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As Filed Data -

DLN: 93491128001027

2016

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public

For	caler	ndar year 2016, or tax year beginning 01-01-20	)16 , ar	nd er	nding 12-31-	2016		
		indation			A Employer Id	entification numbe	r	
ا۱۱۲	Рагкег	Foundation			75-2736419			
	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone number (see instructions)			
3.	300 S 1	<del>4t</del> n			(325) 698-7366			
		, state or province, country, and ZIP or foreign postal code			C If evenntion	application is pendin	a check here	
ADIIE	ene, TX	79003			C II exemption	аррисацоп із репап	<b>▶</b>	
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere 🕨 🗌	
		☐ Final return ☐ Amended return				rganizations meeting k here and attach co		
		☐ Address change ☐ Name change				undation status was	· _	
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec		
		1 4947(a)(1) nonexempt charitable trust ☐ Other taxable	·		<del> </del>			
		from Part II col (c)	☐ Cash ☑ Accru	al		ation is in a 60-mont n 507(b)(1)(B), ched		
line	€ 16)	\$ 3,621,499	be on cash basis )					
			· · · · · · · · · · · · · · · · · · ·	l			les a .	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable	
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach	100,000					
		schedule)						
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments	78		78			
	4	Dividends and interest from securities	50,483		50,483			
Revenue	5a	Gross rents						
	ь	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10						
	ь	Gross sales price for all assets on line 6a						
$R^{e}$	7	Capital gain net income (from Part IV, line 2)						
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold	1					
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	150 561		FO F61			
	12	Total. Add lines 1 through 11	150,561		50,561			
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages						
w	15	Pension plans, employee benefits						
Expenses	16a	Legal fees (attach schedule)						
<u>B</u>		Accounting fees (attach schedule)	1,170					
Ĕ	l c	Other professional fees (attach schedule)						
Administrative	17	Interest						
trat	18	Taxes (attach schedule) (see instructions)	1,260					
Z S	19	Depreciation (attach schedule) and depletion	_					
₫	20	Occupancy						
Ă	21	Travel, conferences, and meetings						
anc	22	Printing and publications						
Operating and	23	Other expenses (attach schedule)	2,200					
atıı	24	Total operating and administrative expenses.						
be		Add lines 13 through 23	4,630		0			
0	25	Contributions, gifts, grants paid	115,500				115,500	
	26	Total expenses and disbursements. Add lines 24 and						
	27	25 Subtract line 26 from line 12	120,130		0		115,500	
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and	30,431					
		disbursements	30,431					
	ь	Net investment income (if negative, enter -0-)			50,561			
	С	Adjusted net income(If negative, enter -0-)						

2,257,835

2.467.713

2 467 713

2,467,713

2,467,713

3,381,359

3.621.499

3 621 499

3,621,499

3,621,499

2

3

4

5 6 2,467,713

1,123,355

3,621,499

3,621,499 Form **990-PF** (2016)

30,431

3.381.359

3,621,499

	6
	7
cs	8
Assets	9
As	10a
	h

c

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Temporarily restricted

Unrestricted . . . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ \_

Other increases not included in line 2 (itemize) -

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 506 7 214,674 115,500 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

<b>6a</b> Did the foundation, during the year,					
•			· 🗌 Yes 🗸	No	
<b>b</b> Did the foundation, during the year,	pay premiums, directly or inc	directly, on a personal be	nefit contract?	6b	No
If "Yes" to 6b, file Form 8870					
<b>7a</b> At any time during the tax year, was			∟ Yes 💌		
<b>b</b> If yes, did the foundation receive an	, , , , , , , , , , , , , , , , , , , ,			7b	No
Part VIII Information About Cand Contractors	fficers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid Er	nployees	·,
1 List all officers, directors, trustee	s, foundation managers a	nd their compensation		_	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, r allowances
See Additional Data Table					
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1	see instructions) If no	ne enter	"NONE "
		llose ilicidaea oli illie 1	Contributions to	ne, enter	HOHL
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation		nse account, allowances
NONE			(u) compensation		
Total number of other employees paid ove	r \$50,000				

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	
1		
2		
2		
3		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u>'</u>	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
<u> </u>		<del></del>
		<del> </del>
Total. Add lines 1 through 3		<b>•</b>
<u>-</u>		Form <b>990-PF</b> (2016)

1a

1b

2

3a 3b

4

5

115,500

115.500

115,500

Form 990-PF (2016)

Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I, line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Page 9

131.996

115.500

16,496

Form **990-PF** (2016)

Form 990-PF (2	016)
Part XIII	Undi

Form 990-PF (2	016)
Part XIII	Undi

istributed Income (see instructions)

(a)

Corpus

300,981

16,496

284.485

100.801

183.684

117,297 121,459

15.264

46.961

121.459

15.264

46.961

(b)

Years prior to 2015

(c)

2015

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. . . . . .
- From 2011. . . . .
- **b** Total for prior years Excess distributions carryover, if any, to 2016
- **b** From 2012. . . . . c From 2013. . . **d** From 2014. . . .
- e From 2015. . . . . f Total of lines 3a through e. . . . . . .

