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2019

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | cale | ndar year 2019, or tax year beginning 01-01-20 |)19 , aı | nd er | nding 12-31- | 2019 | | | |
|-----------------------------|----------|---|------------------------------------|--|---------------------------------------|--|---|--|--|
| RC | BERT V | undation W & MAXINE C PARKER | | | | entification numbe | r | | |
| | | TON INC | | | 38-2795440 | | | | |
| | | d street (or P O box number if mail is not delivered to street address) TT ROAD | Room/suite | | B Telephone number (see instructions) | | | | |
| | | | | | (517) 304-6144 | | | | |
| | | n, state or province, country, and ZIP or foreign postal code 497079508 | | C If exemption | application is pendin | g, check here | | | |
| G Cl | neck al | Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | ere 🕨 🔲 | | |
| | | Final return Amended return | | | | ganizations meeting k here and attach co | | | |
| | | Address change Name change | | | | ındatıon status was t | · — | | |
| _ | , | /pe of organization ✓ Section 501(c)(3) exempt private | | | | n 507(b)(1)(A), chec | | | |
| | | n 4947(a)(1) nonexempt charitable trust U Other taxabl | | | | | | | |
| of | year (f | ket value of all assets at end from Part II, col (c), ▶\$ 4,032,411 J Accounting method □ Other (specify) (Part I, column (d) must | Cash Accru | ıal | | ition is in a 60-montl n 507(b)(1)(B), chec | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | | | | | (d) Disbursements | | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | | | | |
| | 2 | Check ► ✓ if the foundation is not required to attach | | | | | | | |
| Revenue | | Sch B | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 3,209 | ! | 3,209 | | | | |
| | 4 | Dividends and interest from securities Gross rents | 96,492 | - | 96,492 | | | | |
| | 5a b | Net rental income or (loss) | | | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 314,157 | | | | | | |
| | b | • , , | 52.1,23.1 | | | | | | |
| eve | | Gross sales price for all assets on line 6a 966,427 | | | | | | | |
| ď | 7 | Capital gain net income (from Part IV, line 2) | | | 314,157 | | | | |
| | 8 | Net short-term capital gain | | | | | | | |
| | 9 | Income modifications | | | | | | | |
| | 10a b | Gross sales less returns and allowances Less Cost of goods sold | | | | | | | |
| | C | Gross profit or (loss) (attach schedule) |] | | | | | | |
| | 11 | Other income (attach schedule) | 2,354 | ı | 1,245 | | | | |
| | 12 | Total. Add lines 1 through 11 | 416,212 | | 415,103 | | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 18,000 | | , | | 18,000 | | |
| | 14 | Other employee salaries and wages | 10,000 | | | | 10,000 | | |
| S | 15 | Pension plans, employee benefits | | | | | | | |
| 15e | 16a | Legal fees (attach schedule) | | | | | | | |
| <u>8</u> | ь | Accounting fees (attach schedule) | | | | | | | |
| and Administrative Expenses | С | Other professional fees (attach schedule) | 2,160 | | | | 2,160 | | |
| tive | 17 | Interest | | | | | | | |
| tra | 18 | Taxes (attach schedule) (see instructions) | 2,887 | 1 | 2,867 | | 20 | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | | | |
| 를 | 20 | Occupancy | | | | | | | |
| ďΑ | 21 | Travel, conferences, and meetings | | | | | | | |
| | 22 | Printing and publications | 598 | 3 | 598 | | | | |
| | 23 | Other expenses (attach schedule) | 2,677 | | 1,177 | | 1,500 | | |
| Operating | 24 | Total operating and administrative expenses. | | | | | | | |
| <u>8</u> | | Add lines 13 through 23 | 26,322 | | 4,642 | | 21,680 | | |
| J | 25 | Contributions, gifts, grants paid | 170,000 | | | | 170,000 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 196,322 | | 4,642 | | 191,680 | | |
| | 27 | Subtract line 26 from line 12 | | | | | | | |
| | a | Excess of revenue over expenses and disbursements | 219,890 | | | | | | |
| | ь | Net investment income (If negative, enter -0-) | , | L | 410,461 | | | | |
| | С | Adjusted net income (If negative, enter -0-) | | | | | | | |
| For | Paper | work Reduction Act Notice, see instructions. | * | . (| Cat No 11289> | For | m 990-PF (2019) | | |

1,458,451

1 734 689

982

3,175,976

300.287

-1.742.556

1,733,707

1,734,689

ارجه

1,881,387

1,953,597

3,175,976

-1,522,666

1,953,597

1,953,597

1,733,707

1,953,597

1,953,597 Form **990-PF** (2019)

219,890

1

2

3 4

5

6

300,287

3,960,201

4,032,411

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ▶

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

Investments—corporate stock (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule)

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

Less accumulated depreciation (attach schedule)

Foundations that follow FASB ASC 958, check here

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current 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 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . .

