributed income for 2008 $$					
	4a from line 2a Taxable amoun	, ,			0	
	of the instructions				-	
Т	Undistributed income for 2009 lines 4d and 5 from line 1 This					
	be distributed in 2010					0
7	A mounts treated as distribution	s out of				
	corpus to satisfy requirements i					
	section 170(b)(1)(F) or 4942(g		0			
	of the instructions) Excess distributions carryover					
8	applied on line 5 or line 7 (see prinstructions)	age 27 of the	175,059			
9	Excess distributions carryover t					
	Subtract lines 7 and 8 from line		781,694			
10	Analysis of line 9					
а	Excess from 2005	188,762				
b	Excess from 2006	172,401				
	Excess from 2007	146,375				
	Excess from 2008	137,725				
е	Excess from 2009	136,431				

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

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

c Any submission deadlines

factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 129,300 **b** Approved for future payment

	PF (2009) I-A Analysis of Income-Produc	ina Activitie	<u> </u>			Page <b>1</b> 2
	s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
	m service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	Related or exemption function income (See page 28 of the instructions.)
a	and contracts from government agencies ership dues and assessments			14	-858	
e	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 2  Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions )	 28 to verify calc o the Accom ich income is re	ulations) <b>plishment of E</b> ported in column(	Exempt Purpos  (e) of Part XVI-A co	<b>es</b> ontributed importa	-840 ntly to

Form 99	90-PF (2	2009)									Рa	ge <b>1</b> 3
Part	XVII	Information Re Noncharitable			nsfers To and Trar anizations	ısa	ctions	and Relat	ionships With			
<b>1</b> Did t	the organiz				he following with any other or	ganız	ation desc	ribed in section	า		Yes	No
501(	c) of the	Code (other than section	501(c)(3) org	janızatı	ions) or in section 527, relatin	g to p	political org	janızatıons?				
<b>a</b> Tra	nsfers fr	om the reporting four	ndation to a	nonc	harıtable exempt organı	zatio	on of					
(1)	Cash.									. 1a(1)		No
(2)	Othera	issets								1a(2)		No
<b>b</b> Oth	er trans	actions										
(1)	Sales	fassets to a noncha	rıtable exei	mpt o	rganızatıon	•				. 1b(1)		No
(2)	Purcha	ses of assets from a	noncharita	ble ex	empt organization					1b(2)		No
(3)	Rental	of facilities, equipme	nt, or other	asse	ts	•				. 1b(3)		No
(4)	Reımbu	rsement arrangemer	nts			•				. 1b(4)		No
		_										No
					ndraising solicitations.							No
	-		-		er assets, or paid emplo							No
of tl	he goods	, other assets, or se	rvices give	n by t	ete the following schedu the reporting foundation in column (d) the value	Ifth	ne founda	ation receive	ed less than fair m	arket valu		
(a) Line	No	(b) Amount involved	(c) Name o	f noncl	harıtable exempt organızatıon	_	(d) Desc	cription of tran	sfers, transactions, and	l sharing arra	angemei	nts
						+						
						+						
						+						
		•	•		vith, or related to, one or nan section 501(c)(3)) o					F <sub>Y</sub>	es F	▼ <sub>No</sub>
<b>b</b> If "\		mplete the following s			/h) Tuna af amanum				(a) Dagawahan af n	-1-4		
		(a) Name of organization	[]		(b) Type of organia	zation	!		(c) Description of i	elationship		
	the be		and belief, it	t is tr	have examined this retu ue, correct, and complet ias any knowledge	•	eclaratio	n of prepare	=		•	
	<b>h</b> —	nature of officer or t	rustas				Date	0-05-12	— ) <del>******</del>			
	F 519	mature of officer or t	rustee						r Title	Ι		
Sign Here	:I er's mly	Preparer's Jame Signature	es G Thomp	son C	CPA		Dat	e	Check If self- employed ►	Preparer' identifyin number ( Signature 30 of the	g see ∍on pa	-
	Preparer's Use Only	Firm's name (or you if self-employed),	urs p	lante	& Moran PLLC		<u> </u>		EIN ►			
		address, and ZIP c	ode 7	'50 T	RADE CENTRE WAY ST	E 30	00		Dh (2.55		. 0	
			ח	O D T	AGE, MI 49002				Phone no (269	150/-450	U	
	I	Ī	۲	OKI	NGL, MI 49002				1			