XII, line 4 > \$

indicated below:

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

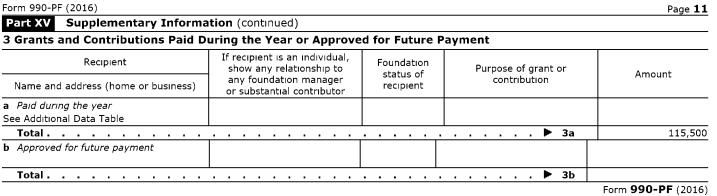
**b** Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not



er gross a	amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exem
	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function incom (See instruction
d						
	nd contracts from government agencies					
Members	ship dues and assessments					
	t on savings and temporary cash			14	78	
Dividend	s and interest from securities			14	50,483	
	al income or (loss) from real estate					
	nanced property bt-financed property					
	tal income or (loss) from personal property					
	vestment income.					
	(loss) from sales of assets other than					
let incor	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
	venue a					
subtotal	Add columns (b) (d) and (e)				50 561	
subtotal	Add columns (h) (d) and (e)			13	50,561 <b>3</b>	
Subtotal Fotal. A workshe	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  Relationship of Activities to th	<sub>ns )</sub> e Accomplishr	ment of Exem	pt Purposes	3	50,
Subtotal Fotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal Fotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal Fotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal Sotal. As workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal Sotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal Sotal. As workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal Sotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reported	ment of Exem	pt Purposes	ted importantly to	50
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reporte	ment of Exem	pt Purposes	ted importantly to	50
Subtotal  Fotal. A  workshe  t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reporte	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal Fotal. A workshe t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reporte	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal Total. A workshe It XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reporte	ment of Exem	pt Purposes	ted importantly to	50,
Subtotal <b>Total.</b> A workshe	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplishr</b> Income is reporte	ment of Exem	pt Purposes	ted importantly to	50,

Part XV	Information Re Exempt Organi		ansfers To a	and Transaction	ns and Relat	ionships With Nor	ncharitable		
	organization directly or in ne Code (other than sectio	directly engage					on 501	Yes	No
	rs from the reporting foun					ar organizations			
	sh						. 1a(1)		No
	her assets						. 1a(2)		No
	ansactions								
<b>(1)</b> Sal	les of assets to a nonchari	table exempt	organization.				.   1b(1)		No
<b>(2)</b> Pur	rchases of assets from a n	oncharitable e	exempt organiz	zation			1b(2)		No
<b>(3)</b> Re	ntal of facilities, equipmer	nt, or other ass	sets				1b(3)		No
<b>(4)</b> Re	ımbursement arrangemen	ts					. 1b(4)		No
<b>(5)</b> Loa	ans or loan guarantees.						. 1b(5)		No
<b>(6)</b> Perf	formance of services or m	embership or f	fundraising so	licitations			. 1b(6)		No
_	of facilities, equipment, n		•						No
of the g	nswer to any of the above oods, other assets, or ser ransaction or sharing arra  (b) Amount involved	vices given by ngement, shov	the reporting w in column (c	foundation If the f	oundation rece goods, other as	ived less than fair mar	ket value ved	ngomon	te
(a) Line No	(b) Amount involved	(C) Name of the	onchantable exe	IIIpt organization	(d) Description	or cransiers, cransactions,	, and snaring arrai	igenien	LS
describe	oundation directly or indirectly or indirectly or indirectly of the complete the following so	Code (other t	· ·	·			🗆 Yes	<b>✓</b> N	0
	(a) Name of organization	on	(	<b>b)</b> Type of organizatio	n	(c) Description	of relationship		
of	nder penalties of perjury, my knowledge and belief hich preparer has any kno	, it is true, cor		plete Declaration o		er than taxpayer) is ba	ased on all infor	mation	n of
Here 👠	*****			2017-05-04	\_*****		May the IRS discus with the preparer s		
	Signature of officer or to	rustee		Date	Title	(	(see instr )? 🗹 Y	es 🗆 N	lo
	Print/Type preparer's		Preparer's Sigi	nature	Date	Check if self- employed ▶ □	PTIN P00053	439	
Paid Propare	Bobby Melson CPA								
Prepare Use Onl		s Kınard & Co	PC				Fırm's EIN ▶		
	Firm's address ► 40	0 Pine St Ste 6					Phone no (325)	672-4	4000
	70								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation James M Parker Chairman/Pres 1 00 3300 S 14th Suite 200 Abilene, TX 79605 Jimmy M Parker 0 Vice President