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe -

Grants payable

| | 5 |
|---------------|-----|
| | 6 |
| | 7 |
| 2 | 8 |
| Issets | 9 |
| <u>∽</u> | 100 |

b

С

11

12 13

14

15

16

17

18

19

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22

23

24

25

26

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28

29

30

Part III

2

Liabilities

Fund Balances

ŏ

Assets

Net

Page **3**

| | d(s) of property sold (e g , or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | |
|--|--|--|--|-------------------------------|--|--------------------------|
| 1 a SEE ATTACHED (FIDELI | ITY) | | | Р | | |
| b SEE ATTACHED (FIDELI | | | | Р | | |
| c SEE ATTACHED (BAIRD |) | | | Р | | |
| d SEE ATTACHED (BAIRD |) | | | Р | | |
| e | • | | | | | |
| | | (f) | | (g) | (| h) |
| (e) Depreciation allowed | | | | other basis | | r (loss) |
| Gross sales price | | (or allowable) | plus exp | ense of sale | (e) plus (f |) minus (g) |
| a 2 | 93,049 | | | 298,342 | | -5,293 |
| b | 14,122 | | | 14,635 | | -513 |
| c 1 | .12,529 | | | 123,088 | | -10,559 |
| d 5 | 46,727 | | | 216,205 | | 330,522 |
| e | | | | | | |
| Complete only for asse | ts showing | gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| T) |
| (i) | | | i | (k) | Gains (Col (| h) gain minus |
| (i) FMV as of 12/31/6 | 9 | Adjusted basis | | of col (ı) | 1 ''' | less than -0-) or |
| | | as of 12/31/69 | over col | (j), if any | Losses (fre | om col (h)) |
| a | | | | | | -5,293 |
| b | | | | | | -513 |
| c | | | | | | -10,559 |
| d | | | | | | 330,522 |
| e | | | | | | |
| · | gain or (lo | oss) as defined in sections 3 8, column (c) (see instructions 3 | | , , | 3 | 314,157 |
| Part V Qualification | Under S | ection 4940(e) for Re | duced Tax on Net | Investment In | come | |
| For optional use by domestic | private for | undations subject to the sec | tion 4940(a) tax on ne | t investment incom | ne) | |
| if section 4940(d)(2) applies, | loave this | nart blank | | | | |
| Was the foundation liable for t if "Yes," the foundation does i | he section | 4942 tax on the distributal | | in the base period | , | es 🗹 No |
| 1 Enter the appropriate a | mount in e | each column for each year, | see instructions before | making any entrie | s | |
| (a) Base period years Calendar year (or tax year beginning in) | Adjus | (b) ted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rati (col (b) divided by c | |
| 2018 | | 181,723 | | 3,707,519 | | 0 049015 |
| 2017 | | 170,956 | | 3,513,890 | | 0 048651 |
| 2016 | | 155,263 | | 3,260,542 | | 0 047619 |
| 2015 | | 161,154 | | 3,151,065 | | 0 051143 |
| 2014 | | 149,060 | | 3,265,162 | | 0 045652 |
| 2 Total of line 1, column | (d) | | | 2 | | 0 242080 |
| 3 Average distribution rat | o for the | 5-year base period—divide (| the total on line 2 by 5 | | | |
| , | | as been in existence if less | , | 3 | | 0 048416 |
| | | le-use assets for 2019 from | • | | | 3,830,682 |
| 5 Multiply line 4 by line 3 | | | | | | 185,466 |
| | | e (1% of Part I, line 27b) | | 6 | | 4,105 |
| | | | | 7 | | 189,571 |
| If line 8 is equal to or g | | Part XII, line 4 , n line 7, check the box in Pa | | | ng a 1% tax rate Se | 191,680 e the Part VI |
| instructions | | | | | Fo | orm 990-PF (2019) |