Schedule B										
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	990-PF)  Attach to Form 990, 990-EZ, or 990-PF.  continent of the Treasury									
Name of organization PRESTON S AND BARBARA J	PARISH FOUNDATION	Employer ide	entification number							
		136-324949	0							
Organization type (ch	eck one)									
Filers of:	Section:									
Form 990 or 990-EZ	501(c)( ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1								
	527 political organization									
Form 990-PF	√ 501(c)(3) exempt private foundation	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more iny one contributor. Complete Parts I and II	(in money or								
under sections greater of (1) \$6  For a section 50 during the year,	$1(c)(3)$ organization filing Form 990 or 990-EZ, that met the $33^1$ /3% support test of the 509(a)(1) and $170(b)(1)(A)(v)$ , and received from any one contributor, during the year 5,000 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line $11(c)(7)$ , (8), or (10) organization filing Form 990, or 990-EZ, that received from any of aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitary, or educational purposes, or the prevention of cruelty to children or animals. Complete	ar, a contribut ne 1 Complete ne contributor able,	Parts I and II							
during the year, not aggregate to the year for an applies to this o	For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year									
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does not file Schoot <b>must</b> answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedu	ng of its								

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491132013140

Name of organization
PRESTON S AND BARBARA J PARISH FOUNDATION

Employer identification number

36-3249490

Part I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1_	PRESTON S PARISH 244 N ROSE STREET SUITE 100  KALAMAZOO, MI 490073866	\$39,495	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2_	pRESTON S PARISH 244 N ROSE STREET SUITE 100  kALAMAZOO, MI 490073866	\$104,700	Person Fayroll Noncash F  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		\$	Person

Name of organization
PRESTON S AND BARBARA J PARISH FOUNDATION

Employer identification number

36-3249490

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1_	Publicly Traded Securities	\$39,495	2009-02-25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2_	publicly traded securities	\$104,700	2009-10-22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

**Employer identification number** 

36-3249490

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry) For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$					
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
			(e) ransfer of gift			
	Transferee's name, address, a			onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a		(e) ransfer of gift Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a		(e) ransfer of gift Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a		(e) ransfer of gift Relatio	onship of transferor to transferee		

**Software ID:** 09000028

**Software Version:** 2009.03051

**EIN:** 36-3249490

Name: PRESTON S AND BARBARA J PARISH FOUNDATION

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Barry Community Foundation629 W State Street Suite 201 Hastings, MI 49058		public	General Support	500
Binder Park Zoo7400 Division Drive Battle Creek, MI 49014		public	General Support	5,000
Boy Scouts of America Southwest Michigan Council1035 W Maple Street Kalamazoo, MI 49008		public	General Support	1,000
Boys and Girls Clubs of Greater Kalamazoo915 Lake Street Kalamazoo, MI 49001		public	General Support	500
Bronson Health Foundation1 Healthcare Plaza Box C Kalamazoo, MI 490075345		public	General Support	1,000
CARES629 Pioneer Street Kalamazoo, MI 49008		public	General Support	500
Community Healing Centers 2615 Stadium Drive Kalamazoo, MI 49008		public	General Support	1,500
Eaglebrook SchoolGold Eagle Society Deerfield, MA 013420701		public	General Support	500
Family & Children Services1608 Lake Street Kalamazoo, MI 490013196		public	General Support	3,000
Free Clinic of Kalamazoo2918 Portage Street Kalamzoo, MI 49001		public	General Support	5,000
Gırl Scouts Glowing Embers601 W Maple Street Kalamazoo, MI 490081886		public	general Support	1,000
Goodwill Industries of Southwestern Michigan420 E Alcott Street Kalamazoo, MI 490016154		public	General Support	1,000
Gryphon Place1104 S Westnedge Avenue Kalamazoo, MI 490081397		public	General Support	500
Gull Lake Community Schools Foundation11775 East D Avenue Richland, MI 49083		public	General Support	1,000
Heritage Community of Kalamazoo Foundation2400 Portage Street Kalamazoo, MI 49001		public	General Support	5,000
Total				129,300