Terri Parker Kinard	Vice President	0	
3300 S 14th Suite 200 Abilene, TX 79605	0 50		
Carla Parker Dueser	Secretary	0	
3300 S 14th Suite 200 Abilene, TX 79605	0 50		

Abilene, TX 79605			
Terrı Parker Kınard	Vice President	0	
3300 S 14th Suite 200 Abilene, TX 79605	0 50		

Terrı Parker Kınard	Vice President	0	
3300 S 14th Suite 200 Abilene, TX 79605	0 50		

R Paige Parker Treasurer

0 50

3300 S 14th Suite 200 Abilene, TX 79605

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
McMurry University South 14th Sayles Abilene, TX 79605	NONE	PC	To Fund Operations	50,000
Meals on Wheels 717 North 10th St Abilene, TX 79601	NONE	PC	To Fund Operations	5,000
Young Life of Abilene 1917 South 6th St Abilene, TX 79601	NONE	PC	To Fund Operations	5,000
United Way of Abilene 240 Cypress Suite 200 Abilene, TX 79604	NONE	PC	To Fund Operations	10,000
West Texas Rehab Center 4601 Hartford St Abilene, TX 79605	NONE	PC	To Fund Operations	2,500
First Baptist Church 1333 N 3rd Abilene, TX 79601	NONE	PC	To Fund Operations	40,000
Ben Richey Boys Ranch 501 Ben Richey Dr Abilene, TX 79602	NONE	PC	To Fund Operations	500
St John's Episcopal School 1600 Sherman Dr Abilene, TX 79605	NONE	PC	To Fund Operations	2,500
Total				115,500

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	DI	LN: 93491128001027
TY 2016 Accounting Fe	TY 2016 Accounting Fees Schedule				
Name: JM Parker Foundation					
	<b>EIN:</b> 75-2736419				
Softv	<b>Software ID:</b> 16000303				
Software \	Software Version: 2016v3.0				
Income Income for Charit					Disbursements for Charitable Purposes
Accounting Fees		1,170	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491128001027	
TY 2016 Investments Corporate Stock Schedule				
Name:	JM Parker Foundation			
EIN:	75-2736419			
Software ID:	16000303			
Software Version:	2016v3.0			
Name of Stock End of Year Book End of Year Fair Value Market Value				

<b>Software Version:</b> 2016v3.0		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
First Financial Bankshares	3,376,771	3,376,771
Wal-Mart	4,588	4,588

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491128001027
TY 2016 Other Expenses Sche	dule			
Name:	JM Parker Found	dation		
EIN:	75-2736419			
Software ID:	16000303			
Software Version:	2016v3.0			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Contract Services	2,200			

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Data	-	DL	N: 93491128001027
TY 2016 Taxes Schedu	TY 2016 Taxes Schedule				
	Name:	JM Parker Fo	oundation		
	EIN:	75-2736419			
Softv	<b>Software ID:</b> 16000303				
Software '	Version:	2016v3.0			
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise Tax		1,260			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128001027							
Schedule B	Schedule of Contributors		OMB No 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instruction www.irs.gov/form990.	ons is at	2016				
Name of the organizate JM Parker Foundation	ion	Employer id	lentification number				
		75-2736419					
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 foundat	iion					
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
141	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution r property) from any one contributor. Complete Parts I and II. See instructions for	•	•				
Special Rules							
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> 3% s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pany one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13,	16a, or 16b, and that				
during the year	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece total contributions of more than \$1,000 exclusively for religious, charitable, scient the prevention of cruelty to children or animals. Complete Parts I, II, and III						
during the year If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an expense complete any of the parts unless the <b>General Rule</b> applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	tributions tota e <i>xclusively</i> re ecause it rece	iled more than \$1,000 ligious, charitable, etc, eived <i>nonexclusively</i>				
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file S t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line F Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9		le B (Form 990	, 990-EZ, or 990-PF) (2016)				

<b>Name of organiz</b> IM Parker Founda		Employer identification 75-2736419	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James M Parker 3300 S 14th Suite 200	<u>\$ 100,000</u>	Person  Payroll  Noncash
	Abilene, TX79605		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u>\$</u>	Person
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>s</u>	Person
	-	Schedule B (Fr	orm 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization JM Parker Foundation		Employer identification number		
Jiri raiker roundation		75-27	'36419	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
		\$		
(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	
		s		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizatio JM Parker Foundation	n		Employer identification number 75-2736419
than \$1,00 organizati the year. (	00 for the year from any one contributor	. Complete columns (a) throu of exclusively religious, charit ctions.) ► \$	in section 501(c)(7), (8), or (10) that total more ligh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift	lelationship 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, and 2	(e) Transfer of gift	delationship of transferor to transferee
-	Transieree s frame, address, and a		contoning of transferor to transferor
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift	delationship 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, and 2	(e) Transfer of gift	elationship of transferor to transferee
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)