Page **6**

| Pai | t VIII-B Statements Regard | ding Activities for Whic | h Form 4720 May Be | Required (continued) |) | | | |
|--|---|--|--|---|----------------------|---------------------|-----------------|---------------------------------------|
| 5а | During the year did the foundation | pay or incur any amount to | | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | wise attempt to influence legi | slation (section 4945(e))? | Yes | ✓ No | | | |
| | (2) Influence the outcome of any s | pecific public election (see section 4955), or to carry | | | | | | |
| | on, directly or indirectly, any vo | oter registration drive? | | · · 🔲 Yes [| ✓ No | | | |
| | (3) Provide a grant to an individual | l for travel, study, or other si | mılar purposes? | | ₹ No | | | |
| | (4) Provide a grant to an organizat | ion other than a charitable, e | tc , organization described | | <u>. 140</u> | | | |
| | ın section 4945(d)(4)(A)? See ı | nstructions | | · · □ Yes | ✓ No | | | |
| | (5) Provide for any purpose other t | han religious, charitable, scie | entific, literary, or | 1es 1 | <u>. 140</u> | | | |
| | educational purposes, or for the | e prevention of cruelty to chil | dren or animals? | · · 🔲 Yes [| ✓ No | | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | , did any of the transactions | fail to qualify under the ex | | <u>• 140</u> | | | |
| | Regulations section 53 4945 or in a | current notice regarding disa | aster assistance? See instri | uctions | | 5b | | |
| | Organizations relying on a current r | notice regarding disaster assi | stance check here | • | П | | | |
| С | If the answer is "Yes" to question 5 | a(4), does the foundation cla | ım exemption from the | ļ | Ш | | | |
| | tax because it maintained expenditi | ure responsibility for the grar | it? | 🗆 " | ¬ | | | |
| | If "Yes," attach the statement requi | | | · · | ⊥ No | | | |
| 6a | Did the foundation, during the year | · | | ims on | | | | |
| • | a personal benefit contract? | | | | | | | |
| ь | Did the foundation, during the year | | | · L Yes | ⊻ No | 6b | | No |
| - | If "Yes" to 6b, file Form 8870 | , pay premiums, an ectly of m | idirectly, on a personal bei | Tent contract 1 1 1 | | 100 | | -110 |
| 7a | At any time during the tax year, wa | es the foundation a party to a | prohibited tay shelter tran | neaction? | _ | | | |
| | If "Yes", did the foundation receive | | | ∟ tes ∟ | √ No | 7b | | |
| 8 | Is the foundation subject to the sec | • • | | | | 10 | | |
| 0 | excess parachute payment during t | . , , , | | | | | | |
| | <u> </u> | • | | | <u> ✓ No</u> | | | |
| Pai | and Contractors | Officers, Directors, Tru | stees, roundation Ma | nagers, nignly Palu | Empi | oyees, | • | |
| | | | | | | | | |
| | | | | Caralinational | | | | |
| _1_ | List all officers, directors, truste | | | | 1 | | | |
| _1_ | (a) Name and address | (b) Title, and average hours per week | (c) Compensation. not paid, enter | See instructions (d) Contributions to employee benefit plans a | and (e | e) Exper | | |
| _1 | | (b) Title, and average | (c) Compensation (If | (d) Contributions to | ana ` | e) Exper other a | | |
| ANDR | | (b) Title, and average hours per week devoted to position PRES/TRUSTEE | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans a | ana ` | | | |
| 625 E | (a) Name and address EW D PARKER AGER RD | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans a | n · | | | |
| 625 E | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans a | o 0 | | | |
| 625 E HOWE T GIL | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER | (b) Title, and average hours per week devoted to position PRES/TRUSTEE | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans a | n · | | | |
| 625 E HOWE T GIL 7660 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans a | o 0 | | | |
| 625 E HOWE T GIL 7660 ALPEN | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans a | o 0 | | | |
| T GIL 7660 ALPEN DONA | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 | (c) Compensation (If not paid, enter -0-) 6,000 | (d) Contributions to employee benefit plans a | 0 | | | |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 | (c) Compensation (If not paid, enter -0-) 6,000 6,000 | (d) Contributions to employee benefit plans a deferred compensation | 0 0 | other a | llowan | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 | (c) Compensation (If not paid, enter -0-) 6,000 6,000 | (d) Contributions to employee benefit plans a deferred compensation | 0 0 | other a | llowan | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 vid employees (other than paid (b) Title, and average | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation —see instructions). If | 0 0 0 | other a | NONE | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation | 0 0 0 none, | other a | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 vid employees (other than paid (b) Title, and average | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | C C C C C C C C C C C C C C C C C C C |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | C C C C C C C C C C C C C C C C C C C |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 7660 ALPEN DONA 704 E HOWE 2 | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 SEC/TREAS/TR 000 00 VICE PRES/TR 000 00 iid employees (other than paid (b) Title, and average hours per week | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 625 E HOWE T GIL 7660 ALPEN DONA 704 E HOWE 2 (a) | (a) Name and address EW D PARKER AGER RD ELL, MI 48843 BERT PARKER WITT ROAD IA, MI 49707 LD S PARKER GRAND RIVER AVE ELL, MI 48844 Compensation of five highest-pa Name and address of each employee more than \$50,000 | (b) Title, and average hours per week devoted to position PRES/TRUSTEE 000 00 VICE PRES/TR 000 00 vide employees (other than paid hours per week devoted to position | (c) Compensation (If not paid, enter -0-) 6,000 6,000 those included on line 1 | (d) Contributions to employee benefit plans a deferred compensation see instructions). If (d) Contributions to employee benefit plans and deferred compensation | 0 0 0 none, | enter " | NONE se acco | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| Form 990-PF (2019) | | Page 7 |
|--|--|---------------------------|
| Part VIII Information About Officers, Directors, Trust and Contractors (continued) | ees, Foundation Managers, Highly F | Paid Employees, |
| 3 Five highest-paid independent contractors for professional s | services (see instructions). If none, ente | r "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | - | |
| | | |
| | 1 | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | de velevent statistical information such as the number | |
| List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers | s produced, etc | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | • | A |
| Describe the two largest program-related investments made by the foundation do 1 N/A | uring the tax year on lines 1 and 2 | Amount |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | • |
| | | Form 990-PF (2019) |