FOITH 990PF PAIL XV LINE 3 - GIA			1	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Holderness SchoolChapel Lane PO Box 1879 Plymouth, NH 032649808		public	General Support	5,000
Hospice Care of Southwest Michigan 222 N Kalamazoo Mall Suite 100 Kalamazoo, MI 490073882		public	General Support	500
Hospital Hospitality House of Southwest Michigan527 W South Street Kalamazoo, MI 490074604		public	General Support	300
Housing Resources Inc345 N Burdick Street Kalamazoo, MI 49007		public	General Support	1,000
Junior A chievement229 E Michigan A venue Suite 240 Kalamazoo, MI 49007		public	General Support	500
Kalamazoo Gospel Mission448 N Burdick Street Kalamazoo, MI 49007		public	General Support	500
Kalamazoo Institute of Arts314 S Park Street Kalamazoo, MI 490075102		public	General Support	2,500
Kalamazoo Nature Center7000 N Westnedge Avenue Kalamazoo, MI 490096309		public	General Support	5,000
Kalamazoo Neighborhood Housing Services802 S Westnedge Avenue Kalamazoo, MI 49008		public	General Support	500
Kalamazoo Symphony Orchestra359 S Kalamazoo Mall Suite 100 kalamazoo,MI 49007		public	general Support	6,000
Kalamazoo Valley Community College FoundationPO Box 4070 Kalamazoo, MI 490039896		public	General Support	1,000
Kalamazoo Valley Habitat for Humanity525 E Kalamazoo Avenue Kalamazoo, MI 490073811		public	General Support	2,500
Lakeside for Children3921 Oakland Drive Kalamazoo, MI 490082876		public	general Support	500
Mayo Clinic 200 First Street SW Philadelphia, PA 191700260		public	general Support	10,000
Memorial Sloan-Kettering Cancer CenterPO Box 750 New York, NY 100210036		public	General Support	1,000
Total				129,300

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				1
Michigan State University300 Spartan Way		public	General Support	2,000
East Lansing, MI 488241005				
Ministry with Community440 N Church Street Kalamazoo, MI 490073326		public	General Support	1,500
Nature Conservancy Michigan Chapter 101 E Grand River Lansing, MI 489064348		public	General Support	3,000
Northside Association for Educational AdvancementPO Box 19697 Kalamazoo, MI 49019		public	General Support	500
Planned Parenthood of South Central Michigan4201 W Michigan Avenue Kalamazoo, MI 490065833		public	General Support	3,000
Red Tent1918 Stearns Avenue Kalamazoo, MI 490085403		public	General Support	1,000
Residential Opportunities 1100 S Rose Street Kalamazoo, MI 490012664		public	General Support	500
Salvation ArmyPO Box 2966 Kalamazoo,MI 490032966		public	General Support	2,500
Senior Services Inc918 Jasper Street Kalamazoo, MI 490012853		public	General Support	1,000
Southwest Michigan Land Conservancy6851 S Sprinkle Road Portage, MI 490029708		public	General Support	3,000
Specialized Language Development Center504 S Westnedge Avenue Kalamazoo, MI 49007		public	general Support	1,000
The Gilmore359 S Kalamazoo Mall Suite 101 Kalamazoo, MI 49007		public	General Support	5,000
United Negro College Fund3031 W Grand Blvd Suite 531 Detroit, MI 48202		public	General Support	1,000
University of Michigan Comprehensive Cancer Center301 E Liberty Suite 400 Ann Arbor, MI 481042251		public	General Support	5,000
Western Michigan University Foundation1903 W Michigan Avenue Kalamazoo, MI 490085403		public	General Support	5,500
Total				129,300

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
YWCA of Kalamazoo353 E Michigan Avenue Kalamazoo, MI 49007		public	General Support	3,000
kalamazoo communities in schools 125 w exchange place kalamazoo,MI 49007		public	general Support	3,000
kalamazoo county child abuseneglect council3299 gull road g-16 nazareth, MI 490740275		public	general Support	500
saint timothy episcopal church9800 east bc avenue richland, MI 49083		public	general Support	10,000
trinity-pawling school700 route 22 pawling,NY 12564		public	general Support	1,500
sherman lake ymca outdoor center 6225 n 39th street augusta, MI 49012		public	general Support	7,000
ymca of greater kalamazoo1001 w maple street kalamazoo,MI 49007		public	general Support	5,000
Total				129,300

# **TY 2009 Accounting Fees Schedule**

Name: PRESTON S AND BARBARA J PARISH FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PLANTE & MORAN plic	1,350	675		675

# **TY 2009 Other Expenses Schedule**

Name: PRESTON S AND BARBARA J PARISH FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MAR Filing Fee	20	0		20
office expenses	73	37		36

### **TY 2009 Other Professional Fees Schedule**

Name: PRESTON S AND BARBARA J PARISH FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PARISH ASSOCIATES SERVICES - FINACIAL MANAGEMENT	8,000	1,600		6,400

### **TY 2009 Taxes Schedule**

Name: PRESTON S AND BARBARA J PARISH FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise Tax	4,326	0		0