3h

4

5

191.680

4.105

187.575

Form **990-PF** (2019)

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

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

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

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

4

5

Page 9

31,514

155,915

Form **990-PF** (2019)

| _ | _ | • | • | _ | _ | _ | _ | _ |
|---|---|---|---|---|---|---|---|---|
| | X | I | į | 1 | | | | Į |
| | | | | | | | | |

b Total for prior years

a From 2014. **b** From 2015. . . . c From 2016. . . d From 2017. e From 2018.

indicated below:

| Form 990-PF (20 | 019) | |
|-----------------|----------------------|--------------------|
| Part XIII | Undistributed Income | (see instructions) |

a Enter amount for 2018 only.

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, 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).

line 4b from line 2b

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.

4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

same amount must be shown in column (a))

3 Excess distributions carryover, if any, to 2019

(a)

Corpus

(b)

Years prior to 2018

(c)

2018

160,166

160,166

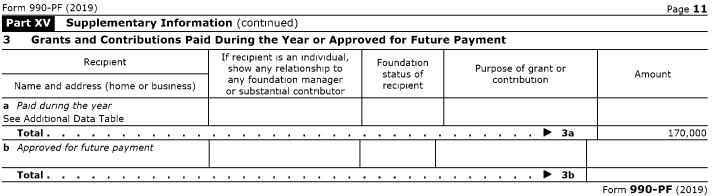
| P | art XIII | |
|---|------------|--|
| | | |
| | | |
| 1 | Distributa | |

| P | art XIII |
|---|------------|
| | |
| | |
| 1 | Distributa |
| _ | |

| | ui C ALLE | Ollaistibatt | a riicoilic (30 | .0 11130 |
|---|-------------|--------------------|------------------|----------|
| | | | | |
| | | | | |
| 1 | Distributab | le amount for 2019 | from Part XI, l | ine 7 |
| 2 | Undistribut | ed income, if any, | as of the end of | f 2019 |

6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line

factors



| Part XVI-A | Analysis of Income-Producing | Activities | | | | rage I |
|---------------------------|--|------------------------------------|---|--|---|--------------------------------------|
| inter gross amo | unts unless otherwise indicated | | usiness income | Excluded by section | | (e) Related or exemp |
| 1 Program serv | vice revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| f | | | | | | |
| | ontracts from government agencies | | | | | |
| | dues and assessments | | | | | |
| investments | , , | | | 14 | 3,209 | |
| | nd interest from securities | | | 14 | 96,492 | |
| | come or (loss) from real estate | | | | | |
| | ced property | | | | | |
| | come or (loss) from personal property | | | | | |
| 7 Other invest | ment income | | | 14 | 1,245 | |
| 8 Gain or (loss inventory | s) from sales of assets other than | | | | | |
| • | or (loss) from special events | | | | | 314,15 |
| | or (loss) from sales of inventory | | | | | |
| 1 Other reven | | | | | | |
| a MISC INCOM | | | | 14 | 159 | |
| | IP DISTRIBUTIONS | | | | | 95 |
| | | | | | | |
| е | | | | | | |
| 2 Subtotal Ad | d columns (b), (d), and (e). | | | | 101,105 | |
| 3 Total. Add I | ine 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcu | lations) | | 1 | 3 | 416,21 |
| | Relationship of Activities to th | | hment of Exem | pt Purposes | | |
| the No. | plain below how each activity for which e accomplishment of the foundation's ex structions) | income is report cempt purposes | ted in column (e) c (other than by pro | of Part XVI-A contribution of Part XVI-A contribution of Part XVI-A contributions of Part XVII-A contri | uted importantly to i purposes) (See | |
| | , | | | | | |
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| | | | | | Fo | rm 990-PF (2019 |

| Form 990-PF (2019) | | | | | | |
|--|--|---|--|--|--|--|
| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations | 2 | | | | |
| 1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 | | | | | | |

| Part | XVII | Exempt Organi | zations | | | | | | · ciiai itabi | _ | | |
|---------------|--------------------|--|------------------------------|-------------------|---------------------------------------|-----------------------------------|--------------------|--------------------------------|---------------------------------------|------------------|-------|------|
| | | ganization directly or in than section 501(c)(3) | directly enga | | | | | | on 501 | \ \ | es | No |
| a Trai | nsfers f | rom the reporting foun | dation to a n | oncharitable exe | empt organization | n of | | | | | | |
| (1) | Cash. | | | | | | | | . 1a(| 1) | | No |
| (2) | Other | assets | | | | | | | . 1a(| 2) | | No |
| b Oth | er tran | sactions | | | | | | | | | | |
| | | of assets to a nonchar | • | - | | | | | <u>-</u> | 1) | | No |
| | · · · | | | | | | | | | 2) | | No |
| F | | | | | | | | 1b(| - | | No | |
| ٠, | | oursement arrangemen | | | | | | | . 1b(| | | No |
| | | or loan guarantees. | | | | | | | . 1b(| | | No |
| | | mance of services or m | | | | | | | | _ | _ | No |
| | - | facilities, equipment, n ver to any of the above | | | | | | | | _ | | No |
| of t | he good ny tran | ds, other assets, or services of saction or sharing arra (b) Amount involved | vices given b ngement, sh | y the reporting | foundation If the i) the value of th | e foundation re e goods, other | eceived r asset | d less than fair mark | ket value ved | | ement | ts |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| des | cribed i | dation directly or indire in section 501(c) (other omplete the following so (a) Name of organizatio | than section thedule | n 501(c)(3)) or i | • | | _ | _ | | ı | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | | | | | | | | | | | | |
| | of m | er penalties of perjury, y knowledge and belief h preparer has any kno | , it is true, c | | | | | | | | | |
| Sign Here | | ***** | | | 2020-06-24 | ***** | | | May the IRS return with the pre | | | |
| | / 5 | ignature of officer or trustee | | Date | | Tıtle | | below (see instr) | ✓ Y | _{′es} □ | No | |
| | | Print/Type preparer's | | | | | | Check if self- employed ▶ □ | | 1193 | 35 | |
| Paid Prep | | RAYMOND H COOP Firm's name ▶ BREI | DERNITZ WA | | | 2020-06- | 2020-06-24 | | Juma's ETALS | 20.2 | E402 | 42 |
| Use (| Only | | | | | | | | Firm's EIN ▶ | 50-2 | J49Z | 42 |
| | | | 9 W CLINTO DWELL, MI 4 | | | | | F | Phone no (5 | 17) 5 | 546-2 | 2130 |
| | | | | | | | | | | | | |

Recipient If recipient is an individual, show any relationship to status of status of

recipient

170,000

any foundation manager

Name and address (home or business)

FOWLERVILLE, MI 48836

Total .

| · · | or substantial contributor | | | |
|--|----------------------------|-----------|--------------|--------|
| a Paid during the year | | | | |
| ALWAYS HOPE ANIMIAL RESCUE PO BOX 32 HOWELL, MI 48844 | | 501(C)(3) | HUMANITARIAN | 4,000 |
| CORNERSTONE SCHOOL ASSOCIATION 9455 HILTON RD BRIGHTON, MI 48114 | | 501(C)(3) | EDUCATIONAL | 10,000 |
| FAMILY IMPACT CENTER 735 GRAND AVE | | 501(C)(3) | HUMANITARIAN | 15,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | |
|--|------------|-------------------------|-------|
| HOWELL AMERICAN LEGION 3265 W GRAND RIVER AVE HOWELL, MI 48855 | 501(C)(19) | VETERANS' ORGANIZATIONS | 1,500 |

5,000

170,000

| HOWELL AREA HISTORICAL SOCIETY 128 WETMORE STREET HOWELL, MI 48843 | 501(C)(3) | EDUCATIONAL | |
|--|-----------|-------------|---|
| HOWELL CONFERENCE AND NATURE | 501(C)(3) | EDUCATIONAL | 1 |

Total .

| HOWELL, MI 48843 | | | |
|--|-----------|-------------|-------|
| HOWELL CONFERENCE AND NATURE CTR 1005 TRIANGLE LAKE RD | 501(C)(3) | EDUCATIONAL | 15,00 |

| HOWELL, MI 48843 | | | |
|--|-----------|-------------|--------|
| HOWELL CONFERENCE AND NATURE CTR 1005 TRIANGLE LAKE RD HOWELL, MI 48843 | 501(C)(3) | EDUCATIONAL | 15,000 |
| | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Name and address (home or business) | or substantial contributor | recipient | | |
|-------------------------------------|----------------------------|-----------|-------------|--------|
| a Paid during the year | | | | |
| HOWELL PUBLIC SCHOOLS | | 501(C)(3) | EDUCATIONAL | 10,000 |

| INOVATION ACADEMY 861 EAST SIBLEY STREET HOWELL, MI 48843 | 501(C)(3) | EDUCATIONAL | 10,000 |
|---|-----------|--------------|--------|
| HOWELL SENIOR CENTER | 501(C)(3) | HUMANITARIAN | 5 000 |

| HOWELL, MI 48843 | | | | |
|---|---|-----------|--------------|-------|
| HOWELL SENIOR CENTER 925 W GRAND RIVER AVE HOWELL, MI 48843 | | 501(C)(3) | HUMANITARIAN | 5,000 |
| | l | | | |

| 925 W GRAND RIVER AVE HOWELL, MI 48843 | 001(0)(0) | | 5,555 |
|--|-----------|-------------|--------|
| LIVINGSTON ARTS COUNCIL 123 GRAND RIVER AVE | 501(C)(3) | EDUCATIONAL | 18,000 |

| HOWELL, MI 48843 | | | |
|--|-----------|-------------|--------|
| LIVINGSTON ARTS COUNCIL 123 GRAND RIVER AVE HOWELL, MI 48844 | 501(C)(3) | EDUCATIONAL | 18,000 |

| LIVINGSTON ARTS COUNCIL | 501(C)(3) | EDUCATIONAL | 1 |
|-------------------------|-----------|-------------|---|
| 123 GRAND RIVER AVE | | | |
| HOWELL, MI 48844 | | | |

| HOWELL, MI 48844 | | | |
|------------------|------|------|---------|
| Total | | ▶ 3a | 170,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | |
|--|-----------|-------------|--------|
| LIVINGSTON CHRISTIAN SCHOOLS 7669 BRIGHTON ROAD BRIGHTON, MI 48116 | 501(C)(3) | EDUCATIONAL | 12,000 |

| LIVINGSTON NUTBITION PROCEAM | E01/C)/3) | HIIMANITADIAN | 15.000 |
|---|-----------|---------------|--------|
| LIVINGSTON COUNTY CATHOLIC CHARITIES BE OUR GUEST 2020 E GRAND RIVER SUITE 104 HOWELL, MI 48843 | 501(C)(3) | HUMANITARIAN | 20,000 |
| BRIGHTON, MI 48116 | | | |

| 2020 E GRAND RIVER SUITE 104 HOWELL, MI 48843 | | | |
|--|-----------|--------------|--------|
| LIVINGSTON NUTRITION PROGRAM MEALS ON WHEELS9525 HIGHLAND RD HOWELL MI 48843 | 501(C)(3) | HUMANITARIAN | 15,000 |

| HOWELL, MI 48843 | | | |
|---|-----------|--------------|--------|
| LIVINGSTON NUTRITION PROGRAM MEALS ON WHEELS9525 HIGHLAND RD HOWELL, MI 48843 | 501(C)(3) | HUMANITARIAN | 15,000 |
| | | | |

Total .

170,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

.000

170,000

any foundation manager

Name and address (home or business)

CINCINNATI, OH 452293095

Total .

| | or substantial contributor | | | |
|--|----------------------------|-----------|------------------------|-------|
| a Paid during the year | | | | |
| LOVE INC820 E GRAND RIVER AVE HOWELL, MI 48843 | | 501(C)(3) | RELIGIOUS | 4,000 |
| MARINES CORPS LEAGUE 3619 JEFFERSON DAVIS HIGH SUITE 115 | | 501(C)(3) | VETERANS' ORGANIZATION | 4,000 |

| MARINES CORPS LEAGUE 3619 JEFFERSON DAVIS HIGH SUITE 115 STAFFORD, VA 22554 | 501(C)(3) | VETERANS' ORGANIZATION | 4, |
|--|-----------|------------------------|-----|
| SHRINERS HOSPITALS FOR CHILDREN 3229 BURNET AVE | 501(C)(3) | HUMANITARIAN | 10, |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

FOWLERVILLE, MI 48836

Total .

| | or substantial contributor | | | |
|---|----------------------------|-----------|--------------|--------|
| a Paid during the year | | | | |
| THE ARC OF LIVINGSTON 2980 DORR RD BRIGHTON, MI 48116 | | 501(C)(3) | EDUCATIONAL | 5,000 |
| HOWELL ELKS LOUNGE 2830 E GRAND RIVER AVE HOWELL MI 48843 | | 501(C)(3) | HUMANITARIAN | 10,000 |

recipient

170,000

| J. 10117 | | | |
|--|-----------|--------------|--------|
| HOWELL ELKS LOUNGE 2830 E GRAND RIVER AVE HOWELL, MI 48843 | 501(C)(3) | HUMANITARIAN | 10,000 |
| CHRISTIAN RESCOURCES INTL MISSION CRY200 FREE STREET | 501(C)(3) | RELIGIOUS | 6,500 |

DLN: 93491191001080

TY 2019 Investments Corporate Stock Schedule

Name: ROBERT W & MAXINE C PARKER

FOUNDATION INC

EIN: 38-2795440

Investments Corporation Stock Schedule

| Investments Corporation Stock Schedule Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---|---------------------------|----------------------------------|
| 3M COMPANY | 39,962 | 33,520 |
| ABBVIE INC. | 25,412 | 35,416 |
| ACCENTURE PLC CLS A USD | | |
| ALPS ETF TRUST MEDICAL | 12,870 | 21,140 |
| AMGEN INC | 37,629 | 48,214 |
| APPLE INC | 74,111 | 293,650 |
| ASCENA RETAIL GROUP INC COM | | |
| AT & T INC. | | |
| BANK OF THE WEST | | |
| BERKSHIRE HATHAWAY INC | 37,781 | 67,950 |
| BLACKSTONE GROUP | 12,055 | 55,940 |
| BOEING CO | 38,900 | 97,728 |
| CATERPILLAR INC | 25,425 | 29,536 |
| CISCO SYS INC COM | 15,867 | 23,980 |
| COLGATE PALMOLIVE CO | 36,347 | 82,608 |
| DISCOVER FINANCIAL SERVICES | 40,369 | 40,289 |
| DISNEY WALT CO | 70,389 | 86,778 |
| DISNEY WALT CO (FIDELITY) | | |
| DOW DUPONT INC COM | | |
| EXXON MOBIL CORP. | 84,389 | 418,680 |
| GARRETT MOTION INC | | |
| HANESBRANDS INC | | |
| HONEYWELL INTERNATIONAL | 17,097 | 35,400 |
| INTEL CORP | 34,857 | 47,880 |
| INVESCO EXCHANGE TRADED FD TR HIG YL | | |
| INVESCO EXCHANGE TRADED FD TR S&P500 | | |
| ISHARES CORE S&P SMALL CAP ETF | 31,194 | 33,540 |
| ISHARES CORE US AGGREGATE BOND ETF | 21,430 | 22,474 |
| ISHARES EXPANDED TECH SECTOR ETF | 41,673 | 72,645 |
| ISHARES INTL SELECT DIV ETF | | |

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|---------------------------|----------------------------------|
| ISHARES INTL SELECT DIVIDEND ETF | 64,805 | 67,140 |
| ISHARES NORTH AMERICAN TECH ETF | | |
| ISHARES TR US HOME CONS ETF | 31,945 | 31,094 |
| JOHNSON & JOHNSON | 49,852 | 145,870 |
| JOHNSON & JOHNSON (FIDELITY) | | |
| KEYCORP NEW | 17,366 | 20,240 |
| KIMBERLY CLARK CORP. | 24,257 | 68,775 |
| KRAFT HEINZ CO | | |
| MCDONALDS CORP | 34,037 | 39,522 |
| MICROSOFT CORP. | 40,757 | 220,780 |
| MICROSOFT CORP. (FIDELITY) | 25,368 | 63,080 |
| NEXTERA ENERGY INC. | 50,972 | 387,456 |
| PAYCHEX INC | 25,531 | 25,518 |
| PEPSICO INC | | |
| PLAINS ALL AMERN PIPELINE L P UNIT | | |
| PROCTOR & GAMBLE | 44,828 | 62,450 |
| QUALCOMM INC | | |
| QUEST DIAGNOSTICS INC | | |
| RESIDEO TECHNOLOGIES INC | | |
| SELECT SECTOR SPDT TR HEALTH CARE | | |
| STARBUCKS CORP | 35,338 | 43,960 |
| UGI CORP | 39,168 | 406,440 |
| UNION PACIFIC CORP | 40,371 | 67,796 |
| UNITED PARCEL SERVICE | 39,994 | 41,556 |
| UNITED TECHNOLOGIES CORP | 25,667 | 29,952 |
| VANGUARD ADMIRAL FDS INC S&P SMALLCA | 77,319 | 83,688 |
| VANGUARD INDEX FDS VANGUARD MID CAP | 150,859 | 169,271 |
| VANGUARD INDEX FUNDS S&P 500 ETF | 167,080 | 192,270 |
| VANGUARD INTL EQUITY | 24,508 | 26,875 |
| VANGUARD REAL ESTATE ETF | 24,925 | 27,837 |

Name of Stock
End of Year Book Value

VECTREN CORP

End of Year Book Value

Market Value

83.095

15,588

50,000

122,800

18,420

50,043

Investments Corporation Stock Schedule

VERIZON COMMUNICATIONS (FIDELITY)

MUFG UNION BANK NA 2.450% DUE 2/12

VERIZON COMMUNICATIONS

DLN: 93491191001080

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| Other Assets Schedule | | | |
|----------------------------|-----------------------------------|-----------------------------|------------------------------------|
| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
| PREPAID FEDERAL EXCISE TAX | | | |

EIN: 38-2795440

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491191001080 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------|
| TY 2019 Other Expenses Schedule | | | | |
| | | | | |
| Name: | : ROBERT W & MAXINE C PARKER | | | |
| | FOUNDATION INC | | | |
| EIN: | : 38-2795440 | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable |
| EXPENSES | BOUKS | | | Purposes |
| EXPENSES | | | | |
| ADMINISTRATIVE SERVICES | 1,500 | | | 1,500 |
| TRANSACTION COSTS | 118 | 118 | | |
| BOOK/TAX GAIN DIFFERENCE | 1,059 | 1,059 | | |

TY 2019 Other Income Schedule

Name: ROBERT W & MAXINE C PARKER

FOUNDATION INC.

EIN: 38-2795440

Othor Tacomo Cohodu

| Other Income Schedule | | | | |
|---------------------------|-----------------------------------|--------------------------|---------------------|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | |
| RETURN OF CAPITAL | 150 | 150 | | |
| POINTS | 1,095 | 1,095 | | |
| MISC INCOME | 159 | | | |
| PARTNERSHIP DISTRIBUTIONS | 950 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DI | N: 93491191001080 | |
|--------------------------------------|-----------------|-------------|-----------------------------------|-----------------------------|--|
| TY 2019 Other Liabilities Schedule | | | | | |
| | | | | | |
| Name: | ROBERT W & I | MAXINE C PA | RKER | | |
| | FOUNDATION | INC | | | |
| EIN: | 38-2795440 | | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value | |
| FEDERAL EXCISE TAX PAYABLE | | | 982 | | |

| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DLI | N: 93491191001080 | |
|---|------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Professional Fees Schedule | | | | | |
| Name: ROBERT W & MAXINE C PARKER FOUNDATION INC EIN: 38-2795440 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| TAX PREPARATION FEES | 2,160 | | | 2,160 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | <u>-</u>] | DLI | N: 93491191001080 | |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|
| TY 2019 Taxes Schedule | | | | | |
| | | | | ! | |
| Name | : ROBERT W 8 | & MAXINE C PARKE | ∄R | 1 | |
| | FOUNDATIO' | FOUNDATION INC | | | |
| EIN: 38-2795440 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| MI ANNUAL FEE | 20 | | · | 20 | |
| FOREIGN TAXES WITHHELD | 67 | 67 | | | |
| FEDERAL EXCISE TAX | 2,800 | 2,800 | | | |